

# TIPS 2017 SUMMER HOLIDAYS TRAVEL INSURANCE POLICY

## BEFORE YOU DEPART

Please take the time to read **Your Policy** and know what **You** are covered for. Pay special attention to bold capitalized words. They have a specific meaning which is defined in the **Definitions** section of this **Policy** on page 10. If **You** have any questions, contact **Your agent**.

This **Policy** covers only the specific situations, events and losses mentioned in this document and only under the conditions **We** describe.

The **Schedule of Maximum Benefits** is outlined on page 2. Make sure **You** check **Your Policy Confirmation** to confirm **Your** benefits, coverage and limits.

Coverage under this **Policy** is secondary to all other sources of recovery. Any benefits payable under this **Policy** are in excess of any other coverage **You** may have with any other insurance company or any other source of recovery.

## 10 DAY RIGHT TO EXAMINE

**You** may cancel this **Policy** within **10 days** of purchase for a full refund if **You** have not departed on **Your Covered Trip** and there is no claim in process.

## IMPORTANT NOTICE

- Travel insurance is designed to cover losses arising from sudden and unforeseeable circumstances. It is important that **You** read and understand **Your Policy** before **You** travel as **Your** coverage is subject to certain limitations, conditions or exclusions.
- **Pre-Existing Condition** exclusions may apply to **Medical Conditions** and/or symptoms that existed prior to **Your Covered Trip**. Check to see how these apply in **Your Policy** and how they relate to **Your Departure Date**, date of purchase or **Effective Date**.
- In the event of an **Injury** or **Sickness**, prior medical history may be reviewed when a claim is reported.
- This **Policy** provides travel assistance and **You** are required to notify the **Emergency Assistance Provider** prior to **Treatment**. This **Policy** limits benefits should **You** not contact the assistance provider within the specified time period.

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## ELIGIBILITY REQUIREMENTS

If **You** do not meet the requirements listed below **Your** insurance is void and the **Company's** liability is limited to a refund of the premium paid:

- **You** must be **under 61 years** of age on the purchase date of this **Policy**.
- **You** must not have a **Medical Condition** for which a **Physician** has advised **You** against travel prior to **Your Effective Date**.
- **You** must not have been diagnosed with a **Terminal Sickness** prior to **Your Effective Date**.
- **You** must be insured under a valid Canadian federal, provincial or territorial government health insurance plan (GHIP) or Canadian university health insurance plan (UHIP). Otherwise the limit of coverage is **\$25,000**.
- Any child born during the **Covered Trip** is not entitled to coverage under this **Policy**.
- The **Policy** must be purchased prior to departure.

## SCHEDULE OF MAXIMUM BENEFITS

BENEFIT	MAXIMUM BENEFIT AMOUNT
Emergency Medical.....	Unlimited
Medical Evacuation/Return Home.....	Unlimited
Accommodation & Meals.....	\$1,750
Hospital Stay Allowance.....	\$500
Repatriation of Remains.....	Unlimited
Cremation/Burial At Destination.....	\$3,000

## IMPORTANT INFORMATION ABOUT PRE-EXISTING CONDITIONS

A **Pre-Existing Condition** is a **Medical Condition** other than a **Minor Infection**, which existed prior to **Your Effective Date**. Coverage is provided for a **Pre-Existing Condition** if it was **Stable and Controlled** within the **60 days** prior to each **Departure Date**.

Coverage is not provided for any claims arising from:

- a heart condition involving the taking of nitroglycerine more than once per week for the relief of angina;
- a lung condition treated with home oxygen or the taking of oral steroids (prednisone or prednisolone).

## PERIOD OF COVERAGE

### Effective Date – When Coverage Begins

Coverage commences the later of:

- The purchase date of this **Policy**;
- 12:01 a.m. June 1, 2017; or
- The point in time when **You** leave **Your** province or territory of residence on **Your Covered Trip**.

### When Coverage Ends

**Your** coverage ends on the earlier of:

- The date **You** return to **Your** province/territory of residence; or
- 11:59 p.m. September 5, 2017.

Coverage is provided for any number of trips outside **Your** Canadian province/territory of residence during **Your Period of Coverage**.

No extensions are allowed beyond September 5, 2017.

### How Do You Become Insured

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

- When **You** are named on a completed insurance application; and
- When **You** pay the required premium on or before **Your** coverage **Effective Date**.

Any child born during the **Covered Trip** is not entitled to coverage under this **Policy**.

## TRAVEL ASSISTANCE

### When It Applies

If **You** require **Emergency** medical help while travelling on **Your Covered Trip**.

### What We Provide – 24/7

#### A. MEDICAL ASSISTANCE

1. Worldwide multi-lingual medical and dental referrals. If **You** need care from a **Physician**, dentist or medical facility while **You** are travelling, **We** can help **You** find one.
2. Advance payment to **Hospital**. **We** will provide advance payment to a **Hospital** if it is required to secure **Your** admission for a covered **Sickness** or **Injury**.
3. Monitoring of **Treatment**. If **You** are hospitalized, **Our** medical staff will stay in contact with **You** and the **Physician** caring for **You**. **We** can also notify **Your** family and **Your Physician** back home of **Your Sickness** or **Injury** and update them on **Your** status.
4. Transfer of insurance information to medical providers. If **You** require medical **Treatment** for an **Injury** or **Sickness**, **We** will provide the emergency medical providers with any coverage information that they require.
5. Vaccine and blood transfers. If required, **We** will coordinate the transfer of required blood or vaccine to **You**.
6. Dispatch of **Physicians** and specialists. If **You** need the care of a **Physician** or specialist, **We** will coordinate the appropriate dispatch.
7. Prescription assistance. If **You** have lost, misplaced or forgotten **Your** prescription medication, **We** will assist **You** in contacting **Your Physician** and obtaining a replacement supply.
8. Replacement corrective eyeglasses and medical devices. If **You** have lost, misplaced or forgotten **Your** corrective eyeglasses or medical devices, **We** will assist **You** in obtaining a replacement.
9. Transfer of medical records. If and when required for **Emergency Treatment**, **We** will coordinate the transfer of medical records and related information to the treating **Physician**.
10. Continuous updates to family, employer and home **Physician**. If **You** are hospitalized, **We** will provide appropriate **Medical Condition** updates to **Your** family, employer and/or personal **Physician**.
11. Hotel arrangements for convalescence. If **You** are hospitalized, **We** will make necessary hotel and related accommodation arrangements for **You** and/or **Your** family travelling with **You** or **Your Travelling Companion** before, during and after **Your** hospitalization.

#### B. MEDICAL EVACUATION AND REPATRIATION SERVICES

All evacuation and repatriation services must be pre-approved and arranged by **Us**.

1. **Emergency** medical evacuations. If **Our** medical team and the local **Physician** caring for **You** agree that the local care facility cannot treat **Your Sickness** or **Injury**, **We** will provide transport and any necessary accompaniment to transfer **You** to the nearest appropriate facility.
2. Transportation of someone to join **You** if **You** are hospitalized. If **You** are hospitalized for an **Emergency Sickness** or **Injury**, **We** will arrange for the economy class round-trip ticket to bring a friend or **Family Member** to **You** if **You** are alone and a **Physician** recommends that someone travel to join **You**.
3. Return of dependent **Children**. If **You** are confined to **Hospital** for more than **24 hours**, **We** will arrange for the one way **Fare** to return home **Your Children** who have accompanied **You** on **Your Covered Trip**. **We** will also provide an escort if these **Children** are under **18 years of age**.
4. Return of **Travelling Companion**. If, due to a medical **Emergency** covered by this **Policy**, **You** must return to **Your Departure Point**, **We** will arrange for the one way **Fare** to return **Your Travelling Companion** to **Your Departure Point**.
5. Transportation after stabilization. Once **You** are medically stable to return home, **We** will arrange for the cost of a one way **Fare** to get **You** home (less any refunds from **Your** unused return trip tickets).
6. Repatriation of mortal remains. **We** will arrange for the reasonable and necessary services to transport **Your** remains to **Your** place of residence. **We** can coordinate between sending and receiving funeral homes.

#### C. LEGAL ASSISTANCE

1. Transfer of funds. If **Your** cash is lost or stolen or if **You** need extra money to pay for unexpected expenses, **We** can arrange to transfer funds from **Your** family or friends.
2. Legal and bail referrals. **We** can help **You** find local legal advice or a bail bondsman while travelling.

#### D. TRAVEL & DOCUMENT ASSISTANCE

1. Replacement of lost or stolen passport or other travel documents. If **Your** passport or other travel documents are lost or stolen, **We** can help **You** reach the appropriate authorities, contact **Your** family or friends, and assist **You** in getting **Your** documents replaced.
2. Replacement of lost or stolen travel tickets. If **Your** tickets are lost or stolen, **We** can contact the airline or other carriers and help **You** with **Your** travel arrangements.
3. Assistance with lost or delayed baggage. If **Your** baggage is lost, stolen or delayed, **We** can contact the airline or other carriers and assist **You** with recovering **Your** baggage.

#### E. OTHER ASSISTANCE SERVICES

1. **Emergency** travel arrangements to return home. If **You** must interrupt **Your Covered Trip** and return home for an **Emergency** reason, **We** can contact the airline or other carriers and help **You** with **Your** travel arrangements.
2. Translation services. **We** will assist **You** in arranging for translation services or referral of the same.
3. Urgent message transmittals. **We** can help **You** get an urgent message to someone back home to **Your** family, employer or personal **Physician** and confirm that **We** were able to reach the person **You** asked us to contact.
4. Vehicle return. If **You** are not physically able to do so due to an **Injury** or **Sickness**, **We** will arrange for the return of **Your** vehicle to the rental agency or to **Your** permanent residence.

### What Happens When You Call For Assistance

- **You** will be referred to the most appropriate service provider for **Your** situation.
- **We** will confirm that a **Policy** has been issued.
- Prior to receiving all relevant medical information, **We** will handle **Your Emergency** assuming **You** are eligible for benefits under this **Policy**. If it is later determined that a **Policy** exclusion applies to **Your** claim, **You** will be required to reimburse **Us** for any payments **We** have made on **Your** behalf
- **You** will be reminded that any services rendered are subject to the terms and conditions of this **Policy**. If it is later determined that a **Policy** exclusion applies to **Your** claim, **You** will be required to reimburse **Us** for any payments **We** have made on **Your** behalf.
- Where a claim is payable **We** will arrange, to the extent possible, to have any medical expenses billed directly to the **Company**.

### What To Do When You Need Assistance

Have **Your Policy** number or **Policy Confirmation** with **You** at all times. When on a cruise ship, seek the cruise ship's **Physician** and provide the assistance information. Otherwise, when on land, contact **Our** assistance provider at the telephone numbers listed below. Access is available **24 hours per day, 365 days per year** at the following numbers. If **You** cannot successfully place a collect call to the **Emergency Assistance Provider** as instructed below, please dial direct and submit the charges incurred to make the call along with **Your** claim documents.

USA & Canada ..... 1-800-334-7787  
Direct Dial Collect ..... 1-905-667-0587  
Email: assistance@oldrepublicgroup.com

When contacting **Our** assistance provider, please provide **Your** name, **Your Policy** number, **Your** location and the nature of the **Emergency**.

### Limitation on Emergency Assistance Provider Services

The **Company** and/or the **Emergency Assistance Provider** reserve the right to suspend, curtail or limit services in any area or country in the event of:

- rebellion, riot, military uprising, war; or
- labour disturbances, strikes; or
- nuclear accidents, acts of God, or refusal by the authorities in the country where assistance is required, to permit the delivery of such services.

The **Emergency Assistance Provider** will use its best efforts to provide the required services during any such occurrence.

The **Emergency Assistance Provider's** obligation to provide services described in this **Policy** is subject to the terms, conditions, limitations and exclusions set out in this **Policy**. The medical professional(s) suggested or designated by the **Company** or the **Emergency Assistance Provider** to provide services according to the benefits and terms of this **Policy** are not employees of the **Company** or the **Emergency Assistance Provider**. Therefore, neither the **Company** nor the **Emergency Assistance Provider** shall be held responsible or liable for any negligence or other acts or omissions on their part, nor for the availability, quality, quantity or results of any medical **Treatment** or service **You** may receive or **Your** failure to obtain or receive any medical **Treatment** or service.

## EMERGENCY MEDICAL

### When It Applies

If **You** experience a medical **Emergency** while on **Your Covered Trip**.

### What We Cover

- Emergency Medical Expenses:** as listed below and ordered or prescribed by a **Physician** as **Medically Necessary** for diagnosis or **Treatment** of **Your Emergency Sickness** or **Injury**:
  - the services of a **Physician**, surgeon or in–**Hospital** duty nurse;
  - Hospital** accommodation (this will include expenses for a cruise ship cabin or hotel room, not already included in the cost of **Your Covered Trip**, if recommended as a substitute for a **Hospital** room for recovery of an **Injury** or **Sickness**);
  - transportation furnished by a professional ambulance company to and from a **Hospital**;
  - up to **\$50** each way if a local taxi service is required to get **You** to and from the nearest medical service provider for a minor **Emergency**;
  - Your Emergency** evacuation from a remote location to the nearest appropriate **Hospital** that can provide the necessary **Emergency** medical **Treatment** as determined and arranged by **Our Emergency Assistance Provider**;
  - diagnostic procedures, laboratory procedures and **Treatment**, subject to prior approval by **Us**;
  - medical equipment purchased or rented for therapeutic purposes subject to prior approval by **Us**;
  - prescription medications required to **Treat** any **Emergency Medical Condition** or **Injury**, which are prescribed by a **Physician** and dispensed by a licensed pharmacist.
  - With respect to all **Emergency** medical expenses, **You** or someone acting on **Your** behalf are required to immediately contact **Our 24 hour** assistance line at the telephone numbers provided on page 4 of this **Policy** before admission to **Hospital** or within **24 hours** after a life or organ–threatening **Emergency**. Failure to do so will result in **You** being responsible for **30%** of any eligible expenses incurred.
  - The **Company** reserves the right to return **You** to **Canada** or to **Your Departure Point** before any **Treatment** or following **Emergency Treatment** for **Sickness** or **Injury**, if the medical evidence obtained from **Our** medical advisor and **Your** local attending **Physician** confirms **You** are able to return to **Canada** without endangering **Your** life or health.
  - If **You** elect not to return to **Canada** following the **Company's** recommendation to do so, any further expenses related to the **Emergency** will not be covered by this **Policy** and all benefits will end.
- Prescription Drugs:** up to **\$50** for prescription drugs lost, stolen or damaged during **Your Covered Trip**. Up to **\$75** will be allowed if the services of a local **Physician** are required to secure the replacement prescription. **You** must contact our **Emergency Assistance Provider**.
- Emergency Dental:** treatment ordered by a licensed dentist or dental surgeon as follows:
  - Treatment** or repair of natural or permanently attached artificial teeth which are damaged by an **Injury** to the head or mouth. Up to **\$1,500** will be paid for continuing dental **Treatment** completed within **90 days** after **You** return to **Canada**, provided the **Treatment** is related to the **Injury**;
  - up to **\$300** to relieve acute pain and suffering not related to an **Injury**.
- Emergency Paramedical Services:** performed by a chiropractor, chiropodist, physiotherapist, osteopath or podiatrist for **Emergency Treatment** up to **\$300** per category of practitioner. Services performed by a **Family Member** are not covered.
- Accommodation and Meals:** commercial accommodation, meals, essential telephone calls, taxi fares or rental vehicle charges incurred by **You**, **Your Travelling Companion**, or a **Family Member** travelling with **You** if one of you is relocated to receive **Emergency** medical **Treatment** or one of you is delayed beyond **Your Return Date** due to **Sickness** or **Injury**.
  - This benefit is limited to **\$350** per day to a maximum of **\$1,750**. Original receipts and the local attending **Physician's** written diagnosis of the **Sickness** or **Injury** must be submitted for this benefit to qualify for payment.

- Medical Evacuation or Return Home:** in response to an **Emergency Sickness** or **Injury** as follows:
  - the extra cost of a one way **Fare** on a commercial airline via the most direct route to return **You** to **Your** place of residence; or
  - the cost to accommodate a stretcher on a commercial airline via the most direct route to return **You** to **Your** place of residence or to the most appropriate medical facility closest to **Your** home, plus the reasonable cost of meals, accommodations and airfare expenses for a qualified medical attendant to accompany **You** if it is deemed **Medically Necessary**; or
  - air ambulance transportation when it is **Medically Necessary**.
  - Benefits must be pre–approved and arranged by **Us** in consultation with **Our** medical advisors, the local treating **Physician** and **Our Emergency Assistance Provider** for coverage to apply. If **Your** unused return travel ticket is refundable, **We** will deduct the value of the refund from the return transportation cost **We** arranged or **You** may choose to turn **Your** unused return ticket over to **Us**.
- Bedside Visit:** If **You** are hospitalized for an **Emergency Sickness** or **Injury** and the local attending **Physician** recommends that a relative or close friend should visit at **Your** bedside, remain with **You**, or accompany **You** home, **We** will reimburse the cost of a round–trip **Fare** by the most direct route and up to **\$500** for commercial accommodation and meals. **We** will automatically insure the accompanying **Family Member** or friend for **Emergency Medical** coverage under this **Policy** until **You** are medically stable to return to **Canada**, subject to the eligibility, limitations, conditions, & exclusions of this **Policy**.
  - These benefits are subject to prior approval by **Us**.
- Return and Escort of Children:** This benefit is payable if **You** are confined to a **Hospital** for more than **24 hours** or **You** must return to **Your** home because **You** have a personal medical **Emergency** which is covered by this **Policy** or in case of **Your** death. **We** will pay for the transportation expenses incurred, up to the cost of a one way **Fare** for the return home of any dependent **Children** who are accompanying **You**. If **Your** child is under 18 years of age, **We** will also pay the extra cost of a round trip airfare via the most direct route, overnight commercial accommodation, and reasonable meal expenses for an escort to accompany **Your** child home. If the unused return travel ticket is refundable, **We** will deduct the value of the refund from the return transportation cost **We** arranged or **You** may choose to turn **Your** unused return ticket over to **Us**.
- Child Care Cost:** If **You** are hospitalized for an **Emergency Sickness** or **Injury** during **Your Covered Trip** and need to be relocated to receive **Emergency** medical **Treatment** or are delayed beyond **Your Return Date**, **We** will reimburse **You** up to **\$50 per day** to a maximum of **\$500** for the professional child care cost incurred during **Your Covered Trip** to care for **Children** travelling with **You**.
  - Original receipts from the professional child care provider are required.
- Return of Travelling Companion:** If **You** must return to **Your Departure Point** because of a medical **Emergency** covered by this **Policy**, **We** will reimburse **You** for the extra cost of a one way **Fare** on a commercial flight via the most direct route to return **Your Travelling Companion** back to **Your Departure Point**. If the unused return travel ticket is refundable, **We** will deduct the value of the refund from the return transportation cost **We** arranged.
- Repatriation of Remains:** If **You** die during **Your Covered Trip**, **We** will reimburse the reasonable expenses incurred up to the maximum amount specified in the **Schedule of Maximum Benefits** for:
  - preparing and transporting **Your** remains or ashes back to **Your Departure Point**; or
  - the cremation or burial of **Your** remains at the location where death occurs.No benefit is payable for the cost of a headstone, casket and/or funeral service expenses.
- Identification of Remains:** If someone is legally required to identify **Your** remains before **Your** body is released, **We** will reimburse the cost of one person to travel to the place where **Your** remains are located via a round–trip **Fare** by the most direct route and up to **\$500** for commercial accommodation and meals. **We** will automatically insure this person for **Emergency Medical** coverage under this **Policy** for not more than **3 days** until they return to **Canada**, subject to the eligibility, limitations, conditions, and exclusions of this **Policy**.
  - This benefit must be pre–arranged and approved by **Us**.

13. **Vehicle Return:** We will pay the expenses associated with returning **Your** vehicle to **Your** home or **Your** rental vehicle to the appropriate rental agency if **You** are unable to do so because of a medical **Emergency**. Return of commercial vehicles is not covered.
14. **Return of Baggage and Personal Effects:** In the event of **Your** medical evacuation or repatriation of remains arranged by the **Company**, if there is insufficient space to accommodate **Your Baggage and Personal Effects** aboard the transport provided, **We** will reimburse **You** up to **\$500** to cover the cost of shipping these items to **Your Departure Point**.
15. **Hospital Stay Allowance:** If **You** are required to stay in a Hospital for **Treatment** of an **Emergency Sickness** or **Injury** as an in-patient while on **Your Covered Trip**, **We** will pay **You** **\$50** for each **24 hours** of continuous stay up to a limit of **\$500**. This benefit begins after the initial **48 hours** of continuous stay has concluded.
16. **Eyeglasses Replacement:** In the event **Your** eyeglasses are damaged as a result of a covered **Injury**, **We** will reimburse **You** up to **\$200** to replace them during **Your Covered Trip**.

## What We Exclude

There is no coverage and no benefits will be payable for claims resulting from:

1. Any **Pre-Existing Condition** or **Medical Condition** that was not **Stable and Controlled** during the **60 day** period immediately prior to **Your Departure Date** or which, in the opinion of **Your Physician**, would be expected to require **Treatment** in the foreseeable future;

**NOTE:** Coverage under Emergency Medical is not provided for any claims arising from:

- a) a heart condition involving the taking of nitroglycerine more than once per week for the relief of angina;
- b) a lung condition treated with home oxygen or the taking of oral steroids (prednisone or prednisolone);
2. Expenses incurred for medical care or services where **Your Covered Trip** was undertaken contrary to medical advice or after receiving a prognosis of a **Terminal Sickness**;
3. Any **Treatment**:
  - a) not required for the immediate relief of acute pain and suffering;
  - b) which can reasonably be delayed until **You** return to **Your** province or territory of residence;
  - c) for follow-up **Treatment**, **Recurrence** of a **Medical Condition** or subsequent **Emergency Treatment** or **Hospital** stay for a **Medical Condition** or related **Medical Conditions** for which **You** had received **Emergency Treatment** during **Your Covered Trip**;
4. Transplants of any kind;
5. Unless prior approval is obtained from **Us**, any **Emergency** air transportation, MRI, CAT Scan, surgery, cardiac procedures, including but not limited to cardiac catheterization, angioplasty or surgery;
6. Expenses incurred for all medical care or services including those related to an **Injury** when this **Policy** was purchased specifically to obtain **Hospital** or medical **Treatment** outside **Your** province or territory of residence whether or not recommended by a **Physician**;
7. Any expenses related to an **Injury** or **Sickness** that occurred when another insurance was in force during the period of **Your Covered Trip**;
8. Expenses incurred for ongoing or recurring **Medical Conditions**. Once **Emergency Treatment** and care is completed, no further benefits for the same or related **Medical Conditions** will be covered;
9. All medical and emergency evacuation costs associated with child birth that occurs after 26 weeks gestation or voluntarily induced abortion.
10. All neonatal medical care and evacuation costs related to a baby born during the **Covered Trip**.
11. **Your** mental or emotional disorders including, but not limited to stress, anxiety and depression unless hospitalized. This exclusion is not applicable to major psychiatric illness such as psychosis, schizophrenia and major affective mood disorders;
12. Any elective medical **Treatment**;

13. **Your** use of drugs, alcohol, or any medication that results directly or indirectly in the condition causing a claim;
14. **Your** suicide, attempted suicide or any intentionally self-inflicted **Injury**;
15. **Your** participation in **Extreme Activities**;
16. **Your** participation in organized professional sporting activities;
17. Driving a motorcycle, moped, or scooter, whether or not **You** are driving on publicly maintained roads, driving off-road or on private property (unless **You** hold an applicable valid Canadian driver's license);
18. **Your** riding, driving or participating in races of speed or endurance;
19. Piloting an aircraft or air travel on any air supported device other than as a fare-paying passenger on a flight operated by a **Common Carrier**;
20. Fraud, concealment or deliberate misstatement in relation to any matter affecting this insurance or in connection with the making of any claim hereunder;
21. **Your** participation in a crime or malicious act;
22. Participation in a riot or insurrection;
23. War or act of war (whether declared or undeclared), invasion, act of foreign enemy, hostilities, civil war, rebellion, revolution, insurrection or military uprising or usurped power;
24. **Act of Terrorism** by nuclear means and terrorism by dissemination of biological, chemical and or bio-chemical agents and substances;
25. Participation in the armed forces;
26. Events related to travel warnings issued by Foreign Affairs Canada prior to **Your Effective Date** that were or continue to be in effect for any country, region or city of destination on **Your Covered Trip**, as reflected in **Your** travel itinerary;
27. Orbital and sub-orbital flights;
28. A condition that is directly or indirectly related to any **Medical Condition** for which **You** have declined or delayed recommended **Treatment** diagnostic testing or prescription medication in the **2 years** prior to the date it gives rise to a claim under this **Policy**;
29. **Contamination** resulting from radioactive material or nuclear fuel or waste; or
30. Any trip outside **Your** province or territory of residence as a driver, operator, co-driver, crewmember, or passenger on any commercial vehicle used to carry goods for sale, resale or income.

## What We Pay

If **You** have other insurance that may provide the same benefits **You** must notify **Us** of that insurance, cooperate with **Our** efforts to co-ordinate benefits payable by another insurer, and reimburse **Us** for any payment that **We** have made that **You** receive from another insurer.

**You** will be reimbursed for the **Reasonable and Customary** charges in excess of any government health insurance plan (GHIP) allowance or **Your** Canadian university health insurance plan (UHIP) allowance for the eligible **Emergency** medical expenses listed above up to the maximum benefit amount described on the **Schedule of Maximum Benefits**.

## What To Do If You Have A Claim

If **You** are hospitalized:

Contact the **Emergency Assistance Provider** at the telephone numbers provided on page 4 of this **Policy**. **You** must do this before admission to **Hospital** or within **24 hours** after a life or organ-threatening **Emergency**.

**You** or someone acting on **Your** behalf, must authorize **Us** to access all medical documentation from the treating facility at **Your** location and **Your** attending **Physician(s)** at home for the applicable pre-existing time period. (See the pre-existing exclusion in this section.)

Prior to receiving all relevant medical information, **We** will handle **Your Emergency** assuming **You** are eligible for benefits under this **Policy**. If it is later determined that a **Policy** exclusion applies to **Your** claim, **You** will be required to reimburse **Us** for any payments **We** have made on **Your** behalf.

To file a claim please see the "**Claims Information**" section on page 11.

## GENERAL POLICY PROVISIONS

**Assignment of Benefits:** Where the **Company** has paid expenses or benefits to **You** or on **Your** behalf under this **Policy**, the **Company** has the right to recover, at its own expense, those payments from any applicable source or any insurance policy or plan that provides the same benefits or recoveries. This **Policy** also allows the **Company** to receive, endorse and negotiate eligible payments from those parties on **Your** behalf. When the **Company** receives payment from any Canadian provincial or territorial government health insurance plan, any other insurer, or any other source of recovery to the **Company**, the respective payor is released from any further liability with respect to the claim.

**Autopsy:** In the event of **Your** death, the **Company** may request an examination or autopsy subject to any applicable laws relating to autopsies.

**Concealment and Misrepresentation:** The entire coverage will be void, if before, during or after a loss, any **Material Fact** or circumstance relating to this **Policy** has been concealed or misrepresented.

**Conformity With Existing Laws:** Any provision of this **Policy** which is in conflict with any federal, provincial or territorial law where this **Policy** is issued is hereby amended to conform to the minimum requirements of that law. In all other respects, the terms and provisions of this **Policy** shall apply.

Despite any other provision contained in the contract, the contract is subject to the statutory conditions in the Insurance Act respecting contracts of accident and sickness insurance.

**Contract Changes:** This **Policy** is a legal contract between **You** and **Us**. It, including any endorsements and attached papers are the entire contract. No change in this **Policy** is valid unless approved in writing by one of **Our** officers. No agent has the right to change this **Policy** or to waive any of its provisions.

**Coordination of Benefits:** The **Company** will coordinate benefits payable under this **Policy** with benefits available to **You** under any other **Policy** or plan, so that payments made under this **Policy** and from all other sources will not exceed 100% of the eligible expenses incurred. Coordination of Benefits of **Emergency Medical Expenses** will be in accordance with the Coordination of Benefits Guidelines issued by the Canadian Life and Health Insurance Association with respect to Out of Country/Province Medical Expenses. However, if **You** are covered as an active or retired employee under **Your** current or former employer's group health insurance plan for Extended Health Care benefits and the lifetime maximum amount is:

1. **\$50,000** or less, Coordination of Benefits will not apply to such amount; or
2. More than **\$50,000**, Coordination of Benefits will apply only to the amount of insurance in excess of **\$50,000**.

**Currency:** All premiums and benefits under this **Policy** are payable in Canadian currency based on a) the rate of exchange set by any chartered bank in Canada on the last date of service, or b) on the date the payment is issued to the provider of service.

**Limitation of Liability:** The **Company's** liability under this **Policy** is limited solely to the payment of eligible benefits, up to the maximum amount purchased for any loss or expense. The **Company** upon making payment under this **Policy** does not assume any responsibility for the availability, quality, results or outcome of any **Treatment** or service, or **Your** failure to obtain any **Treatment** or service covered under the terms of this **Policy**.

**Medical Examination:** The **Company** reserves the right to have **You** medically examined in the event of a claim.

**Medical Records:** In the event of a claim, **You** agree to provide access to and **We** reserve the right to review any and all medical records or documentation relating to **Your** claim(s) from any licensed **Physician**, dentist, medical practitioner, **Hospital**, clinic, insurer, individual, institution or other provider of service relating to the validity of **Your** claim.

**Refund of Premium:** Other than the "10 Day Right to Examine" on page 1, no refunds are available.

**Right of Recovery:** In the event that **You** are found to be ineligible for coverage, any benefit is paid in error, payment is made in excess of the amount allowed under the provisions of this **Policy**, a claim is found to be invalid, or benefits are reduced in accordance with any **Policy** provision, the **Company** has the right to collect from **You** any amount which it has paid on **Your** behalf to medical providers or other parties or seek reimbursement from **You**, **Your** estate, any institution, insurer or person to whom the payment was made.

**Subrogation:** If **You** suffer a loss caused by a third party, the **Company** has the right to subrogate **Your** rights of recovery against the third party for any benefits payable to or on **Your** behalf, and will, at its own expense and in **Your** name, execute the necessary documents and take action against the third party to recover such payments. **You** must not take any action or execute any documents after the loss that will prejudice the **Company's** rights to such recovery.

**Sworn Statements:** **We** have the right to request that claims documents be sworn under oath and have **You** examined under oath in respect to any claim documents submitted.

## DEFINITIONS

**Act of Terrorism or Terrorism** means the unsanctioned and illegal use of violence (excluding general civil disturbance, rioting and act of war (declared or undeclared) or the intentional release of a biological material), which caused destruction of property, **Injury** or death for the express or implied purpose of achieving a political, ethnic or religious goal or result.

**Baggage and/or Personal Effects** means items or articles of necessity, adornment or for personal convenience including clothing and other personal effects worn on the person that are usually carried by travellers for their individual use while travelling.

**Caregiver** means the person with whom arrangements were made to care for **Your** dependent(s) during the period of **Your Covered Trip**, and who cannot reasonably be replaced.

**Children** means **Your** child or grandchild who is unmarried and is travelling with **You** or who joins **You** during **Your Covered Trip** and is either: i) under **21 years** of age; ii) under **26 years** of age if a full-time student; or iii) of any age who is mentally or physically handicapped.

**Common Carrier** means commercial airline carrier, cruise ship, ferry, bus, train, taxi, limousine or other similar vehicle that is licensed, intended and used primarily to transport passengers for hire not including rented, leased or privately owned vehicles.

**Company, We, Our, Us** means Old Republic Insurance Company of Canada (In Quebec, Reliable Life Insurance Company), Hamilton, Ontario.

**Contamination** means poisoning of people by nuclear, chemical and/or biological substances that cause **Sickness** or death.

**Covered Trip** means trips undertaken outside **Your** province/territory of residence during the **Period of Coverage** of this **Policy**.

**Departure Date** means the date **You** actually depart on **Your Covered Trip**.

**Departure Point** means the city, province or territory **You** depart from on **Your Covered Trip**.

**Effective Date** means the date **Your** insurance coverage under this **Policy** or a specific benefit of this **Policy** begins. (See page 2)

**Emergency** means an unforeseen **Sickness** or **Injury** that requires immediate **Treatment** to prevent or alleviate existing danger to life or health. An **Emergency** no longer exists when medical evidence indicates that the person is able to return to his or her province or territory of residence or continue with **Your Covered Trip**.

**Emergency Assistance Provider** provides the **Emergency** service **24 hours** a day, **7 days** a week, during **Your Period of Coverage**. (See page 4)

**Extreme Activities** means participating in any of the following: bungee jumping, hang-gliding, hunting, **Mountain Climbing**, parachuting, paragliding, rock climbing (not mountaineering) scuba diving (unless qualified and not diving deeper than 130 feet), skydiving, spelunking, tall ship crewing.

**Family Member** means **Spouse**, parent, legal guardian, step-parent, grandparent, grandchild, in-laws, natural or adopted child, stepchild, brother, sister, stepbrother, stepsister, aunt, uncle, niece, nephew or an employed **Caregiver** for unmarried dependent children under **16 years** of age.

**Fare** means the lowest single seat fare from any International Air Transportation Association carrier.

**Hospital** means a duly licensed facility which accommodates inpatient care, which has registered nurses on a full-time basis, a laboratory and an operating room where surgical operations are performed by qualified surgeons. Excluded are convalescent homes, rest homes, nursing homes, homes for the aged, drug and alcohol treatment centres, health spas or clinics or any facility not operated **24 hours** per day under the supervision of a **Physician**.

**Injury** means sudden bodily damage caused by a happening due to external, violent, sudden or fortuitous causes beyond **Your** control which occurs during **Your Period of Coverage** causing **You** to seek medical **Treatment**.

**Material Fact** means any fact that would cause **Us** to decline **Your** application for insurance or charge more premium than **You** have paid for the insurance **Policy**.

**Medical Condition** means an irregularity in a person's health which exhibited symptoms, required or requires medical advice, consultation, investigation, **Treatment**, care, service or diagnosis by a **Physician**.

**Medically Necessary** means **Treatment** or services that are appropriate for the relief of **Sickness** or **Injury** in an **Emergency**, based on generally accepted professional medical standards.

**Minor Infection** means an infection that ends **30 days** prior to the **Effective Date** of coverage and does not require: use of medication for a period greater than **15 days**; more than one follow-up visit to a **Physician**; hospitalization; surgical intervention; or, consultation with a medical specialist. A chronic infection or the complication of a chronic infection is not a minor infection.

**Mountain Climbing** means the ascent or descent of a mountain requiring the use of specialized equipment including crampons, pick-axes, anchors, bolts, carabiners and lead-rope or top-rope anchoring equipment.

**Physician** means a person, other than **You**, a **Travelling Companion** or a **Family Member**, who is qualified and legally licensed to practice medicine, perform medical **Treatment** and/or surgery within the scope of their licence in the place where the medical services are rendered.

**Policy** means this document and **Your Policy Confirmation** issued at the time the required premium has been paid.

**Policy Confirmation** confirms the insurance coverage **You** have purchased indicating **Your Policy** number and **Your** purchase date along with a brief summary of benefits. This document forms an integral part of the **Policy** contract.

**Pre-Existing Condition** means a **Medical Condition** other than a **Minor Infection**, which existed prior to **Your Effective Date** and includes a medically recognized complication or **Recurrence** of a **Medical Condition**.

**Reasonable and Customary** means charges that are usually made by other providers of similar standing for residents in the locality where the charges are incurred, for comparable **Treatment**, services or supplies for a similar medical **Emergency**.

**Recurrence** means the appearance of symptoms caused by or related to a **Medical Condition** which was previously diagnosed by a **Physician** or for which **Treatment** was previously received.

**Return Date** means the date on which **You** are scheduled to return to **Your** province/territory of residence from **Your Covered Trip**.

**Sickness** means an acute illness, acute pain and suffering or disease that requires **Emergency** medical **Treatment** or hospitalization due to the sudden onset of symptoms **during Your Period of Coverage**.

**Spouse** means the person who is legally married to **You**, or if not married to **You**, has been living in a conjugal relationship with **You** for a continuous period of at least one year.

**Stable and Controlled** means the **Medical Condition** is not worsening and there has been no alteration in any medication for the **Medical Condition** or its usage or dosage, nor any **Treatment**, prescribed or recommended by a **Physician** or received within the time period specified in this **Policy**, prior to **Your Effective Date**. If you require a routine adjustment to the dosage of **Your** prescription for Coumadin, Warfarin or Insulin (unless it is newly prescribed or stopped) to ensure correct blood levels are maintained, such a change is not considered an alteration in medication provided the condition remains unchanged.

**Terminal Sickness** means a **Medical Condition** from which no recovery is expected and which carries a prognosis of death within **12 months** of **Your Effective Date**.

**Travelling Companion** means someone who shares travel arrangements and accommodations with **You** on **Your Covered Trip** up to a maximum of five persons, including **You**.

**Treat, Treated** or **Treatment** means any medical, therapeutic or diagnostic procedure prescribed, performed or recommended by a **Physician** including but not limited to prescribed medication, investigative testing and surgery.

**You or Your** means a person who is eligible and named on the **Policy Confirmation** for insurance under this **Policy** and for whom the required premium has been paid.

In this **Policy**, words and terms denoting the singular shall be interpreted to mean the plural and vice versa, unless the context clearly indicates otherwise.

## CLAIMS INFORMATION

### Contact Us

Travel Claims Department  
P.O. Box 557, Hamilton, Ontario L8N 3K9

Fax: ..... 905-528-8338  
Toll Free Fax: .....1-866-551-1704  
Telephone: ..... 905-523-4731  
Toll Free in Canada & USA: .....1-888-831-2222

### How To Submit A Claim

**You** can download a claim form directly from **Our** website:  
[www.oldrepublicgroup.com/TIPS](http://www.oldrepublicgroup.com/TIPS)

or **You** can contact **Us** toll free at:

English: ..... 1-888-831-2222  
French: ..... 1-800-245-1662

To make a claim for benefits under this **Policy**:

- Submit **Your** claim forms within **30 days** after the expense or loss is incurred or as soon as is reasonably possible;
- Written proof of the claim must be submitted within **90 days**, but not later than **12 months** after the date of the event or loss.

Written Proof of a Claim shall include:

1. the completion of Medical Claim Form furnished by the **Company**;
2. original receipts and other proofs of payment;
3. detailed medical documentation ; and
4. any other information **We** deem necessary to properly adjudicate **Your** claim.

Original substantiating claims documentation must be provided, however, the **Company** may accept certified copies if the original documentation cannot be provided for a reasonable cause. Failure to provide applicable substantiation for a claim shall invalidate any claim under this **Policy**. All documents required to support or validate the claim, including English or French translations of such documents, must be provided free of expense to the **Company**.

### Claim Payments

**We** will pay covered claims within **30 days** of receiving all of the necessary information required to accurately assess **Your** claim.

Benefit payments will be made to **You** or to any person or entity having a valid assignment to such benefits. In the event of **Your** death, any balance remaining or benefits payable for loss of life will be paid to **Your** estate, unless otherwise indicated.

### Limitation of Action

If **You** have a claim in dispute under this **Policy**, **You** must begin any legal action or proceeding against the **Company** within **24 months** following the date of the event which caused the claim. If, however, this limitation is invalid according to the laws of the province or territory where this **Policy** was issued, **You** must commence any legal action or proceeding within the shortest time limit permitted by the laws of that province or territory. All legal actions or proceedings must be brought in the province or territory of Canada where **You** permanently reside, or if mutually agreeable, the action can be brought in the province where the head office of the **Company** is located.

## PRIVACY

The **Company** is committed to protecting **Your** privacy. Collecting personal information about **You** is essential to **Our** ability to offer **You** high-quality insurance products and service. The information provided by **You** will only be used for determining **Your** eligibility for coverage under the **Policy**, assessing insurance risks, managing and adjudicating claims and negotiating or settling payments to third parties. This information may also be shared with third parties, such as other insurance companies, health organizations and government health insurance plans to adjudicate and process any claim. In the event that **We** must share **Your** information with a third party who conducts business outside of Canada, there is a possibility that this information could be obtained by the government of the country in which the third party conducts business. **We** take great care to keep **Your** personal information accurate, confidential and secure.

**Our** privacy policy sets high standards for collecting, using, disclosing and storing personal information. If **You** have any questions about the **Company's** privacy policy, please contact **Our** Privacy Officer at 905-523-5587 or by email at: [privacy@oldrepublicgroup.com](mailto:privacy@oldrepublicgroup.com).

### Underwritten by:

Old Republic Insurance Company of Canada  
In Quebec, Reliable Life Insurance Company



Paul M. Field, CPA, CA  
President and Chief Executive Officer  
February 2017

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