

NOTICE

This Notice is attached to and forms part of your Group Travel Insurance Benefit Booklet, underwritten by Royal & Sun Alliance Insurance Company of Canada.

It is hereby understood and agreed that, as of **September 1, 2021**, the terms and conditions of your Group Travel Insurance Benefit Booklet are amended as follows:

The following wording is added to the Exclusions Section in your Benefit Booklet related to trip cancellation and trip interruptions losses you suffer in relation to Coronavirus disease 2019 (COVID-19):

A trip cancellation, trip interruption or trip delay which is related, directly or indirectly, to Coronavirus disease 2019 (COVID-19).

This Notice is intended to provide information regarding changes to your insurance coverage. For more complete details regarding your coverage, including terms, conditions, limitations and exclusions, please refer to your Benefit Booklet. Please keep this Notice with your Benefit Booklet.

These insurance products are underwritten by Royal & Sun Alliance Insurance Company of Canada.

You may contact the insurer at **1-888-877-1710** in Canada and the U.S. or visit www.rsagroup.ca.

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36 01 NOT ECA 0819 000

NOTICE

This Notice is attached to and forms part of your Group Travel Insurance Benefit Booklet, underwritten by Royal & Sun Alliance Insurance Company of Canada.

It is hereby understood and agreed that, as of **January 15, 2021**, the terms and conditions of your Group Travel Insurance Benefit Booklet are amended as follows:

The following wording replaces any existing Exclusion(s) wording in your Benefit Booklet related to medical conditions or losses you suffer or contract in a specific country, region or area while a travel advisory is issued by the Canadian Government:

Any sickness, injury, or medical condition you suffer or contract, or any loss you incur in a specific country, region or area while a travel advisory of "Avoid non-essential travel" or "Avoid all travel" is in effect for that specific country, region or area and the travel advisory was issued by the Government of Canada before your departure date, even if the trip is undertaken for essential reasons. This exclusion only applies to medical conditions or losses which are related, directly or indirectly, to the reason for which the travel advisory was issued.

If the travel advisory is issued after your departure date, your coverage under this insurance in that specific country, region or area will be restricted to a period of 10 days from the date the travel advisory was issued, or to a period that is necessary for you to safely evacuate the country, region or area, after which coverage will be limited to medical conditions or losses which are unrelated to the reason for which the travel advisory was issued, while the travel advisory remains in effect.

For Emergency Medical Travel Insurance benefits, this exclusion does not apply to medical conditions or losses which are related to Coronavirus disease 2019 (COVID-19), even while a travel advisory related to COVID-19 is in effect.

This Notice is intended to provide information regarding changes to your insurance coverage. For more complete details regarding your coverage, including terms, conditions, limitations and exclusions, please refer to your Benefit Booklet. Please keep this Notice with your Benefit Booklet.

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You may contact the insurer at **1-888-877-1710** in Canada and the U.S. or visit www.rsagroup.ca.

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NOTICE

This Notice is attached to and forms part of your Group Travel Insurance Benefit Booklet, underwritten by Royal & Sun Alliance Insurance Company of Canada.

It is hereby understood and agreed that, as of **August 13, 2020**, the terms and conditions of your Group Travel Insurance Benefit Booklet are amended as follows:

The following wording replaces any existing Exclusion(s) wording in your Benefit Booklet related to medical conditions or losses you suffer or contract in a specific country, region or area while a travel advisory is issued by the Canadian Government:

Any sickness, injury, or medical condition you suffer or contract, or any loss you incur in a specific country, region or area while a travel advisory of "Avoid non-essential travel" or "Avoid all travel" is in effect for that specific country, region or area and the travel advisory was issued by the Government of Canada before your departure date (or, if applicable, the date of purchase of your trip in reference to trip cancellation insurance benefits), even if the trip is undertaken for essential reasons. This exclusion only applies to medical conditions or losses which are related, directly or indirectly, to the reason for which the travel advisory was issued.

If the travel advisory is issued after your departure date, your coverage under this certificate in that specific country, region or area will be restricted to a period of 10 days from the date the travel advisory was issued, or to a period that is necessary for you to safely evacuate the country, region or area, after which coverage will be limited to medical conditions or losses which are unrelated to the reason for which the travel advisory was issued, while the travel advisory remains in effect.

This Notice is intended to provide information regarding changes to your insurance coverage. For more complete details regarding your coverage, including terms, conditions, limitations and exclusions, please refer to your Benefit Booklet. Please keep this Notice with your Benefit Booklet.

These insurance products are underwritten by Royal & Sun Alliance Insurance Company of Canada.

You may contact the insurer at **1-888-877-1710** in Canada and the U.S. or visit www.rsagroup.ca.

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**Notice to all employees/members of the
British Columbia Institute of Technology Student Association (BCITSA)
covered under Viator Group Out-of-Province/Canada
Travel Medical Emergency Insurance Policy**

Please note that *your* coverage is amended as follows:

The following wording is added and replaces the 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:

Participant Coverage – For Class A

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. be younger than the *termination age* stated in the Schedule of Benefits; and
3. have *your* permanent residence in Canada; and
4. be enrolled as a *participant* of the *policyholder* and attending a *program* at BCITSA 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 BCITSA and attending a *program* at BCITSA 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 – For Class A

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.

Participant Coverage – For Class B

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 younger than the *termination age* stated in the Schedule of Benefits; and
3. be enrolled as a *participant* of the *policyholder* and attending a *program* at BCITSA on a full-time basis; and
4. 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 BCITSA and attending a *program* at BCITSA on a full-time basis; or
3. the date the *participant* returns to his *country of origin* permanently; 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 – For Class B

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 coverage become effective prior to the effective date of the *participant's Health Insurance Plan*.

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 is 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, sister or business partner, 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.

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.

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 or in *your country of origin*.

The following wording is added and replaces the Limitation of Actions wording in Section IV - General Provisions and Limitations of the benefit booklet:

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 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 Canadafor 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*.

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

16. **Continuance of Individual Coverage During Absence From Work:** If a *participant* 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*.

"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*.

“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 definition is removed from Section VII – Definitions of your benefit booklet:

“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 the minimum number of hours worked per week specified in the Schedule of Benefits. 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.

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 26, as specified in the Schedule of Benefits. Coverage will not continue beyond attainment of age 26, 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.

“Trip” means a journey that *you* undertake which commences on the date of departure from *your* Canadian province or territory of residence and ends when *you* return to *your* Canadian province or territory of residence.

“Participant” means a full-time student enrolled and attending a *program* at BCITSA 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*.

“Policyholder” means the British Columbia Institute of Technology Student Association (BCITSA) to whom this *policy* is issued.

“Spouse” means the person to whom the *participant* is legally married or with whom the *participant* has been residing for at least the last 12 months.

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.

ENDORSEMENT

This endorsement is attached to and forms part of the insurance policy underwritten by Royal & Sun Alliance Insurance Company of Canada.

It is hereby agreed and understood that the terms of the policy are amended as follows:

The following wording is added and replaces any previous endorsement or wording contained in the policy 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.

The following wording is added and replaces any previous endorsement or wording contained in the policy relating to the Limitation Period or Limitation of Actions:

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 added and replaces any wording contained in the policy relating to the Sanctions clause:

The Insurer is a member of the RSA Group whose principal insurance company in the United Kingdom is required to comply with economic, financial and trade sanctions imposed by the European Union and the United Kingdom and the parties acknowledge that the Insurer intends to adhere to the same standard.

The Insurer shall not provide any coverage or be liable to provide any indemnity or payment or other benefit under this policy which would breach economic, financial or trade sanctions ("Sanctions") imposed under the laws of Canada; or would breach Sanctions imposed by the European Union or the United Kingdom if provided under an insurance contract issued by an insurer in the United Kingdom.

Nothing herein contained shall vary, alter, waive or extend any provision or condition of the policy, other than as stated above.



..Viator™

Group Out-of-Province/Canada
Travel Medical Emergency Insurance

BENEFITS



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Schedule of Benefits

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Policyholder Name

--

Policy Number

This booklet contains further clauses which may limit coverage. Please read all the benefit description pages carefully. Please note that all dollar amounts are expressed in Canadian currency.

Overall Maximum per *Insured Person*

Class A:	<i>per coverage period</i>
Class B:	<i>per coverage period</i>

Description of Classes

Class A:

Class B:

Work Hours Required

--

Eligibility Period

--

Termination Age

Class A:

Class B:

Common Law *Spouse* Cohabitation Period

Class A: Continuous cohabitation: Last	months
Class B: Continuous cohabitation: Last	months

Age Limits for *Dependent* Children

Under age 21, or under age 25 if a full-time student at a recognized educational institution
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Pre-existing Condition Stability Period

Class A:
Class B:

Coverage Period

Class A:	days per <i>trip</i>
Class B:	days per <i>trip</i>

BENEFIT SUMMARY

Refer to Section II for benefit details.

<i>Hospital Accommodation</i>	<i>Reasonable and customary costs</i>
<i>Physician Charges</i>	<i>Reasonable and customary costs</i>
<i>Diagnostic Services</i>	<i>Reasonable and customary costs</i>
<i>Paramedical Services</i>	\$250 per profession
<i>Prescription Drugs</i>	30-day supply per prescription
<i>Ambulance Services</i>	<i>Reasonable and customary costs</i>
<i>Medical Appliances</i>	<i>Reasonable and customary costs</i>
<i>Private Duty Nurse</i>	Up to \$5,000
<i>Emergency Air Transportation</i>	<i>Reasonable and customary costs</i>
<i>Transportation to Bedside</i>	Economy round-trip airfare plus up to \$150 per day to a maximum \$3,000 per trip
<i>Return of Travel Companion</i>	One-way airfare
<i>Treatment of Dental Accidents</i>	Up to \$2,000
<i>Meals and Accommodation</i>	Up to \$150 per day, to a maximum \$3,000 per trip
<i>Vehicle Return</i>	Up to \$5,000
<i>Return of Deceased</i>	Up to \$5,000
<i>Incidental Expenses</i>	Up to \$250
<i>Trip Cancellation</i>	Up to \$5,000 per insured person per trip
<i>Trip Interruption</i>	Up to \$2,000 per insured person per trip
<i>Baggage Insurance</i>	Up to \$1,000 per insured person per trip

Group Out-of-Province/Canada Travel Medical Emergency Insurance

Throughout the *policy*, words in italics have a specific meaning and are defined in Section VII - Definitions.

IMPORTANT NOTICE - PLEASE READ CAREFULLY

Travel insurance is designed to cover losses arising from sudden and unforeseeable circumstances occurring while *you* are temporarily travelling outside *your* province or territory of residence. It is important that *you* read and understand *your* plan before *you* travel. In the event of any discrepancy between the provisions of a booklet or other document *you* hold and the provisions of the *policy*, the provisions of the *policy* shall govern. The Insurer has contracted Global Excel Management Inc. (called "*Global Excel*") to provide medical assistance and claims services under the *policy*.

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

IN THE EVENT OF AN *EMERGENCY*, YOU MUST CALL *GLOBAL EXCEL* IMMEDIATELY:

From Canada and the U.S., call toll-free1-866-870-1898
From anywhere else, call collect.....+ 819-566-1898

The *emergency* telephone numbers are also shown on the back of the medical assistance card provided.

Global Excel must be contacted before *you* seek medical treatment. If *your* condition renders *you* unable to do so, then someone else must contact *Global Excel* immediately for *you*. Do not assume that someone will contact *Global Excel* on *your* behalf. It remains *your* responsibility to ensure that *Global Excel* has been contacted prior to receiving medical treatment or as soon as reasonably possible.

Pre-existing medical condition exclusions may apply to medical conditions and/or symptoms that existed prior to *your trip*. Refer to *your policy* to determine how these exclusions may affect *your* coverage and how they relate to *your* departure date, date of purchase or effective date.

If *you* incur any expenses without prior approval by *Global Excel*, such expenses will be covered, except where the *policy* expressly requires the prior approval or authorization of *Global Excel*, on the basis of the *reasonable and customary costs* that would have been payable for such expenses by the Insurer in accordance with the terms and conditions of the *policy*. Such expenses may be higher than this amount, therefore *you* will be responsible for paying any difference between the amount *you* incur and the *reasonable and customary costs* reimbursed by the Insurer.

SECTION I — INDIVIDUAL COVERAGE - ELIGIBILITY, EFFECTIVE DATE AND TERMINATION

Participant Coverage

To be covered under the *policy* as a *participant*, 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. be covered under the basic group extended health care plan of the *policyholder*; and
3. be younger than the *termination age* stated in the Schedule of Benefits; and
4. have *your* place of employment in Canada; and
5. have *your* permanent residence in Canada; and
6. a) if the *participant* is covered as an employee of the *policyholder*, the *participant* must also:
 - i. work the minimum number of hours per week specified in the Schedule of Benefits; and
 - ii. have satisfied the eligibility period specified in the Schedule of Benefits;or
- b) if the *participant* is covered as a member of the *policyholder* who is other than an employer, the *participant* must:
 - i. be a member in good standing of the *policyholder*; and
 - ii. be on the monthly list of members entitled to coverage provided to the Insurer by the *policyholder*.

Participant coverage will become effective on the later of:

1. the date the *policy* becomes effective; or
2. the date the *participant's* coverage becomes effective under the basic group extended health care plan of the *policyholder*.

Coverage for disabled employees or employees who are not *actively at work* on the date their coverage would normally become effective, will become effective on the date the employee resumes active work.

Participant coverage will terminate immediately upon the first to occur of:

1. the date the *participant* ceases to meet any of the above eligibility requirements for *participant* coverage; or
2. the date the premium is due if the *policyholder* does not remit the *participant's* premium to the Insurer, except where this is the result of a clerical error; or
3. the date the *policy* is terminated.

Dependent Coverage

To be covered under the *policy* as a *dependent*, a person must meet the following eligibility requirements:

1. be covered under the *government health insurance plan* of his province or territory of residence;
2. be covered as a *dependent* under the basic group extended health care plan of the *policyholder*; and
3. meet the definition of *dependent* in the *policy*.

Dependent coverage, if any, 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 basic group extended health care plan of the *policyholder*, but in no event prior to the date the *participant's* insurance becomes effective.

Dependent coverage will terminate immediately upon the first to occur of:

1. the date the *dependent* ceases to meet any of the eligibility requirements stated above for *dependent* coverage; or
2. the date the *participant's* coverage terminates, except if termination is due to the death of the *participant*, in which case *dependent* coverage will continue until the earlier of the expiry of two years or the date the *dependent* ceases to meet the definition of *dependent* or reaches the *termination age* specified in the Schedule of Benefits or remarries or dies, provided the *policyholder* continues to make the required premium payments; or
3. the date the *policy* is terminated.

SECTION II — BENEFITS

The **policy** covers expenses that are:

- incurred outside the province or territory of residence of the *insured person*;
- *medically necessary*;
- *reasonable and customary costs*;
- incurred as a result of an *emergency* due to sudden and unforeseen *sickness* and/or *injury* occurring during the *coverage period*;
- in excess of those covered by the *government health insurance plan* or other insurance under which *you* may have coverage; and
- legally insurable;

subject to the Overall Benefit Maximum per *insured person* specified in the Schedule of Benefits.

In the event of an **emergency**, the following benefits are payable under the **policy**. However, certain expenses, as specified below, are covered only if *you* obtain the prior approval of *Global Excel*.

1. **Hospital Accommodation:** Room and board costs up to the semi-private room rate charged by the *hospital*. If *medically necessary*, expenses for treatment in an intensive or coronary care unit are also covered. If coverage terminates for any reason during *your hospital stay*, benefits continue until discharge, to a maximum of one year. In no case will expenses for *in-patient* stays be covered for a period greater than 365 days per *insured person*.
2. **Physician Charges:** Charges for treatment by a *physician*.
3. **Diagnostic Services:** Laboratory tests and x-rays prescribed by the attending *physician* and that are part of the *emergency* treatment. The *policy* does not cover magnetic resonance imaging (MRI), cardiac catheterization, computerized axial tomography (CAT) scans, sonograms or ultrasounds and biopsies unless such services are authorized in advance by *Global Excel*.
4. **Paramedical Services:** The services (including x-rays) of a licensed chiropractor, physiotherapist, podiatrist or osteopath, to the maximum specified in the Benefit Summary section of the Schedule of Benefits, per *insured person*, per profession listed above, when approved in advance by *Global Excel*.
5. **Prescriptions:** Drugs, including injectable drugs, and sera that can only be obtained upon medical prescription, that are prescribed by a *physician* and that are supplied by a licensed pharmacist when *medically necessary* for *emergency* treatment, except when needed to stabilize a chronic condition or a medical condition which *you* had before *your trip*. This benefit is limited to a 30-day supply per prescription, unless *you* are hospitalized.
6. **Ambulance Services:** When reasonable and *medically necessary*, licensed ground ambulance service to the nearest medical facility.
7. **Medical Appliances:** When approved in advance by *Global Excel*, minor appliances such as crutches, casts, splints, canes, slings, trusses, braces, walkers and/or the temporary rental of a wheelchair when prescribed by the attending *physician*, obtained outside *your* province or territory of residence and *medically necessary*.
8. **Private Duty Nurse:** The professional services of a registered private nurse, when *medically necessary* and while hospitalized, to the maximum specified in the Benefit Summary section of the Schedule of Benefits, per *insured person*, when approved in advance by *Global Excel*.
9. **Emergency Air Transportation:** When approved and arranged in advance by *Global Excel*:
 - a) air ambulance to the nearest appropriate medical facility or to a Canadian *hospital* for immediate *emergency* treatment;
 - b) transport on a licensed airline with an attendant (where required) to return *you* to *your* province or territory of residence for immediate *emergency* treatment.
10. **Transportation to Bedside:** When approved in advance by *Global Excel*, a single round-trip economy airfare from Canada plus up to the maximum amount specified in the Benefit Summary section of Schedule of Benefits for the cost of meals and commercial accommodation for one of the following: *spouse*, parent, child, brother, sister or business partner, 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 *you* are returned to *your* province or territory of residence 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, when approved in advance by *Global Excel*.
12. **Treatment of Dental Accidents:** Up to the maximum specified in the Benefit Summary section of the Schedule of Benefits per *insured person* for *emergency* dental treatment to repair natural, vital and sound teeth or permanently attached artificial teeth provided the *injury* was caused by an external, accidental blow to the mouth or face. *You* must consult a *physician* or dentist immediately following the *injury*. Treatment must begin during the *coverage period* and be completed prior to returning to *your* province or territory of residence. An *accident* report is required from a *physician* or dentist for claims purposes.

13. **Meals and Accommodation:** Up to the maximum specified in the Benefit Summary section of the Schedule of Benefits per *insured person*, for the cost of commercial accommodation and meals for the *insured person* and/or any of his/her *dependents* when their *trip* is extended beyond the last day of the scheduled *trip* due to the *sickness* and/or *injury* suffered by an *insured person*. This benefit must be authorized in advance by *Global Excel*. The fact that *you* are unable to travel must be certified by the attending *physician* and supported with original receipts from commercial organizations.
14. **Vehicle Return:** Up to the maximum specified in the Benefit Summary section of the Schedule of Benefits if neither *you*, nor someone travelling with *you*, are able to operate *your vehicle*, whether owned or rented, during *your trip* due to *sickness* and/or *injury*. Arrangements and payment will be made for the return of the *vehicle* to *your* home in *your* province or territory of residence or the nearest appropriate rental agency. Benefits will only be payable for a single person to return the *vehicle* when approved and/or arranged in advance by *Global Excel*. This benefit does not cover wages lost by the person driving *your vehicle*. The Insurer will only reimburse covered expenses evidenced by original receipts.
15. **Return of Deceased:** Up to the maximum specified in the Benefit Summary section of the Schedule of Benefits towards the cost of preparation and transportation of the deceased *insured person* to his province or territory of residence, in the event of death due to a *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.
16. **Incidental Expenses:** Up to the maximum specified in the Benefit Summary section of the Schedule of Benefits for *your* out-of-pocket expenses such as telephone charges, television rental and parking while *you* are hospitalized for an *emergency* and the expenses are incurred as a direct result of such hospitalization. The Insurer will only reimburse covered expenses evidenced by original receipts.

Trip Cancellation, Trip Interruption and Baggage Insurance Benefits

At the time *you* purchased *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 business partner, a *key employee*, 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, interruption, or lost baggage of *your* covered *trip* immediately. See the Claims section, for instructions.

17. **Trip Cancellation:** Coverage includes the cost of *trip* cancellation up to a maximum of \$5,000 per *insured person* for any of the following occurrences that prevents *you* from departing on a *trip*. To be payable, the *trip* must be cancelled prior to the scheduled departure date. Only the expenses that are non-refundable on the date of event forcing cancellation shall be considered for the purpose of the claim.
 - a) *Sickness, injury, death or quarantine of you, an immediate family member, a travel companion, a travel companion's immediate family member or a caregiver.*
 - b) *Sickness, injury, death or quarantine of a business partner or a key employee occurring within 10 days of the scheduled departure date.*
 - c) *Death or emergency hospitalization of your host at trip destination.*
 - d) *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.*
 - e) *If you are summoned to jury duty and/or are suddenly and unexpectedly 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.

You must contact Global Excel and the supplier of travel services on the day the event occurs or the next business day to advise them of the cancellation. Failure to notify Global Excel may limit the benefits payable.

18. **Trip Interruption:** If during the *trip*, *you* are forced to interrupt, discontinue, or extend it because of:

- a) *injury, sickness or death of an insured person;*
- b) *injury, sickness or death of an immediate family member, who is or is not on the trip;*
- c) *death of a person for whom the insured is the testamentary executor for;*

You will be reimbursed for:

- i. *the non-refundable proportionate cost of the remaining trip excluding the cost of prepaid unused transportation back to your departure point, which an insured person was unable to complete because of early return; plus*
- ii. *the cost of one way fare for similar type of transportation, by the most direct route, to allow you and other insured persons either:*
 - *to rejoin the trip; or*
 - *to return to your place of trip origin.*

The maximum payable for each interrupted, discontinued or extended *trip* is \$2,000 for each *insured person*.

19. **Baggage Insurance:** The cost of replacement of *your* luggage to a maximum of \$1,000 per *insured person* per *trip* due to theft, damage or loss by a bus, taxi, train, boat, airplane or other *vehicle* which is licensed, intended and used to transport paying passengers. Reimbursement will be limited to the actual cash value or the maximum specified, whichever is less, with respect to any one item or set of items.

SECTION III — EXCLUSIONS

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* or under other insurance *you* might have.
2. Any medical condition that existed prior to departure that was not *stable* at any time during the Pre-existing Condition Stability Period specified in the Schedule of Benefits prior to each departure date.
3. Any *trip* booked or commenced contrary to medical advice or after *you* are diagnosed with a *terminal illness*.
4. Any medical condition for which, prior to departure, medical evidence suggests a reasonable expectation that treatment or hospitalization could be required while travelling.
5. Treatment, surgery, medication, services or supplies that are not required for the immediate relief of acute pain and suffering or that *you* elect to have provided outside *your* province or territory of residence when medical evidence indicates that *you* could return to *your* province or territory of residence to receive such treatment. The delay to receive treatment in *your* province or territory of residence has no bearing on the application of this exclusion.
6. Treatment or surgery during a *trip* when the *trip* is undertaken for the purpose of securing or with the intent of receiving medical or *hospital* services, whether or not such *trip* is taken on the advice of a *physician*.
7. Cardiac catheterization, angioplasty, and/or cardiovascular surgery including any associated diagnostic test(s) or charges unless approved by *Global Excel* prior to being performed, except in extreme circumstances where such surgery is performed on an *emergency* basis immediately upon admission to *hospital*.
8. Magnetic resonance imaging (MRI), computerized axial tomography (CAT) scans, sonograms or ultrasounds and biopsies unless such services are authorized in advance by *Global Excel*.
9. Hospitalization or services rendered in connection with general health examinations for “checkup” purposes, treatment of an *ongoing condition*, regular care of a chronic condition, home health care, investigative testing, rehabilitation or ongoing care or treatment in connection with drugs, alcohol or any other substance abuse or non-compliance with any prescribed medical therapy or treatment and medical treatment of an acute *sickness* and/ or *injury* after the initial *emergency* has ended (as determined by the Medical Director of *Global Excel*).
10. A disorder, disease, condition or symptom that is emotional, psychological or mental in nature, unless hospitalized.
11. *Emergency* Air Transportation and/or car rental unless approved and arranged in advance by *Global Excel*.
12. Treatment not performed by or under the supervision of a *physician* or licensed dentist.
13. Treatment or hospitalization of mother or child as a result of pregnancy, miscarriage, childbirth or complications of any of these conditions occurring in the four weeks before or after the expected delivery date.
14. War, invasion, act of a foreign enemy, declared or undeclared hostilities, civil war, rebellion, revolution or military power.
15. *Terrorism* or by any activity or decision of a government agency or any other entity to prevent, respond to or terminate *terrorism* except for ensuing loss or damage which results directly from fire or explosion. Such loss or damage is excluded regardless of any other cause or event that contributes concurrently or in any sequence to the loss or damage.
16. Committing or attempting to commit an illegal act or a criminal act.
17. Suicide (including any attempt thereof) or self-inflicted *injury*, whether or not *you* are sane.
18. Service in the armed forces.
19. Participation in any sport as a professional athlete (for which *you* are remunerated), or in motorized or mechanically-assisted racing or speed contests (defined as an organized activity of a competitive nature in which speed is a determining factor in the outcome of the event).
20. Loss or damage to hearing devices, eyeglasses, sunglasses, contact lenses, or prosthetic teeth, limbs or devices and resulting prescription thereof.
21. The replacement of an existing prescription whether by reason of loss, unless otherwise specified elsewhere in the *policy*, renewal or inadequate supply or the purchase of drugs and medications (including vitamins) which are commonly available without a prescription or which are not legally registered and approved in Canada or which are not required as a result of an *emergency*.
22. Upgrading charges and cancellation penalties for airline tickets, unless approved in advance by *Global Excel*.
23. The cost of any airline ticket covered under the *policy* where *your* ticket may be exchanged or used for the same purpose.
24. Crowns and root canals.
25. Treatment or services received in the province where *you* attend school or work on a full-time basis or in *your* home country, if *you* are a foreign student studying in Canada or a non-resident working in Canada.
26. An *accident* occurring while *you* were operating a motorized *vehicle*, vessel or aircraft, if *you*:
 - a) were under the influence of drugs or toxic substances, or
 - b) had a blood alcohol level higher than 80 milligrams of alcohol per 100 millilitres of blood, or
 - c) had a blood alcohol level higher than the legal limit in the location where the *accident* occurred.

27. A *trip* cancelled due to a pre-existing medical condition of *you*, an *immediate family member*, a *travel companion*, a *travel companion's immediate family member*, a business partner, a *key employee*, a *caregiver*, or the host at *trip* destination if at any time in the 90 days prior to purchase of the travel arrangements, the medical condition has not been *stable*.
28. A *trip* interrupted due to a pre-existing medical condition of *you* or an *insured person's immediate family member* that was not *stable* at any time in the 90 days prior to the date of purchase of the travel arrangements.
29. Any *injury*, *sickness* or medical condition which, prior to the date of purchase of the *insured person's* travel arrangements:
 - a) was such as to render medical consultation or hospitalization expected; or
 - b) which has been shown, by prior medical history, as probable or certain to occur.
30. A *trip* undertaken for the purpose of visiting a sick or injured person when the covered *trip* is cancelled, interrupted or delayed due to such person's medical condition or death therefrom.
31. Baggage insurance does not cover: animals, cash, securities, credit cards and any other negotiable instruments, luggage not checked, luggage held seized, quarantined or destroyed by customs or any other government agency.
32. Any *sickness*, *injury* or medical condition *you* suffer or contract, or any loss *you* incur in a specific country, region or area for which the Government of Canada, including Foreign Affairs, Trade and Development Canada, has issued a travel advisory or formal notice, before *your* departure date advising travellers to avoid non-essential travel or to avoid all travel to that specific country, region or area. If the travel advisory or formal notice is issued after *your* departure date, *your* coverage under this *policy* in that specific country, region or area will be limited to a period of 10 days from the date the travel advisory or formal notice was issued, or to a period that is reasonably necessary for *you* to safely evacuate the country, region or area.

SECTION IV — GENERAL PROVISIONS AND LIMITATIONS

1. **Notice to Global Excel:** In the event of a *sickness* and/or *injury* likely to give rise to an *emergency*, *you* must give immediate notice to *Global Excel*. Failure to do so may limit the benefits payable under the *policy*. If *you* incur any expenses without prior approval by *Global Excel*, such expenses will be covered, except where the *policy* expressly requires the prior approval or authorization of *Global Excel*, on the basis of the *reasonable and customary costs* that would have been payable for such expenses by the Insurer in accordance with the terms and conditions of the *policy*. Such expenses may be higher than this amount, therefore *you* will be responsible for paying any difference between the amount *you* incur and the *reasonable and customary costs* reimbursed by the Insurer.
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 *your* province or territory of residence

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 *your* 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 (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, *your 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*.
4. **Misrepresentation and Non-Disclosure:** *Your* entire coverage under the *policy* shall be voidable if the Insurer determines, whether before or after loss, that *you* or the *policyholder* have concealed, misrepresented or failed to disclose any material fact or circumstance concerning the *policy* or *your* interest therein, or if *you* or the *policyholder* refuse to disclose information or to permit the use of such information, pertaining to any of the *insured persons* under the *policy*. Consequently and following a loss, no claim shall be payable by the Insurer and *you* shall be solely responsible for all expenses relating to *your* claim, including medical repatriation costs.
5. **Subrogation:** If *you* suffer a loss covered under the *policy*, the Insurer is granted the right from *you* to take action to enforce all *your* rights, powers, privileges, and remedies, to the extent of benefits paid under the *policy*, against any person, legal person or entity which caused such loss. Additionally, if No Fault benefits or other collateral sources of payment of medical expenses are available to *you*, regardless of fault, the Insurer is granted the right to make demand for, and recover, those benefits. If the Insurer institutes an action it may do so at its own expense, in *your* name, and *you* will attend at the place of loss to assist in the action, in addition to providing the Insurer all information, cooperation and assistance the Insurer may reasonably require. If *you* institute a demand or action for a covered loss, *you* shall immediately notify the Insurer so that the Insurer may safeguard its rights. *You* shall take no action after a loss that will impair the rights of the Insurer set forth in this paragraph and shall do all such things as are necessary to secure such rights.
6. **Arbitration:** Notwithstanding any clause in the *policy*, the parties hereto undertake to submit to an arbitration procedure, to the exclusion of the courts, any present or future dispute relating to a claim.
The arbitration proceedings shall be governed by the arbitration law in force in the Canadian province or territory of residence of the *participant*. The parties agree that any action will be referred to arbitration.

7. **Applicable Law:** The *policy* is governed by the law of the Canadian province or territory of residence of the *participant*. Any legal proceeding by the *insured person*, his heirs or assigns shall be brought in the courts of the Canadian province or territory of residence of the *participant*.
8. **Other Insurance:** This insurance is a second payer plan. For any loss or damage insured by, or for any claim payable under any other liability, group or individual basic or extended health insurance plan, or contracts including any private or provincial or territorial auto insurance plan providing *hospital*, medical, or therapeutic coverage, or any other insurance in force concurrently herewith, amounts payable hereunder are limited to those covered benefits incurred outside the province of residence that are in excess of the amounts for which an *insured person* is insured under such other coverage.
All coordination with employee related plans follows Canadian Life and Health Insurance Association Inc. guidelines. In no case will the Insurer seek to recover against employment related plans if the lifetime maximum for all in-country and out-of-country benefits is \$50,000 or less.
9. **Co-ordination and Order of Benefits:** If a person has coverage under another plan that does not provide for co-ordination of benefits, that plan will be considered primary carrier and will be responsible for making the initial payment. If the other plan does provide for co-ordination of benefits, the order of benefit will be as follows:
Participant and dependent spouse
The plan insuring the *participant* or the *participant's dependent spouse* as an employee/member pays benefits before the plan insuring the *participant* or the *participant's spouse* as a *dependent*.
Dependent child
If the *dependent* child is insured as a *dependent* under the *participant's* and the *spouse's* plans, benefits will first be payable under the plan of the parent whose birthday comes first in the calendar year. The balance of eligible expenses can then be submitted to the plan of the other parent.
If both parents have the same birthday (month/day), the claims for children must be submitted to the plan in the alphabetical order of the parents' first names.
When a person is insured under other group or individual policies or government plans, the benefits payable from all sources cannot exceed one hundred percent of expenses incurred.
10. **Rights of Examination:** To be entitled to payment of benefits provided under the *policy*, the *participant*, on his own behalf and on behalf of his *dependents* hereby authorizes any *physician*, health professional, *hospital*, institution and any other organization to forward to the Insurer or its representatives, all information, reports or documents that they may require.
The *participant* hereby authorizes the Insurer to communicate directly with any *physician*, health professional, *hospital*, institution or other organization to obtain any information required for the assessment of claims and hereby relieves the persons concerned of all legal responsibility which could arise from the disclosure of such information.
In the event of death, the Insurer will require that a death certificate be filed with the claim. Furthermore, the Insurer has the right to request an autopsy and review any autopsy report, if not prohibited by law.
11. **Limitation Period:** 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 (British Columbia, Alberta and Manitoba). 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 Limitations Act (Ontario), or other applicable legislation.
12. **Availability of Care:** Neither the Insurer nor *Global Excel* shall be responsible for the availability or quality of any medical treatment (including the results thereof) or transportation at the vacation destination, or *your* failure to obtain medical treatment during the *coverage period*.
13. **Evidence of Age:** The Insurer reserves the right to request proof of age of any *insured person*.
14. **Assignment:** Benefits under the *policy* may not be assigned to a third party. However and exceptionally, in no event will this affect *Global Excel's* ability to make payment, for the benefit of the *insured person*, directly to the *hospital* or clinic as provided for under the International Assistance Service section of the *policy*.
15. **When Money Payable:** All money payable under the *policy* shall be paid by the Insurer within 60 days after it has received due proof of claim.
16. **Continuance of Individual Coverage During Absence from Work:** If a *participant* 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.
17. **Examination of the Policy:** The *policy*, including any endorsements, will be kept at the office of the *policyholder*. *You* may consult the *policy* during the regular business hours of the *policyholder*.
18. **Sanctions:** The Insurer is a member of the RSA Group whose principal insurance company in the United Kingdom is required to comply with economic, financial and trade sanctions ("Sanctions") imposed by the European Union and the United Kingdom and the parties acknowledge that the Insurer intends to adhere to the same standard.
The Insurer shall not provide any coverage or be liable to provide any indemnity or payment or other benefit under this *policy* which would breach Sanctions imposed under the laws of Canada; or would breach Sanctions imposed by the European Union or the United Kingdom if provided under an insurance contract issued by an Insurer in the United Kingdom.

SECTION V — AUTOMATIC EXTENSION OF COVERAGE PERIOD

The *coverage period* per *trip* will automatically be extended up to 72 hours provided the *participant* has not reached the *termination age*, if:

- a) you are hospitalized due to a medical *emergency* on the last day of coverage. Your coverage will remain in force for as long as you are hospitalized and the 72-hour extension commences upon release from *hospital*;
- b) a late train, boat, bus, plane, or other *vehicle* in which you are a passenger causes you to miss your scheduled return to your province or territory of residence (including by reason of weather);
- c) the *vehicle* in which you are travelling is involved in a traffic *accident* or mechanical breakdown that prevents you from returning to your province or territory of residence on or before your return date;
- d) you must delay your scheduled return to your province or territory of residence due to a medical *emergency*.

All claims incurred after your original scheduled return date must be supported by documented proof of the event resulting in your delayed return.

SECTION VI — INTERNATIONAL ASSISTANCE SERVICE

Global Excel is available to take your calls 24 hours a day, 7 days a week.

Emergency Call Centre — No matter where you travel, professional assistance personnel are ready to take your call. **Global Excel** can also provide you with Canada Direct instructions and codes so that you only deal with Canadian telephone operators.

Referrals — **Global Excel** can refer you to the preferred medical providers (*hospitals*, clinics and *physicians*) that are closest to where you are staying. With a referral, it is less likely that you will have to pay for services out of pocket.

Benefit Information — Explanation of your coverage is available to you and to the medical providers who are treating you.

Medical Consultants — **Global Excel's** team of medical professionals, available 24 hours a day, will monitor the services given in the event of a serious *emergency*. If necessary, **Global Excel** will help you return to Canada for the care required.

Urgent Message Relay — In the event of a medical *emergency*, **Global Excel** will contact your travel companion to keep him advised of your medical situation and will help you exchange important messages with your family.

Interpretation Service — **Global Excel** can connect you to a foreign language interpreter when required for *emergency* services in foreign countries.

Direct Billing — Whenever possible, **Global Excel** will instruct the *hospital* or clinic to bill the Insurer directly.

Claims Information — **Global Excel** will answer any questions you have about the eligibility of your claim, standard verification procedures and the way that the benefits under the *policy* are administered.

Doctor-On-Call™ — Doctor-On-Call™ service for travellers to the United States provides you with access to a licensed US *physician*, if applicable, including the possibility of receiving a home visit in case of *emergency*.

SECTION VII — DEFINITIONS

Throughout this *policy*, defined words are written in *italics*.

“Accident” means a fortuitous, sudden, unforeseen and unintentional event exclusively attributable to an external cause resulting in bodily *injury*.

“Actively at Work” means the employee is physically and mentally capable of doing each and every function of his occupation, on the basis of the minimum number of hours worked per week, as stated in the Schedule of Benefits. 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.

“Caregiver” means a person entrusted with the care of a *dependent* child on a permanent, full-time basis and whose services cannot reasonably be replaced.

“Coverage Period” means up to the number of consecutive days specified in the Schedule of Benefits during which you are covered under the *policy* when you take a *trip* and which is calculated as of the departure date from your province or territory of residence for that *trip*.

“Departure Point” means the place the *insured person* departs from on the first day and returns to on the last day of the *trip*.

“Dependent” means the *spouse* and the unmarried child of the *participant* or *spouse*, who is under the age limit specified in the Schedule of Benefits, dependent on the *participant* for support and is not employed on a full-time basis. A dependent child who is physically or mentally disabled and totally dependent on the *participant* for support will continue to be eligible provided he/she was covered as a dependent under the *policy* before attaining such age limit.

“Emergency” means the occurrence of a *sickness and/or injury* during the *coverage period* that requires immediate *medically necessary* treatment for the relief of acute pain or suffering, other than experimental or alternative treatment, and such treatment cannot be delayed until *your* return to Canada.

“Global Excel” means Global Excel Management Inc. the company appointed by the Insurer to provide medical assistance and claims services under the *policy*.

“Government Health Insurance Plan” means the health care coverage provided by Canadian provincial and territorial governments to their residents.

“Hospital” means an institution which is designated as a hospital by law; which is continuously staffed by one or more *physicians* available at all times; which continuously provides nursing services by graduate registered nurses; which is primarily engaged in providing diagnostic services and medical and surgical treatment of a *sickness and/or injury* in the acute phase, or active treatment of a chronic condition; which has facilities for diagnosis, major surgery and *in-patient* care. The term hospital does not include convalescent, nursing, rest or skilled nursing facilities, whether separate from or part of a regular general hospital, nor a facility operated exclusively for the treatment of persons who are mentally ill, aged, or drug or alcohol abusers.

“Immediate Family Member” means *your spouse*, son, daughter, father, mother, brother, sister, stepson, stepdaughter, stepfather, stepmother, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, grandson, granddaughter, grandfather or grandmother of the *insured person*.

“Injury” means an unexpected and unforeseen harm to the body that is caused by an *accident*, that *you* sustained during the *coverage period* and that requires *emergency* treatment that is covered by the *policy*.

“In-patient” means a patient who occupies a *hospital* bed for more than 24 hours for medical treatment and for which admission was recommended by a *physician* when *medically necessary*.

“Insured Person”, “You” and “Your” mean any one of the *participant* or *participant’s dependents* covered under the *policy*.

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

“Medically Necessary” in reference to a given service or supply, means such service or supply:

- a) is appropriate and consistent with the diagnosis according to accepted community standards of medical practice;
- b) is not experimental or investigative in nature;
- c) cannot be omitted without adversely affecting the condition of the *insured person* or quality of medical care;
- d) cannot be delayed until the *insured person* returns to his province or territory of residence.

“Minor Ailment” means any *sickness or injury* which does not require the use of medication for a period greater than 15 days, more than one follow-up visit to a *physician*, hospitalization, surgical intervention, or referral to a specialist, and which ends at least 30 consecutive days prior to the departure date. However, a chronic condition or any complication of a chronic condition is not considered a minor ailment.

“Ongoing Condition” means an acute *sickness and/or injury* that requires continuing care and/or treatment after the initial *emergency* has ended as determined by the Medical Director of *Global Excel*.

“Participant” means an eligible employee or a member whom the *policyholder* identifies as being entitled to coverage under the *policy* and for whom the *policyholder* has paid the required premium.

“Physician” means a medical practitioner whose legal and professional standing within his jurisdiction is equivalent to that of a doctor of medicine (M.D.) licensed in Canada, who is duly licensed in the jurisdiction in which he practices, who prescribes drugs and/or performs surgery and who gives medical care within the scope of his licensed authority. A physician must be a person other than *you* or *your immediate family member*.

“Policy” means the group travel *emergency* medical insurance contract, issued by the Insurer to the *policyholder*, bearing the policy number specified in the Schedule of Benefits.

“Policyholder” means the company or organization specified in the Schedule of Benefits and to which the *policy* is issued.

“Reasonable and Customary Costs” means costs that are incurred for approved, covered medical services or supplies that do not exceed the standard fee of other providers of similar standing in the same geographical area, for the same treatment of a similar *sickness and/or injury*.

“Sickness” means a disease or disorder of the body which results in loss while this coverage is in effect. The sickness must be sufficiently serious to prompt a reasonably prudent person to consult a *physician* for the purpose of medical treatment.

“Spouse” means either the person who is lawfully married to the *participant* or the person who has been living with the *participant* for the number of months stated in the Schedule of Benefits without interruption in a relationship of a conjugal nature, who has been publicly represented as such.

“Stable” means any medical condition (other than a *minor ailment*) for which all the following statements are true:

- a) there has been no new diagnosis, treatment or prescribed medication;
- b) there has been no change in treatment or change in 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. Exceptions: the routine adjustment of Coumadin, Warfarin, insulin or oral medication to control diabetes (as long as they are not newly prescribed or stopped) and a change from a brand name medication to a generic brand medication (provided that the dosage is not modified);
- c) there have been no new symptoms, more frequent symptoms or more severe symptoms;
- d) there have been no test results showing deterioration;
- e) there has been no hospitalization or referral to a specialist (made or recommended) and *you* are not awaiting the results of further investigations for that medical condition.

“Supplier of Travel Services” means a travel agent, a tour operator, a travel wholesaler, an airline, a cruise line, a provider of ground transportation, a provider of travel accommodations who is legally authorized and licensed to sell travel services to the general public.

“Terminal Illness” means *you* have a condition that is cause for the *physician* to estimate that *you* have less than six months to live.

“Termination Age” means the age stated in the Schedule of Benefits at which the *participant’s* coverage terminates. *Dependents* beyond the termination age may be covered provided that the *participant* has not yet reached the termination age.

“Terrorism” means an ideologically motivated unlawful act or acts, including but not limited to the use of violence or force or threat of violence or force, committed by or on behalf of any group(s), organization(s) or government(s) for the purpose of influencing any government and/or instilling fear in the public or a section of the public.

“Testamentary Executor” means a person who is appointed by a testator to execute the testator’s will.

“Travel Companion” means a person who is sharing travel arrangements with the *insured person* from the point of departure on a covered *trip*, including accommodation and transportation, and who has paid for such accommodation or transportation in advance of departure. A maximum of three persons will be considered travel companions.

“Trip” means a journey that *you* undertake which commences on the date of *your* departure from *your* province or territory of residence and ends when *you* return to *your* province or territory of residence.

“Vehicle” means an automobile, station wagon, mini-van, sports utility vehicle (for on-road use), motorcycle, pick-up truck or a mobile home, camper truck or trailer home under 11 meters (36 feet in length), used exclusively for the transportation of passengers other than for hire, in which *you* are a passenger or driver during the *trip*.

SECTION VIII — CLAIMS

Notice and Proof of Claim

In the event that *Global Excel* is not contacted immediately, the *insured person*, or a beneficiary entitled to make a claim, or the agent of any of them, shall:

- a) give written notice of claim by delivery thereof or by sending it by registered mail to *Global Excel* not later than 30 days from the date the claim arises under the *policy*;
- b) within 90 days from the date a claim arises under the *policy*, furnish *Global Excel* such proof of claim as is reasonably possible in the circumstances of the *emergency* giving rise to the claim and the loss occasioned thereby, the right of the claimant to receive payment, his age and the age of the beneficiary, if relevant; and
- c) if required by *Global Excel*, provide a satisfactory certificate stating the cause for which the claim is made and the duration of the disability, if applicable.

Failure to Give Notice or Proof

Failure to give notice of claim or furnish proof of claim within the prescribed period above does not invalidate the claim if the notice or proof is given or furnished as soon as is reasonably possible, and in no event later than one year from the date of *injury* or the date a claim arises under the *policy* on account of *sickness* if it is shown that it was not reasonably possible to give notice or furnish proof within the time so prescribed.

Insurer to Furnish Forms For Proof of Claim

Global Excel, on behalf of the Insurer, shall furnish forms for proof of claim within 15 days after receiving notice of claim, but where the claimant has not received the forms within that time he may submit his proof of claim in the form of a written statement of the cause or nature of the *emergency* giving rise to the claim.

Claims Procedures

You are responsible for providing all the documents outlined below and for any charges levied for these documents. To file a claim, you must:

- a) include the *policy* number, the patient's name (married and maiden, if applicable), date of birth, and Canadian provincial or territorial *government health insurance plan* number with its expiry date or version code (if applicable); and
- b) submit all original itemized bills from the medical provider(s) stating the patient's name, diagnosis, all dates and type of treatment, and the name of the medical facility and/or *physician*; and
- c) provide the original prescription drug receipts (not cash receipts) from the pharmacist, *physician* or *hospital* showing the name of the prescribing *physician*, prescription number, name of preparation, date, quantity and total cost; and
- d) provide proof of the departure date(s) and return date(s); and
- e) provide written proof of claim within 90 days of the date of receipt of services covered under the *policy*; and
- f) provide additional information pertinent to *your* claim, as may be required by *Global Excel* after receipt of *your* claim; and
- g) sign and return the authorization form, provided by *Global Excel*, allowing the Insurer to recover payment from the Canadian provincial or territorial *government health insurance plan*. The Insurer will coordinate and pay *your* claim to the participating medical providers and where permitted, coordinate claims directly with the Canadian provincial or territorial *government health insurance plan* on *your* behalf; and
- h) return the unused portion of *your* air ticket to *Global Excel* if the *Emergency Air Transportation* benefit is used; and
- i) for *trip* cancellation claims, provide a claim form, an explanation of the reason for cancelling the *trip*, including details and dates of the event, *hospital* records, death certificate, *physician's* note, original receipts as proof of payment for the covered *trip* showing dates and amounts paid, *supplier of travel services* fees and penalties and the method of payment, the original airline tickets, electronic copy of the airline booking if applicable, proof of the reason for cancellation of the *trip* and/or proof of all requested applicable refunds; and
- j) for *trip* interruption claims, provide a claim form, an explanation of the reason for interrupting the *trip*, including details and dates of the event, *hospital* records, death certificate, *physician's* note, original receipts, airline tickets, transfer vouchers, meal vouchers, accommodation and other travel documents pre-paid for *your* covered *trip*; and
- k) *Global Excel* may ask *you* or the attending *physician* to provide additional evidence to support *your* claim. The existence of a pre-existing medical condition may be established using the medical records held by the claimant's attending *physician(s)* or any *hospital(s)* for the purpose of determining the validity of a claim. In this event, *you* will be responsible for any fees required to substantiate *your* claim. *You* may also be required to undergo examination by one or more of our *physicians*. In this event, *Global Excel* will cover any associated costs.
- l) for baggage insurance claims, provide a report by the police and one of either the hotel manager, tour guide, or transportation authorities, in whose custody the insured property was at the time of loss, and adequate proof of loss, ownership and itemized value along with a detailed statement.

All sums in the plan are in Canadian currency unless otherwise indicated. If *you* have paid a covered expense in a currency other than Canadian currency, *you* will be reimbursed in Canadian currency at the prevailing rate of exchange on the date that the claim payment is made. This insurance will not pay interest.

Any information not provided may result in a delay in processing *your* claim.

All pertinent documents should be sent to:



Global Excel Management Inc.
73 Queen St.
Sherbrooke, Québec
J1M 0C9

Tel.: 1-866-870-1898 (toll free) or +819-566-1898 (collect) during business hours (EST).

SECTION IX – IMPORTANT NOTICE ABOUT THE *INSURED PERSON'S* PERSONAL INFORMATION

Royal & Sun Alliance Insurance Company of Canada (“we”, “us”) collect, use and disclose, personal information (including to and from *your* agent or broker, our affiliates and/or subsidiaries, referring organizations and/or third party providers/suppliers) for insurance purposes, such as administering insurance, investigating and processing claims and providing assistance services.

Typically, we collect personal information from individuals who apply for insurance, and from *policyholders*, insureds and claimants. In some cases we also collect personal information from and exchange personal information with family, friends or travelling companions when a *policyholder*, insured or claimant is 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 *policyholders*, insureds or claimants. In some instances we may additionally maintain or communicate or transfer information to health care and other service providers located outside of Canada, particularly in those jurisdictions to which an insured may travel. As a result, personal information may be accessible to authorities in accordance with the law of these other jurisdictions. For more information about our privacy practices or for a copy of our privacy policy, visit www.rsatravelinsurance.com.

SECTION X – IDENTIFICATION OF INSURER



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