



SRG-9149761-E



Travel Health – Santé Voyage

VALUE TRAVEL PLAN INSURANCE POLICY

| Section | POLICY CONTENT | Page |
|---------|-----------------------------------|------|
| I | Eligibility..... | 2 |
| II | How this policy works | 2 |
| III | Options Available..... | 2 |
| IV | What is Covered: | 2 |
| ... | (A) Health Insurance..... | 3 |
| ... | Top-up - extending Your stay | 4 |
| V | Limitations and Exclusions | 4 |
| ... | What is Not Covered For:..... | 4 |
| ... | Health Insurance..... | 4 |
| VI | General Terms & Conditions | 5 |
| VII | Definitions | 6 |
| VIII | Refunds | 8 |
| IX | Emergency Procedures | 8 |
| X | Claims Procedures | 8 |

- the Company’s Emergency Assistance telephone within 24 hours of admission to a **hospital** and before any surgery is performed
- You are required to contact the emergency assistance operator for prior approval of Treatment or within 24 hours of admission to hospital.
- Exclusions for Pre-existing Conditions will apply to medical conditions and/or symptoms that existed on or prior to Your Departure Date.
- A Pre-existing Condition does not include a Minor Ailment. Please note that a chronic condition or any complication thereof is not considered a Minor Ailment. (See the Definition in Section VII).
- Exclusions for lack of Stability - No coverage is provided under this policy for losses resulting from a Minor Ailment, Sickness or injury if Your Period of Stability for that Sickness or injury is less than 3 months (See Exclusion # 3).

IMPORTANT NOTICE

- Please read Your policy carefully before You travel. If You are not completely satisfied with this policy, You may return it by registered mail to the Company within 10 days and any premium paid will be refunded.
- Benefits - This policy covers You up to a maximum aggregate of one million dollars (\$1,000,000.) less any applicable Deductible as described under Section IV "What is Covered ". Health, Trip Cancellation and Baggage Insurance.
- This policy covers one Emergency loss (one claim only) arising from an unexpected or unforeseeable Sickness or Injury which requires immediate non-discretionary medical attention, treatment or care for the immediate relief of acute symptom, which upon the advice of a physician cannot be delayed until You return to Your province or territory of residence. If there is no emergency, there is no coverage.
- Limitations and Exclusions are in Section IV.
- Diabetes: If You have been diagnosed with diabetes, losses or expenses incurred for or as the result of treatment for heart or stroke conditions will not be covered.
- Deductible: A standard one thousand dollar (\$1,000.) Deductible applies unless You have chosen a different Deductible amount on Your application.
- This policy is Terminated five (5) days after the Emergency is over** or five (5) days after you have been discharged from hospital (“End of Emergency”). There is no further coverage for any condition unless You are declared “medically unfit” to return to Your province of residence by **Our** Medical Director. This five days is a grace period to allow You sufficient time to travel home or to arrange other insurance coverage if you wish to continue on your vacation.

- What to do in an emergency?**
In the event of a medical **emergency**, **you** must notify

I ELIGIBILITY FOR COVERAGE

You are eligible if You are a Canadian resident under the age of 91, insured and eligible for benefits under a Canadian Government Health Insurance Plan, and You are in good health at the time You purchased this policy and You know of no reason why You would require medical services during Your Insured Trip.

II HOW THIS POLICY WORKS - INSURING AGREEMENT

In consideration of Your application for insurance and payment of the appropriate premium and subject to the terms and conditions of this policy, the Company will pay the benefits of this policy, up a maximum aggregate of one million dollars (\$1,000,000.) less any applicable Deductible for eligible expenses which are in excess of any other insurance incurred by You as the result of a Sickness or injury that first manifests itself during the policy period.

III INSURANCE COVERAGE - OPTIONS AVAILABLE

HEALTH INSURANCE FOR CANADIAN TRAVELLERS

- **SINGLE TRIP COVERAGE**
You may apply for coverage for a single trip or You may apply for coverage for a single trip in conjunction with a multi trip annual plan.
- **MULTI TRIP ANNUAL PLAN COVERAGE: 16 DAY AND 32 DAY**
Annual Plans: You may apply for a multi trip annual plan for Your health insurance coverage with a duration of 16 days or 32 days. The multi trip annual plan provides coverage between the effective date and expiry date of Your policy for any number of trips up to the allowable trip duration. Coverage for each trip under the Multi Trip Annual Plan begins on Your Departure Date as long as coverage is in effect under the Multi Trip Annual Plan You purchased and ends on Your Return Date if the Return Date is earlier than the number of days set out in the multi trip annual plan option You purchase.
- **TOP-UP COVERAGE / EXTENDING YOUR COVERAGE**
Top-up coverage: You may apply for an Extension of Your health insurance coverage providing You have not incurred a claim in the insured period prior to the Effective Date of the Top-up coverage You wish to purchase.

PLEASE NOTE:

15/07/2015 Rev.

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The specific details of Your plan are outlined on Your Confirmation Letter, and if applicable, Your application, which forms a part of this policy. You will be responsible for expenses that are not payable by the Company and no coverage is provided under this policy for losses resulting from a Sickness or injury if Your *Period of Stability* for that Sickness or injury is less than 3 months (See Exclusion # 3).

IV WHAT IS COVERED

The following benefits are provided in the event of a Medical Emergency when not excluded under "**What is Not Covered**". (Section V)

(A) HEALTH INSURANCE

1. EMERGENCY HOSPITAL/MEDICAL TREATMENT

Expenses that are Medically Necessary for Emergency hospital and medical Treatment are covered and all other related expenses resulting from an Injury (accident) or new Sickness or disease that first manifests itself during the Insured Trip are covered up to one million dollars (\$1,000,000).

2. PROFESSIONAL SERVICES

50% of the costs for the services of a chiropractor, chiroprapist, osteopath and physiotherapist are covered up to five hundred dollars (\$500) when referred by a doctor following a covered injury.

3. DENTAL ACCIDENT

The Company will pay for expenses up to two thousand dollars (\$2,000) when Your sound natural teeth are damaged as the result of a direct accidental blow to the mouth.

4. OUT-OF-POCKET EXPENSES

Additional out-of-pocket expenses (i.e., telephone, television rental) are covered up to a maximum of one hundred dollars (\$100) when You are hospitalized for a covered Medical Emergency. Expenses must be supported by an original receipt.

5. EMERGENCY RETURN HOME BY REGULAR FLIGHT OR AIR AMBULANCE

In the event of a Medical Emergency, the Company will pay the costs up to three hundred thousand dollars (\$300,000) to transport You to the nearest appropriate medical facility or to a Canadian hospital for treatment when prior approval has been received by the Medical Director.

6. REPATRIATION

In the event of Your death from a covered injury or Sickness, the Company will return Your body to

Canada. The Company will pay up to a maximum of five thousand dollars (\$5,000) for the cost of burial or cremation at the place of death excluding the cost of the coffin or urn.

7. TRANSPORTATION OF RELATIVE

The Company will pay up to a maximum of two thousand dollars (\$2,000) for the cost of transporting a relative to Your bedside if You are hospitalized in the intensive care unit (ICU) for a covered Injury or Sickness while outside Canada. Your relative should consider purchasing their own insurance coverage.

8. RETURN OF TRAVELLING COMPANION/ DEPENDENT CHILDREN

If You return home under the terms of Benefits 5 or 6, the Company will pay up to two thousand dollars (\$2,000) for the cost of returning Your travelling companion(s) and/or Dependent(s) who are travelling with You at the time of the Medical Emergency if they are insured with the same Travel Insurance Policy.

9. ESCORT OF INSURED CHILDREN

The Company will pay up to one thousand dollars (\$1,000) per insured trip to reimburse You for the cost of the services of a care giver (other than a relative) contracted by You to escort Your Insured children (under the age of 16) to their home in the event You are Hospitalized or must be Medically repatriated when such services are arranged by the Company and approved in advance.

10. RETURN OF PETS

The Company will pay up to one thousand dollars (\$1,000.) to reimburse you for the cost of your household pet(s) to your home in Canada in the event You are Hospitalized or must be Medically repatriated when such services are arranged by the Company and approved in advance.

11. RETURN TO YOUR ORIGINAL TRIP DESTINATION

The Company will pay up to two thousand dollars (\$2,000), when approved in advance by Our Medical Director, for a one-way economy airfare for You to be returned to Your scheduled Trip destination after You have returned to Your province or territory of residence for immediate Medical Treatment provided Your attending Physician determines that You require no further Treatment for Your Medical Emergency. Once You return to Your Trip destination, a Recurrence of the Sickness or Injury which caused the initial Medical Emergency, or any problems or complications related thereto, will not be covered under this policy.

12. MEALS & COMMERCIAL ACCOMMODATION

The Company will pay two hundred dollars (\$200) a day up to a maximum of fifteen hundred dollars (\$1,500) when the return portion of an Insured Trip is delayed beyond the scheduled date due to a Medical Emergency or death of Your extended family member or a travelling companion.

13. VEHICLE RETURN

The Company will pay up to two thousand dollars (\$2,000), when approved in advance by the Company, to reimburse you for reasonable commercial expenses for the return of Your private or rental Vehicle or mobile home in the event of Your medical incapacitation or Hospitalization; or to Return You to Your province or residence if Your private Vehicle is stolen or inoperative due to an Accident.

14. RETURN TO DESTINATION:

The insurer agrees to reimburse You up to a maximum of two thousand dollars (\$2,000) for the cost of one economy class round trip ticket by the most direct route to return You to Your province or territory of residence and back to Your destination to resume Your original trip if one of the following events occurs.

ELIGIBLE EVENTS

- a) Your immediate return home to Canada is required because of the Hospitalization of a Family Member for a minimum period of 5 consecutive days
- b) Your immediate return home to Canada is required because of the Death of a Family Member
- c) Your immediate return home to Canada is required because of A disaster which renders Your principal residence in Canada uninhabitable

There is no coverage while You are in Your province or territory of residence. If you experience any change in your health during the emergency round trip, Your coverage is terminated and You must notify the Company prior to exiting Your province or territory of residence for confirmation of continued coverage.

• TOP-UP / EXTENDING YOUR STAY

Coverage will be extended at the option of the Company provided no event has occurred which would give rise to or result in a claim. The Top-up / extended coverage will be void and of no force or effect if an event has occurred that could give rise to a claim during the extension of coverage or a claim has occurred in the period immediately prior to the effective date of Your extension coverage. Minimum premium levels apply. This coverage cannot be purchased after Your Departure

Date without the express written approval of the Company. Top-up/Extension coverage is effective on the date immediately following the Termination Date of Your existing emergency travel health insurance coverage provided You have paid the appropriate premium prior to the Termination Date of Your existing coverage.

V LIMITATIONS & EXCLUSIONS

WHAT IS NOT COVERED FOR: HEALTH INSURANCE

No coverage shall be provided under this contract and no payment shall be made for any Loss resulting in whole or in part from, or contributed to by, or as a natural and probable consequence of, any of the following excluded risks:

1. Any Pre-existing Condition;
2. Diabetes and Heart and Stroke: if You have been previously diagnosed with diabetes, treatment for cardiovascular or cerebrovascular conditions are not covered (excluded);
3. Any loss, Sickness or Injury related directly or indirectly to symptoms which occurred in the three months before the effective date of coverage on the covered trip. Any loss, Sickness or injury if Your *Period of Stability* for that Sickness or injury is less than 3 months or any loss;
4. Sickness or Injury occurring while this policy is not in effect;
5. Expenses incurred as a result of asymptomatic or symptomatic HIV infection, Acquired Immune Deficiency Syndrome (AIDS), AIDS related conditions (ARC) or the presence of HIV, including any associated diagnostic tests or charges or other sexually transmitted disease;
6. Hospital or Medical Treatment, where this policy is specifically purchased to obtain such services, whether or not authorized by a Physician;
7. A Sickness, injury or related condition during a Trip undertaken;
 - a. with the knowledge that You will require or seek treatment or surgery for that Sickness, injury or related condition, or
 - b. for the purpose of obtaining treatment or surgery.
8. Non-Emergency Medical Treatment or investigation, check-ups, cosmetic surgery, chronic care, rehabilitation, Elective Treatment or any complications directly or indirectly related thereto, or treatment which can be reasonably delayed until You can return to Your province of residence by the next available means of transportation The delay to receive treatment in Your province or territory of residence has no bearing on the application of this exclusion;
9. Sickness or Injury when travel is booked or commenced contrary to medical advice, with prior knowledge of an Unstable Condition, or after determination of a Terminal Prognosis;
10. Major medical or surgical procedures, including but not limited to cardiac surgery, which are not approved in advance by the Medical Director;
11. Any Medical Treatment, investigation, or hospitalization which is a continuation of or subsequent to a Medical Emergency, unless You are declared medically unfit to return to Your province of residence by the Medical Director;
12. Childbirth, miscarriage, deliberate termination of pregnancy or any complications incident to pregnancy occurring within eight weeks of the expected delivery date;
13. Mental, nervous or emotional disorders, misuse of medication, abuse of drugs or intoxicants, any Sickness related to and/or induced by alcohol, medication, drug and/or toxic substance abuse, any accident related to and/or induced by an excessive consumption of alcohol (determined by a blood-alcohol level in excess of eighty (80) milligrams per one hundred (100) millilitres of blood) or treatment therefore;
14. Suicide or attempt thereat, or self-inflicted Injury, whether sane or insane;
15. Sickness or Injury arising from civil disorders, war or act of war, declared or not, or wilful exposure to peril except in an attempt to save human life;
16. Eye examinations, replacement of lost or damaged eyeglasses, contact lenses, hearing aids or prescriptions for same;
17. Committing or attempting to commit any criminal or illegal activity;
18. Air travel other than as a passenger in a commercial aircraft with a seating capacity of six people or more, licensed to carry passengers for hire
19. Participation in sanctioned competitive sports, professional sports or in any contest of motorized speed;
20. Any Medical Treatment if You are not covered by the government health insurance plan (GHIP) in Your province or territory of residence;
21. For children under two (2) years of Age: Any Sickness or medical condition related to a birth defect;
22. Treatment or surgery for a specific condition, or a related condition, which:
 - a. had caused Your Physician to advise You not to travel, or

- b. You contracted in a country during Your Trip when, before Your Effective Date, a written formal notice was issued by the Department of Foreign Affairs and International Trade of the Canadian government, advising Canadians not to travel to that country, region or city;
23. Noncompliance with prescribed medical therapy or treatment;
 24. The replacement of an existing prescription, whether because it has been lost, renewed or insufficient, and the purchase of drugs and medications (including vitamins) that are sold over the counter or are not approved and the sale is not legally permitted in Canada
 - a. Cardiac catheterization, angioplasty and/or cardiovascular surgery including any associated diagnostic test(s) or charges unless approved in advance by the Company prior to being performed, except in extreme circumstances where such surgery is performed as a Medical Emergency immediately upon admission to Hospital;
 - b. magnetic resonance imaging (MRIs), computerized axial tomography (CAT) scans, sonograms, ultrasounds or biopsies unless approved in advance by the Company;
 25. Services in connection with general health examinations, routine prenatal care, regular care of a chronic condition;
 26. The continuing care and/or Medical Treatment of an acute Sickness or Injury after the initial Medical Emergency has ended (as determined by Our Medical Director) or a medical consultation where the Physician observes no Change in a previously noted condition, symptom or problem;
 27. Medical care or surgery that is cosmetic in nature;
 28. Cataract surgery or services provided by a naturopath or an optometrist or in a convalescent home, nursing home, rehabilitation centre or health spa;
 29. Air ambulance services unless approved in advance and arranged by the Company;
 30. Damage to or loss of hearing devices, eyeglasses, sunglasses, contact lenses, or prosthetic teeth or limbs, and resulting prescription thereof;
 31. Expenses for which no charge would normally be made in the absence of insurance or expenses which exceed the reasonable and customary charges for the region where the services were provided;
 32. The Company reserves the right to transfer You to an appropriate Hospital within its Global Health Network ®, provided You are medically fit to be transferred or to arrange transportation to return You to Canada following a Medical Emergency. If You decline to return to Canada when declared

medically fit to travel by the Medical Director, any continuing expenses for such Sickness or Injury shall not be covered;

33. Failure to contact Emergency Assistance within the first 24 hours of hospitalization for a Medical Emergency will limit benefits under this policy to 70% of eligible expenses to a maximum of twenty five thousand dollars (\$25,000). For claims resulting from an eligible Medical Emergency other than hospitalization, an additional two hundred and fifty dollar (\$250) Deductible will be applied if You fail to Contact Emergency Assistance immediately. This limitation and Deductible amount will be waived in the event of critical Medical Emergency if You or Your travelling companion are unable to phone immediately.

VI GENERAL TERMS AND CONDITIONS

1. Co-ordination of benefits with other insurance plans: This policy is designed to pay in excess of the Government Health Insurance Plan of Your Province and/or any existing coverage held by You. Benefits payable under all policies or plans shall not exceed 100% of the eligible expenses incurred. The Company will not subrogate against retiree benefit plans that have fixed lifetime benefits of \$50,000 or less.
2. The required premium is due and payable at the time of application (Application Date). Premium will be calculated according to the schedule of premium rates in effect on the Application Date based on Your age on the Effective Date.
3. Policy Terms and Conditions are subject to change with each new policy purchase, without prior notice, to reflect actual experience.
4. This policy is void if You make any false or fraudulent statements in the application for insurance, the medical declaration, a claim for insurance benefits or if You are covered under insurance benefits from any other insurer for an accident or Sickness claim being made under this policy.
5. Coverage will be null and void if the premium is not received, if a cheque is not honoured for any reason, if credit card charges are invalid, if no proof of Your payment exists or if You did not answer the qualifying medical questions truthfully, accurately or completely. The Company reserves the right to decline an

application, or any request for extensions of coverage.

6. Benefit limits and premium payments made under this policy shall be in Canadian currency, the Deductible is in Canadian currency and no sum payable shall carry interest.
7. This policy shall be governed by the laws of Canada in all respects including matters of construction, validity and performance. All legal actions or proceedings must be brought in the Canadian Province in which You permanently reside.
8. Notwithstanding any other provision contained herein, this contract is subject to Statutory Conditions in the Insurance Act.
9. No payment is provided for expenses incurred in Your Province.
10. **TRIP BREAK OPTION**
If You have requested and received prior approval from the Company or Your broker/agent, You may return to Your Province for up to 15 days for unexpected special events or emergencies without terminating Your policy under the trip break option.

VII DEFINITIONS

"Company" means American Home Assurance Company.

"Deductible" means the amount in Canadian dollars, which the insured person must pay before any remaining covered expenses, are reimbursed under this policy. The Deductible applies once per Insured person per trip.

"Departure Date" means the earlier of the date You (a) board Your ticketed transportation or (b) leave Canada on an Insured Trip, unless You requested Your coverage to begin when You leave Your Province.

"Dependent(s)" means any unmarried children residing at home, who are at least 15 days of age but under age 19 and who are living with and dependent upon You for their sole means of support.

"Effective Date" means the date, indicated on Your Confirmation Letter, provided the Company or its Representative has received the appropriate premium. If coverage is purchased after Your Departure Date, Emergency Sickness-related

benefits shall become effective 48 hours after the date and time the required premium is received by the Company.

"Entire Sight of One (1) Eye" means the total and irrecoverable Loss of Sight such that corrected visual acuity must be 20/200 or less in such eye.

"Entire Sight of Both Eyes" means the total and irrecoverable Loss of Sight in Both Eyes such that corrected visual acuity must be 20/200 or less and the field of vision must be less than twenty (20) degrees in both eyes.

"Elective Treatment" means Medical Treatment, surgery or any other procedure scheduled by Your Physician to occur at a later date.

"Emergency" means an unexpected or unforeseeable Sickness or Injury which requires immediate non-discretionary medical attention, treatment or care for the immediate relief of acute symptom, which upon the advice of a physician cannot be delayed until You return to Your province or territory of residence.

"Family Member" means father, mother, brother, sister, mother in law, father in law, brother in law, sister in law

"GHIP" means the health insurance coverage that Canadian provincial or territorial governments provide for their residents.

"Hand" or "Foot" means the complete severance through or above the wrist or ankle joint, but below the elbow or knee joint.

"Hospital" means a facility equipped to perform surgery, on a Medical Emergency in-patient and out-patient basis, but in no event shall this include a nursing home, rest home, convalescent home, rehabilitation centre, or home for the aged, a place for the treatment of alcohol or drug addiction.

"Insured" means a person(s) named on the application form for which insurance coverage is in effect under this policy.

"Insured Trip" means a trip on which You are travelling outside Your Province and for which coverage is in effect. Coverage on a trip begins on Your Departure Date and ends on the earlier of the date (i) You return to Your Province, or (ii) the number of days of coverage You purchased expires.

"Medical Director" means the medical doctor acting for the Company.

"Medical Emergency" means an unexpected or unforeseeable Sickness or Injury not related to a Pre-existing Condition (unless a rider has been issued to cover specified pre-existing conditions) which

requires immediate medical attention, treatment or care during Your Insured Trip.

"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 Your condition or quality of medical care;
- d. cannot be delayed until Your return to Your province or territory of residence; and
- e. is delivered in the most cost effective manner possible, at the most appropriate level of care and not primarily by reason of convenience.

"Medical Treatment" means medical advice, consultation, care, service, diagnosis or prescription, given on an Emergency basis, rendered by a Physician for Your Sickness or Injury.

"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, which ends at least thirty (30) days prior to Your Departure Date. Please note that a chronic condition or any complication thereof is not considered a Minor Ailment it is a Pre-existing Condition.

"Period of Stability" means that, during the period selected in Your application, there has been : NO increase in symptoms or development of new symptoms; NO reduction, increase or stoppage in medication dosage or its frequency; NO new medications prescribed; You have NOT been hospitalized or required medical consultation (other than a routine examination); AND NO medical, therapeutic or diagnostic procedure has been prescribed, received or performed, or recommended by a Physician, including but not limited to investigative testing and surgery, during the period selected on Your application form,

"Physician" means a person, other than a relative, who is legally qualified and licensed to practice medicine or perform surgery. The following are not considered to be Physicians: naturopath, herbalist and homeopath.

"Pre-existing Condition" means a medical or physical condition, symptom, illness or disease, whether diagnosed or not, for which Treatment has been received or taken, or which exhibited symptoms, at any time preceding Your Departure Date and includes a medically recognized complication or

Recurrence of a medical condition but does not include a Minor Ailment.

The Pre-existing Condition exclusions will apply to a loss or expenses resulting from a medical conditions and/or symptoms that existed on or prior to Your Departure Date, Check to see how this applies in Your policy and how it relates to Your Departure Date, date of purchase and effective Date. In the event of an accident, Sickness, or injury Your prior medical history will be reviewed when a claim is reported. You must notify Emergency Assistance prior to any medical treatment. Your policy may limit benefits should You not contact Emergency Assistance within a specific time period.

"Province" means Your province or territory of usual residence at the time of application.

"Reasonable and Customary" means the costs customarily charged for covered benefits, which are not in excess of the standard fee in the geographical area where the charges are incurred for comparable Medical Treatment, services or supplies for a similar Sickness or Injury.

"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.

"Representative" means the agent or other location where the Company has made acceptance of payment arrangements.

"Return date" means the date on which You are scheduled to return to Your original point of departure from Your trip as shown on Your application for Insurance.

"Sickness" means the onset of Sickness or disease requiring medical treatment, care or advice while You are travelling anywhere in the world outside of Your province or territory of residence while Your coverage under this Policy is in force, which causes a Loss covered by this Policy while You are outside Your province or territory of residence after the Effective Date and before the Expiry Date.

"Stable and Controlled" means that within three months immediately preceding Your Departure Date Your condition is not worsening and there has been:

- a. NO increase in symptoms or development of new symptoms;
- b. NO reduction, increase or stoppage in medication dosage or its frequency;
- c. NO new medications prescribed;
- d. You have NOT been hospitalized or required medical consultation (other than a routine examination); AND
- e. NO medical, therapeutic or diagnostic procedure has been prescribed, received or performed, or recommended by a Physician,

including but not limited to investigative testing and surgery.

"Terminal Prognosis" means a clinical assessment performed by a licensed Physician who determines that an existing medical condition, Sickness or Injury is expected to result in the Insured's premature death within the twelve (12) month period following any Departure Date.

"Termination Date" means the date any coverage ends, being the earlier of the date (i) You return to Your Province, or (ii) the number of days of coverage You purchased expires, or if You have an emergency event giving rise to a claim the policy will terminate five (5) days after **the Emergency is over** or five (5) days after you have been discharged from hospital ("End of Emergency").

"Treatment" when used in this Pre-existing Conditions Exclusion, means a medical, therapeutic or diagnostic procedure, prescribed, performed or recommended by a Physician, including but not limited to prescribed medication, investigative testing, hospitalization and surgery.

"Trip" means travel outside Your province or territory of residence which commences after Your departure date and which terminates before Your return date.

"Unstable Condition" means a Sickness or Injury which would cause an ordinarily prudent person to expect the need for Medical Treatment or investigation following departure.

"Vehicle" under the Return of Vehicle benefit, means any one of a private or rental automobile or mobile home but does not include any trailers, motorcycles or towed Vehicle.

"You" or **"Your"** means each Insured Person.

VIII REFUNDS

Requests for premium refund will be considered if the policy is signed and returned to the policy administrator Special Risks MRM Inc. and no claim is paid or pending on Your behalf. A refund will be calculated from the date of receipt of a written notice that was delivered to the policy administrator, Special Risks MRM Inc. .subject to an administration fee of \$25 per application and a minimum refund amount of \$10 per policy.

IX EMERGENCY PROCEDURE

Call Emergency Assistance immediately at **1-877-207-5018** toll free in Canada and United States or from anywhere else in the world, ask the operator to place a collect call to Canada at **1-819-566-3940**.

If You require medical services or within 24 hours of hospitalization, You must call Emergency Assistance. Failure to notify Emergency Assistance as directed will

delay the processing and payment of Your claim and may limit the Company's liability (See What is Not Covered - Limitations and Exclusions # 34).

X CLAIM PROCEDURE

When submitting a claim, please include a brief explanation of the medical situation, e.g., how, where and when the loss, Sickness or Injury took place. **Remember if there is no Emergency there is no claim.** Claims must be reported within 30 days of occurrence and written proof of claim is required within 90 days of occurrence. Claims cannot be considered unless the claim form is fully completed and signed by the claimant and submitted along with all required documentation including original receipts. All documentation must be supplied free of expense to the Company.

Claim Inquiries: **1-877-207-5018 or 1-819-566-3940**

General Inquires: Please call Your Representative

Mail or Deliver Claims to:
TRAVEL HEALTH CLAIMS DEPARTMENT
Global Excel Management
73 Queen St Lennoxville QC J1M 1J3

This Policy is Administered by Special Risks MRM Inc. Neither the Representative nor the Company is responsible for the availability, quantity, quality or results of any medical treatment received by You or Your failure to obtain medical assistance.

IN WITNESS WHEREOF, the Company has issued this policy.

Underwritten by the "Company"

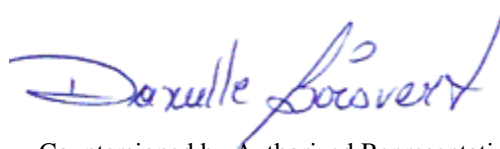
AIG INSURANCE COMPANY OF CANADA



President



Secretary



Countersigned by Authorized Representative