



BASIC TRAVEL & MEDICAL PLAN CERTIFICATE OF INSURANCE AMEX® TRAVEL INSURANCE



INTRODUCTION

Emergency medical insurance for clients of Amex Bank of Canada or Amex Canada Inc.

IMPORTANT – PLEASE READ: This Certificate of Insurance is a valuable source of information and contains provisions that may limit or exclude coverage. Please read this Certificate of Insurance, keep it in a safe place and carry it with *you* when *you* travel.

Amex Bank of Canada has been issued group insurance policy **PSI047402221** by Royal & Sun Alliance Insurance Company of Canada (the “Insurer”) to cover *emergency* medical expenses incurred by *you* while outside *your* Canadian province or territory of residence. This Certificate of Insurance summarizes the provisions of the group insurance policy applicable to *your* AMEX Travel Insurance – Basic Travel & Medical Plan coverage.

Right to Examine Insurance

You have the right to cancel this Certificate of Insurance within 10 days of receipt and receive a full refund. Upon such request, this Certificate of Insurance will be considered to never have been in effect and the Insurer will have no liability under this insurance. *You* must notify *us* immediately if *you* wish to cancel *your* coverage and written confirmation must be received within 10 days of receipt of the Certificate of Insurance. If *your* Certificate of Insurance was mailed to *you*, *you* have a maximum period of 15 days from the date the Certificate of Insurance was posted.

IMPORTANT NOTICE – PLEASE READ CAREFULLY

- Travel insurance is designed to cover losses arising from sudden and unforeseeable circumstances and *emergencies*. It is important that *you* read and understand *your* Certificate of Insurance before *you* travel as *your* coverage may be subject to certain limitations or exclusions.
- A pre-existing condition exclusion applies to *medical conditions* and/or symptoms that existed prior to *your trip*. Check to see how this applies in *your* Certificate of Insurance and how it relates to *your* departure date, date of purchase, or *effective date*.
- In the event of an accident, injury or sickness, *your* prior medical history may be reviewed when a claim is reported.
- *Your* Certificate of Insurance provides travel assistance. *You* are required to notify *Global Excel* prior to *emergency* treatment. *Your* coverage limits/benefits should *you* not contact *Global Excel* prior to receiving treatment.
- **This insurance contains clauses which may limit the amount payable.**
- **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.**

PLEASE READ YOUR CERTIFICATE OF INSURANCE CAREFULLY BEFORE YOU TRAVEL.

What to do in a medical emergency?

If *you* have a medical *emergency*, *you* must call *Global Excel* before *you* receive *emergency services*. Of course, if *your medical condition* prevents *you* from calling, we understand – *you* must call as soon as medically possible or, as an alternative, someone else may call on *your* behalf (relative, friend, nurse or *physician*).

Global Excel can be contacted 24 hours a day, 7 days a week by calling:

1-844-780-0501 toll-free from the U.S. & Canada, or +819-780-0501 collect from anywhere in the world

If *you* do not call *Global Excel* before *you* seek *emergency services*, or if *you* choose to seek care from a non-approved medical service provider, *you* will be responsible for 20% of *your* medical expenses covered under this insurance and not recovered from *your government health insurance plan*, to a maximum of \$25,000. If, after reimbursement by *your government health insurance plan*, *your* claim exceeds \$25,000, this insurance will pay 100% of any eligible expenses over and above \$25,000.

DEFINITIONS

Throughout this document, all *italicized terms* have the specific meaning explained below.

Accidental Bodily Injury – means bodily injury caused by an accident of external origin occurring during a *trip* and being the direct and independent cause of the loss.

Change in Medication – means the addition of any new *prescription drug*, the withdrawal of any *prescription drug*, an increase in the dose of any *prescription drug* or a decrease in the dose of a *prescription drug*.

Exceptions:

- an adjustment in the dosage of insulin or Coumadin (Warfarin), if *you* are currently taking these drugs;
- a change from a brand name drug to an equivalent generic drug of the same dosage.

Contamination – means the poisoning of people by nuclear, chemical and/or biological substances which causes illness and/or death.

Departure Point – means *your* Canadian province or territory of residence from which *you* depart on the first day of *your* intended *trip*.

Dependent Child – means an unmarried natural, adopted, step or foster child (at least 15 days old) of the *insured person* or his or her *spouse*

who is, at the date of purchase, dependent on the *insured person* or his or her *spouse* for support and is:

- under 21 years of age, or
- under 26 years of age if a full-time student, or
- mentally or physically handicapped and incapable of self-sustaining employment and totally reliant on *you* for support and maintenance.

Effective Date – means the date listed below, provided the required premium has been paid:

- a) Under the Per Trip Plan:
 - *your* date of departure from *your departure point*; or
 - when issued as a *top up* or an *extension of coverage*, 12:01 am on the day following the date of expiry of *your* prior coverage. This date is shown on *your* Confirmation of Insurance.
- b) Under the Multi-Trip Annual Plan:
 - *your* date of departure from *your departure point*.

Emergency – means any sudden and unforeseen event that occurs while on a *trip* and makes it necessary to receive immediate treatment from a licensed *physician* or to be hospitalized. An emergency ends when the medical advisors of *Global Excel* or the Insurer determine that *you* are medically able to return to *your departure point*.

Emergency Services – mean any treatment, surgery or medication that:

- is required for the immediate relief of an acute symptom; or
- upon the advice of a *physician* cannot be delayed until *you* return to *your departure point*, and has to be received during *your trip* because *your medical condition* prevents *you* from returning to *your departure point*.

The emergency services must be ordered by or received from a *physician*, or received in a *hospital* during *your trip*, or received from a licensed physiotherapist, chiropractor, chiropractor, podiatrist or osteopath, as a result of an *emergency* that occurs during *your trip*.

Enrollment Date – under the Multi-Trip Annual Plan, means the date shown on *your* Confirmation of Insurance, provided the required premium has been paid.

Family – means:

- a client of Amex Bank of Canada or Amex Canada Inc.,
- his or her *spouse*, and
- his or her *dependent child(ren)*

who are covered under a *government health insurance plan*.

Global Excel – refers to Global Excel Management Inc., the company appointed by the Insurer to provide claims and assistance services.

Government Health Insurance Plan – means the health insurance coverage that Canadian provincial and territorial governments provide for their residents.

Grandchildren – means any children or stepchildren of *your* son, daughter, son-in-law, daughter-in-law, stepson or stepdaughter.

Hospital – means an establishment that is licensed as an accredited hospital, is operated for the care and treatment of in-patients, has a registered nurse always on duty, and has a laboratory and an operating room on the premises or in facilities controlled by the establishment. Hospital does not mean any establishment used mainly as a clinic, extended or palliative care facility, rehabilitation facility, addiction treatment centre, convalescent, rest or nursing home, home for the aged or health spa.

Immediate Family – means *your* mother, father, sibling, child, *spouse*, grandparent, grandchild, aunt, uncle, niece, nephew, mother-in-law, father-in-law, daughter-in-law, son-in-law, sister-in-law and brother-in-law.

Medical Condition – means *accidental bodily injury* or sickness (or a condition related to that *accidental bodily injury* or sickness), including disease, acute psychoses and complications of pregnancy occurring within the first 31 weeks of pregnancy.

Medical Questionnaire – (where applicable) means the form that contains medical history questions which *you* must answer correctly at the time of application. Once completed, the medical questionnaire forms part of the insurance contract. The answers *you* provide on this form determine the terms of coverage and/or the premium that applies to *you*.

Metastatic Cancer - means a cancer that has spread from its original site to one or more other area(s) of the body.

Minor Ailment – means any sickness or *accidental bodily injury* which does not require: the use of medication for a period of greater than 10 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 of each *trip*. However, a chronic condition or any complication of a chronic condition is not considered a minor ailment.

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 someone who is not *you* or a member of *your immediate family* who is licensed to prescribe drugs and administer medical treatment (within the scope of such licence) at the location where the treatment is provided. A physician does not include a naturopath, herbalist, chiropractor or homeopath.

Prescription Drug(s) – means drugs and medicines that can only be issued upon the prescription of a *physician* or dentist and are dispensed by a licensed pharmacist. Prescription drugs does not mean such drugs or medicine, when *you* need (or renew) them to continue to stabilize a condition which *you* had before *your trip*, or a chronic condition.

Professional – means engaged in a specified activity as *your* main paid occupation.

Reasonable and Customary Costs – means costs that are incurred for approved, eligible medical services or supplies that do not exceed the average reimbursement the provider receives for all services rendered to its patients.

Return Date – means the date listed below:

- a) Under the Per Trip Plan:
 - the date *you* are scheduled to return to *your departure point*.
 - when issued as a *top up* or extension of coverage, means 11:59 p.m. on the last day of *your* extended coverage. This date is shown on *your* Confirmation of Insurance.
- b) Under the Multi-Trip Annual Plan, the earlier of:
 - the date *you* return to *your departure point*; or
 - 11:59 p.m. on the last day of the 10-Day or 31-Day option *you* selected, as shown on *your* Confirmation of Insurance.

Spouse – means the person who is legally married to *you*, or has been living in a conjugal relationship with *you* for a continuous period of at least one year and who resides in the same household as *you*.

Stable – means any *medical condition* or related condition (including any heart condition or any lung condition) for which there has been:

- a) no new treatment, new medical management, or new prescribed medication; and
- b) no change in treatment, change in medical management, or *change in medication*; and
- c) no new symptom or finding, more frequent symptom or finding, or more severe symptom or finding experienced; and
- d) no new test results or test results showing a deterioration; and
- e) no investigations or future investigations initiated or recommended for *your* symptoms; and
- f) no hospitalization or referral to a specialist (made or recommended).

Terminal Illness – means a *medical condition* that *you* have that is cause for a *physician* to estimate that *you* have less than 6 months to live or for which palliative care has been received.

Top Up – means the coverage *you* purchase through the Enrollment Centre to extend travel insurance coverage that is in effect for a portion of *your trip* duration under another Certificate of Insurance. The terms, conditions and exclusions of the new Certificate of Insurance apply to *you* during the top up period.

Travelling Companion – means the person who is sharing travel arrangements with *you* to a maximum of three persons.

Trip – means the period of time between leaving *your departure point*, up to and including *your return date* outside *your* Canadian province or territory of residence.

Vehicle – means a private passenger automobile, minivan, mobile home, camper truck or trailer home, which *you* use during *your trip* exclusively for the transportation of passengers other than for hire. It can be either owned by *you* or leased by *you* from a commercial rental agency.

We, Us and Our refer to Royal & Sun Alliance Insurance Company of Canada (the Insurer).

You, Yourself, Your and Insured Person(s) refer to the person(s) named as insured(s) on the Confirmation of Insurance when the required insurance premium has been paid.

WHO IS ELIGIBLE FOR THIS INSURANCE?

You must meet the following conditions to be eligible for this insurance:

- a) *You* must be a client of Amex Bank of Canada or Amex Canada Inc. or a *family* member of a client;
- b) *You* must be a Canadian resident and be covered by the *government health insurance plan* of *your* Canadian province or territory of residence for the entire duration of *your trip*;
- c) *You* must be at least 15 days old;
- d) *You* must NOT be travelling against the advice of a *physician* or have been diagnosed with a *terminal illness* or *metastatic cancer*;
- e) *You* must NOT have a kidney disease requiring dialysis; and
- f) *You* must NOT have been prescribed or used home oxygen during the 12 months prior to *your* date of application.

Multi-Trip Annual Plan

This Plan is limited to an eligible person who is 79 years of age or under on the *enrollment date*, and at least 15 days old. If, on the *enrollment date*, you are age 60 to 79, you must complete a *medical questionnaire* to determine the category of coverage for which you are eligible.

Per Trip Plan

This Plan is available to all eligible ages (minimum of 15 days old). If, on the *effective date*, you are age 60 or over, you must complete a *medical questionnaire* to determine the category of coverage for which you are eligible.

HOW DO YOU PAY FOR COVERAGE OR GET A REFUND?

Premium

Coverage is valid upon payment of premium and subject to the eligibility requirements. The required premium must be paid before your *effective date*, by charging your card account. Coverage will be null and void if card charges are invalid.

Refunds

Cancellation requests must be made in writing, including your certificate number, to AMEX Travel Insurance, 1910 King Ouest, Suite 200, Sherbrooke, QC J1J 2E2.

Multi-Trip Annual Plan

Other than as stated under "Right to Examine Insurance" above, you may cancel your coverage before the *enrollment date* shown on your Confirmation of Insurance. If your cancellation request is postmarked on or before your *enrollment date*, you will receive a full refund.

Per Trip Plan

Other than as stated under "Right to Examine Insurance" above, you may cancel your coverage before the *effective date* shown on your Confirmation of Insurance. If your cancellation request is postmarked on or before your *effective date*, you will receive a full refund.

You may request to terminate your coverage early when you return to your Canadian province or territory of residence before the *return date* shown on your Confirmation of Insurance, provided no event has occurred that would give rise to a claim under the insurance. If your cancellation request is postmarked after your *effective date* you may be entitled to a pro-rata refund (less a \$15 administrative charge) calculated from the date you return to your Canadian province or territory of residence. Proof of your *return date* will be required.

WHAT PLANS ARE AVAILABLE?

Multi-Trip Annual Plan

The Multi-Trip Annual Plan provides coverage between your *enrollment date* and expiry date as shown on your Confirmation of Insurance, for any number of *trips* outside your Canadian province or territory of residence that do not exceed:

- 10 consecutive days per *trip* under the 10-Day Plan option, or
- 31 consecutive days per *trip* under the 31-Day Plan option.

Per Trip Plan

Coverage under the Per Trip Plan is available for a single *trip* outside your Canadian province or territory of residence when purchased before your *effective date*, and as an extension to your existing Multi-Trip Annual Plan or Per Trip Plan coverage, up to the allowable *trip* duration outlined in the Period of Coverage table below.

Period of Coverage

Plan	Age	Maximum <i>Trip</i> Duration
Multi-Trip Annual Plan	0-79 (minimum age of 15 days)	10 or 31 consecutive days
Per Trip Plan	All ages (minimum age of 15 days)	Up to the number of days outside your Canadian province or territory of residence allowed by your <i>government health insurance plan</i> *

* Note: For the Per Trip Plan, coverage (to a limit of 365 days) is permitted beyond the regular maximum number of days allowed outside

your Canadian province or territory of residence, provided you receive written permission from your government to maintain your Canadian *government health insurance plan* beyond the regular maximum. In the event of a claim, you will be requested to provide such written permission.

The number of consecutive days for each *trip* under either option includes your date of departure and your *return date*. The date you leave on your *trip* and the date you return from your *trip* must be within a 365-day period starting from your *enrollment date*.

WHEN DOES COVERAGE BEGIN AND END?

Multi-Trip Annual Plan

Your Multi-Trip Annual Plan coverage begins on your *enrollment date* and terminates at 12:00 midnight on the day before the one-year anniversary of your *enrollment date*. You are eligible for benefits the date you leave your Canadian province or territory of residence for any *trip* that does not exceed the number of days for the option you have purchased. To extend coverage for a *trip* longer than the maximum number of days under the option you have purchased or if your Multi-Trip Annual Plan will expire while travelling, you must purchase additional coverage through the Enrollment Centre (see "Can Coverage be Extended?" for details).

If you do not top up this coverage for a *trip* that is longer than your 10-Day, or 31-Day option, you will not have coverage for any claim incurred outside of that *trip*. You are not required to provide advance notice of your dates of departure and return for each *trip*; however, you will be required to provide evidence of the date of departure and *return date* from your Canadian province or territory of residence when making a claim under this Certificate of Insurance.

Per Trip Plan

Coverage begins on the *effective date* shown on your Confirmation of Insurance and ends on the earliest of:

- a) the *return date* shown on your Confirmation of Insurance (your new Confirmation of Insurance in the event your coverage has been extended through the Enrollment Centre), or
- b) the date you actually return to your Canadian province or territory of residence, or
- c) the date on which the number of days allowable outside your Canadian province or territory of residence by your *government health insurance plan* is reached.

WHAT HAPPENS TO YOUR MULTI-TRIP ANNUAL PLAN AFTER THE ONE-YEAR ANNIVERSARY?

This option is only available for *insured persons* age 59 or under.

Your plan has an additional feature to provide you with a new Certificate of Insurance upon the expiry date of your Multi-Trip Annual Plan. Provided valid card account information is on file and the premium is accepted, a new Multi-Trip Annual Plan will be issued for one year. Prior to the *enrollment date* of the new Certificate of Insurance, you will be notified of the details relating to your new Multi-Trip Annual Plan. If you do not wish to have a new Multi-Trip Annual Plan issued, please contact the Enrollment Center at 1-866-587-1029 (+819-780-4794).

CAN COVERAGE BE EXTENDED?

Optional Extension

Coverage can be extended under the Multi-Trip Annual Plan or Per Trip Plan by calling the Enrollment Centre at 1-866-587-1029 (+819-780-4794). Your request will be approved, provided no event has occurred that would give rise to a claim under the insurance and you request an extension before coverage for your *trip* terminates. If an event has occurred that would give rise to a claim, the extension of your insurance is subject to the approval of the Insurer. Your total *trip* length outside your Canadian province or territory of residence, including your initial *trip* plus any extensions, is limited to the maximum Period of Coverage for which you are eligible (please refer to "What Plans Are Available?" above). Your request for extension received after your *effective date* is subject to a \$15 administrative charge. Premium payment will be charged to your card account.

Automatic Extension

1. When you or your *travelling companion* are hospitalized due to a *medical emergency* on your scheduled *return date*, your coverage

will remain in force during the period of hospitalization and up to 5 days following discharge from *hospital*.

2. Coverage is automatically extended for up to 5 days when you must delay your scheduled *return date* due to your or your travelling companion's medical *emergency*.
3. Coverage is automatically extended for up to 72 hours when the delay of a common carrier in which you are a passenger causes your *trip* to extend beyond your scheduled *return date*.

Regardless of the automatic extensions above, coverage will not continue beyond 365 days from your latest date of departure from your departure point.

FAMILY COVERAGE

- a) Available for applicants up to age 59.
- b) Offers coverage for you, your spouse and dependent child(ren) when the premium for family coverage is paid.
- c) In case of divorce, all insured persons named on the Confirmation of Insurance remain covered until the *return date*, or for the Multi-Trip Annual Plan, until the expiry date (12:00 midnight on the day before the one-year anniversary of your enrollment date).
- d) Under a Multi-Trip Annual Plan, all insured persons may travel independently of one another.

EMERGENCY MEDICAL INSURANCE

What risks are insured?

This insurance offers coverage to a maximum of \$5,000,000 CAD per insured person, per trip, for eligible reasonable and customary costs incurred by you, in excess of any expenses payable by your government health insurance plan or any other insurance plan, for emergency services medically required during your covered trip as a result of a medical emergency.

What are the benefits?

1. Hospital & Medical Expenses

Covers the cost of a medical emergency including hospital, surgical and medical treatment. Eligible expenses include the following when ordered by a physician during your trip:

- hospital room and board, up to semi-private or the equivalent,
- treatment by a physician or surgeon,
- out-patient hospital charges,
- x-rays and other diagnostic tests,
- use of an operating room, intensive care unit, anesthesia and surgical dressings,
- prescription drugs except when you need them to continue to stabilize a chronic medical condition or a condition which you had before your trip,
- local ground ambulance service (or local taxi fare in lieu) to a hospital, physician or medical service provider in a medical emergency,
- air ambulance to the nearest appropriate medical facility or to a Canadian hospital for medical treatment, when approved and arranged in advance through Global Excel,
- the lesser of the rental or purchase of a hospital-type bed, a wheelchair, brace, crutches and other medical appliances, and
- the cost for the professional services of a registered private nurse while you are hospitalized, to a maximum of \$10,000, when these services are recommended by a physician and approved in advance through Global Excel.

2. Hospital Allowance

Covers your reimbursement up to \$50 per day to a maximum of \$500, for your incidental hospital expenses (telephone calls, television rental), if you are hospitalized for at least 48 hours.

3. Emergency Dental Expenses

Covers the cost of the following dental expenses when ordered by, or received from, a licensed dentist if you need dental treatment to repair or replace your natural or permanently attached artificial teeth because of an accidental blow to your face during your trip:

- emergency dental expenses you incur during your trip, and
- up to a maximum of \$1,000 to continue necessary treatment after your return to Canada so long as this treatment is received within 90 days of your injury.

This insurance also covers treatment, during your trip, for the emergency relief of dental pain, to a maximum of \$250 per insured person.

4. Physiotherapy and Other Professional Services

Covers the cost for the professional services of a physiotherapist, chiropractor, osteopath, chiropodist or podiatrist to a maximum of \$250 per profession, when ordered by a physician during your trip.

5. Return to your Departure Point

If the physician treating you recommends to us in writing that you return to your country of residence because of your medical condition in order to receive emergency medical attention, or if the medical advisors of Global Excel determine that you are able to and recommend that you return to your country of residence, this insurance covers you for one or more of the following, when pre-authorized and arranged by Global Excel, when medically essential:

- the extra cost of a one-way economy air fare on a commercial flight via the most cost-effective route to your departure point to receive immediate emergency medical attention; or
- the cost of a stretcher fare on a commercial flight via the most cost-effective route to your departure point, if a stretcher is medically necessary; and
- the cost of a return economy air fare on a commercial flight via the most cost-effective route and the usual fees and expenses for a qualified medical attendant to accompany you, when the attendant is medically necessary or required by the airline; or
- the cost of air ambulance transportation if it is medically essential.

6. Return of Deceased

Covers:

- the return of your remains in the common carrier's standard transportation container to your departure point, and up to \$3,000 for the preparation of your remains and the cost of the common carrier's standard transportation container; or
- the return of your remains to your departure point, and up to \$2,000 for the cremation of your remains where your death occurred; or
- up to \$3,000 for the preparation of your remains and the cost of a standard burial container and up to \$2,000 for the burial of your remains where your death occurred.

If someone is legally required to identify your remains, this insurance covers the cost of round-trip economy class transportation by the most cost-effective route and up to \$300 for meal and hotel accommodation expenses for that person. That person is covered under the terms of your insurance during the period in which he or she is required to identify your remains, but for no longer than 3 business days.

7. Additional Hotel & Meal Expenses

Covers the cost of up to \$150 per day, to a maximum of \$1,500 per trip, for meal and commercial accommodation expenses you have incurred after the date you are scheduled to return to the departure point, when your return is delayed due to your or your travelling companion's medical emergency or when you or your travelling companion are relocated to receive medical attention.

8. Bringing Bedside Companion to Bedside

- This benefit is subject to the pre-authorization of Global Excel.
- Covers the cost of round-trip economy class transportation by the most cost-effective route, to have someone visit you when you are travelling alone and are hospitalized during your trip for more than 3 days. However, if you are under age 21, or age 21 and over and physically handicapped and dependent on your bedside companion for support, this insurance provides this benefit to you as soon as you are admitted to a hospital. That person is entitled to a maximum of \$300 for meal and hotel accommodation expenses and is covered under the terms of your insurance during the period in which he or she is required at your bedside. The visit must be approved in advance through Global Excel.

9. Return of Vehicle

- This benefit is subject to the pre-authorization of Global Excel.
- Covers the reasonable costs for a commercial agency, when arranged and approved through Global Excel, to return a vehicle to your residence or to a commercial rental agency, when you are unable to return the vehicle due to a medical emergency. The vehicle can be a private passenger automobile, self-propelled

mobile home, camper truck or trailer home that *you* own or rent and which *you* use during *your trip*.

10. Return of Dependent Children or Grandchildren

- This benefit is subject to the pre-authorization of *Global Excel*.
- If *dependent children* or *grandchildren*, insured under AMEX Travel Insurance – Basic Travel & Medical Plan, travel with or join *you* during *your trip*, and *you* are hospitalized for more than 24 hours, or *you* must return to Canada because of *your* medical *emergency* covered under this insurance, this insurance covers, when arranged and approved through *Global Excel*, the extra cost of one-way economy transportation by the most cost-effective route to their *departure point* and the cost of return economy transportation for an escort, when an escort is deemed necessary by the carrier.

11. Return of Travelling Companion

- This benefit is subject to the pre-authorization of *Global Excel*.
- In the event *you* must return to Canada because of *your* medical *emergency* covered under this insurance, this insurance covers, when arranged and approved through *Global Excel*, the extra cost of one-way economy transportation by the most cost-effective route to return one *travelling companion* to *your travelling companion's departure point*.

12. Return to your Trip Destination

- This benefit is subject to the pre-authorization of *Global Excel*.
- Covers *you* for a one-way economy airfare on a commercial flight via the most cost-effective route to *your* scheduled *trip* destination after *you* are returned to *your departure point* to receive immediate medical attention, provided *your* attending *physician* determines that *you* require no further medical attention for *your medical condition*.
- This benefit can only be used once during *your trip*.
- Once *you* return to *your trip* destination, a recurrence of the initial *medical condition* or related condition will not be covered under the AMEX Travel Insurance – Basic Travel & Medical Plan.
- When this benefit is provided to *you*, *your effective date* under the AMEX Travel Insurance – Basic Travel & Medical Plan becomes the day *you* leave *your departure point* to return to *your trip* destination.

13. Return of your Dog or Cat

- This benefit is subject to the pre-authorization of *Global Excel*.
- If *your* domestic dog(s) or cat(s) travel with *you* during *your trip* and *you* must return to *your departure point* because of *your* medical *emergency* covered under this insurance, this insurance covers the cost of one-way transportation up to a maximum of \$500 to return *your* domestic dog(s) or cat(s) to *your departure point*.

14. Return of your Excess Baggage

- This benefit is subject to the pre-authorization of *Global Excel*.
- If *you* return to *your departure point* by air ambulance (pre-authorized by *Global Excel*) because of *your* medical *emergency*, this insurance covers the cost to return *your* excess baggage up to a maximum of \$500.

WHAT ASSISTANCE SERVICES ARE AVAILABLE?

Under this Certificate of Insurance, the following assistance services are available to *you*:

1. Medical Assistance & Consultation

When *you* have a medical *emergency* and *you* call *Global Excel*, whenever possible *you* will be directed to one or more recommended medical service providers near *you*. In addition, whenever possible, *Global Excel* will:

- provide confirmation of coverage and pay *your* eligible medical expenses directly to the recommended medical service provider,
- consult with *your* attending *physician* to monitor *your* care, and
- monitor the appropriateness, necessity and reasonableness of that care to ensure that *your* resulting eligible expenses will be covered by this insurance.

2. Payment Assistance

Whenever possible, the payment of the medical services *you* receive will be coordinated through *Global Excel*, communicated with *your* medical provider and billing arrangements will be discussed.

There are certain countries where, due to local conditions or travel reports from the Canadian government, assistance services are not available and *you* may be required to make payment up-front. If *you* are required to make payment up-front, *you* must obtain detailed and itemized original bills for claims submission and call *Global Excel* on *your* return home.

3. Emergency Message Centre

In case of a medical *emergency*, *Global Excel* will help exchange important messages with *your family*, business or *physician*.

4. Replacement Coordination

Whenever possible, *Global Excel* will help co-ordinate the replacement of *your* prescription eyeglasses or essential prescription medication in the event these items need to be replaced during *your trip*. This insurance does not cover the actual cost to replace *your* prescription eyeglasses or essential prescription medication.

PRE-EXISTING CONDITION EXCLUSION

In addition to the exclusions outlined below under “General Exclusions”, the following exclusion applies to *you*.

Coverage Category	Pre-Existing Condition Exclusions and Stability Period	
	Exclusions	Stability Period
Age 59 or under	1, 2 and 3	90 days
Age 60 or over		
Category A*	1, 2 and 3	90 days
Category B*	1, 2 and 3	90 days
Category C*	1, 2 and 3	180 days
Category D*	1, 2 and 3	180 days
Category E*	1, 2 and 3	365 days

**Your* coverage Category is determined by *your* correctly completed *medical questionnaire*, where applicable.

This insurance does not cover any losses or expenses caused directly or indirectly as a result of:

1. Any sickness, *accidental bodily injury* or *medical condition* (other than a *minor ailment*) that was not *stable* at any time during the applicable Stability Period prior to *your effective date*.
2. *Your* heart condition, if **any** heart condition was not *stable* at any time during the applicable Stability Period prior to *your effective date*.
3. *Your* lung condition, if at any time during the applicable Stability Period prior to *your effective date*:
 - a) **any** lung condition was not *stable*; or
 - b) *You* have been treated with home oxygen or taken oral steroids (e.g., prednisone) for any lung condition.

GENERAL EXCLUSIONS

The Insurer will not pay for any losses or expenses caused directly or indirectly as a result of:

1. Any *medical condition* if any answer provided in *your medical questionnaire* is incorrect, in which case this Certificate of Insurance is void and the premium paid is refundable at *our* option.
2. A *medical condition* for which future investigation or treatment (except routine monitoring) is planned before *your trip*.
3. The continued treatment, recurrence or complication of a *medical condition* or related condition, following *emergency* treatment of that condition during *your trip*, if the medical advisors of *Global Excel* or the Insurer determine that *you* were medically able to return to *your departure point* and *you* chose not to return.
4. The treatment of any heart or lung condition following *emergency services* for a related or unrelated heart or lung condition during *your trip* if the medical advisors of *Global Excel* determine that *you* were medically able to return to *your departure point* and *you* chose not to return.
5. Any services that are not *emergency services*.
6. Routine care of a chronic condition.
7. Routine pre-natal care.
8. A child born during *your trip*.

9. Pregnancy, childbirth or complications of either, occurring in the 9 weeks before or after the expected date of delivery.
10. Invasive testing or surgery (including cardiac catheterization and MRI) unless approved by *Global Excel* prior to being performed.
11. *Your* participation as a *professional* in sports, participation as a *professional* in underwater activities, scuba diving as an amateur unless *you* hold a basic scuba designation from a certified school or other licensing body, participation in a motorized race or motorized speed contest, bungee jumping, parachuting, rock climbing, *mountain climbing*, hang-gliding or skydiving.
12. *Your* commission of a criminal act or *your* direct or indirect attempt to commit a criminal act.
13. *Your* intentional self-inflicted injury, suicide or attempt to commit suicide.
14. Any *medical condition* arising from, or in any way related to, *your* chronic use of alcohol or drugs whether prior to or during *your trip*.
15. *Your* abuse of medication, drug or alcohol, or deliberate non-compliance with prescribed medical therapy or treatment, whether prior to or during *your trip*.
16. *Your mental or emotional disorders*.
17. War (declared or not), act of foreign enemies or rebellion.
18. Any portion of the benefits that require prior authorization and arrangement by *Global Excel* if such benefits were not pre-authorized and arranged by *Global Excel*.
19. A *trip* taken for the purpose of seeking treatment, consultation or investigation for a *medical condition* for which, before *your* departure date, *you* knew or it was reasonable to expect *you* would need to seek treatment, consultation or investigation for that *medical condition*.
20. A *medical condition* for which it was reasonable to expect treatment or hospitalization during *your trip*.
21. Any *medical condition* for which symptoms presented in the 90 days before *your trip* and for which an ordinarily prudent person would have consulted a medical advisor or sought treatment or medication when presented with substantially similar symptoms.
22. Any *sickness, accidental bodily 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 Certificate of Insurance 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 to safely evacuate the country, region or area.
23. Any *medical condition* if the medical advisors of *Global Excel* recommend that *you* return to *your departure point* following *emergency services* *you* have received, and *you* chose not to return.
24. Ionizing radiation or radioactive *contamination* from any nuclear fuel or waste which results from the burning of nuclear fuels; or, the radioactive, toxic, explosive or other dangerous properties of nuclear machinery or any part of it.
25. Any *medical condition* for which *you* incur a claim after *your* departure date and prior to the *effective date* of the *Top Up* or Extension, if the *Top Up* or Extension was purchased after *your* departure date.
26. Magnetic resonance imaging (MRI), computerized axial tomography (CAT) scans, sonograms or ultrasounds and biopsies unless such services are authorized in advance by *Global Excel*.
27. Emergency air transportation and/or car rental unless approved and arranged in advance by *Global Excel*.
28. Treatment not performed by or under the supervision of a *physician* or licensed dentist.

HOW DO YOU SUBMIT A CLAIM?

1. When *you* call *Global Excel* at the time of an *emergency*, *you* are given all the information required to file a claim. Otherwise, please refer to the instructions below.
2. This insurance does not cover fees charged for completing a medical certificate.

3. *You* must file *your* claim with *us* within 90 days of *your* return to *your departure point*.
4. If *you* need a Claim & Authorization form, please contact *our* Claims Department at:
73 Queen Street, Sherbrooke, Quebec, J1M 0C9
1-844-780-0501 or +819-780-0501

Emergency Medical Insurance

We require the fully completed Claim & Authorization form, and where applicable:

- Original of all bills, commercial invoices and receipts.
- Proof of payment by *your government health insurance plan* and payment from any other insurer or benefit plan.
- The completed and signed government specific forms if *you* reside in Quebec, British Columbia or Newfoundland.
- A complete diagnosis from the *physician(s)* and/or *hospital(s)* who provided the treatment, including, where applicable, written verification from the *physician* who treated *you* during *your trip* that the expenses were medically necessary.
- Proof of *your* departure and *return date*.

In addition, for accidental dental expenses, we require proof of the accident.

FAILURE TO COMPLETE THE REQUIRED CLAIM & AUTHORIZATION FORM IN FULL WILL DELAY THE ASSESSMENT OF YOUR CLAIM.

OTHER CLAIM INFORMATION

During the processing of a claim, the Insurer may require *you* to undergo a medical examination by one or more *physicians* selected by the Insurer and at the Insurer's expense.

You agree that the Insurer and its agents have:

- a) *your* consent to verify *your* health card number and other information required to process *your* claim, with the relevant government and other authorities;
- b) *your* authorization to *physicians, hospitals* and other medical providers to provide to *us*, and *Global Excel*, any and all information they have regarding *you*, while under observation or treatment, including *your* medical history, diagnoses and test results; and
- c) *your* agreement to disclose any of the information available under and b) above to other sources, as may be required for the processing of *your* claim for benefits obtainable from other sources.

After we pay *your* health care provider or reimburse *you* for covered expenses, we will seek reimbursement from *your government health insurance plan* and any other medical insurance plan under which *you* may have coverage. *You* may not claim or receive in total more than 100% of *your* total covered expenses or the actual expenses which *you* incurred, and *you* must repay to *us* any amount paid or authorized by *us* on *your* behalf if and when we determine that the amount was not payable under the terms of *your* insurance.

In the case of out-of-country/province health care coverage:

- a) if *you* are retired and *your* former employer provides to *you* under an extended health insurance plan, a lifetime maximum coverage of:
 - \$50,000 or less, we will not coordinate payment with such coverage;
 - more than \$50,000, we will coordinate payment with such coverage only in excess of \$50,000; in accordance with the coordinating coverage guidelines issued by the Canadian Life and Health Insurance Association.
- b) if *you* are actively employed and *your* current employer provides to *you* under a group health insurance plan, a lifetime maximum coverage of:
 - \$50,000 or less, we will not coordinate payment with such coverage;
 - more than \$50,000, we will coordinate payment with such coverage only in excess of \$50,000.

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 (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.

GENERAL CONDITIONS

1. Any of *our* policies are excess insurance and are the last payors. All other sources of recovery, indemnity payments or insurance coverage must be exhausted before any payments will be made under any of *our* policies.
2. When *you* contact *Global Excel*, they will, on the Insurer's behalf, refer *you* or may transfer *you*, when medically appropriate, to one of their recommended medical service providers. They will also request that the approved medical service provider bill the medical expenses covered under this insurance directly to the Insurer instead of to *you*.
3. If *you* are eligible, from any other insurer, for benefits similar to the benefits provided under this insurance, the total benefits paid to *you* by all insurers cannot exceed the actual expense that *you* have incurred. *We* will coordinate the payment of benefits with all insurers from whom *you* are eligible for benefits similar to those provided under this insurance, to a maximum of the largest amount specified by each insurer.
4. The statements *you* furnish as evidence of insurability at the time of application are material to the decision to approve *your* application for insurance. Accordingly, any information that has been misrepresented, mis-stated or is incomplete may result in this Certificate of Insurance and *your* coverage being null and void, in which case no benefits will be paid. *You* must submit any subsequent changes to the information in writing before *you* depart on *your* trip.
5. If *you* incur expenses covered under this insurance due to the fault of a third party, *we* may take action against the party at fault. *You* agree to cooperate fully with *us* and to allow *us*, at *our* own expense, to bring a law suit in *your* name against the third party. If *you* recover against a third party, *you* agree to hold in trust sufficient funds to reimburse *us* for the amounts paid under the insurance.
6. Payment, reimbursement and amounts shown throughout this contract are in Canadian dollars, unless otherwise stated. If currency conversion is necessary, *we* will use the exchange rate on the date the claim is paid. This insurance will not pay for any interest.
7. This contract is void in the case of fraud or attempted fraud by *you*, or if *you* conceal or misrepresent any material fact or circumstance concerning this insurance.
8. Throughout this document, any reference to age refers to *your* age on the date of insurance application.
9. When making a claim under this insurance, *you* must provide the applicable documents *we* require. Failure to provide the applicable documentation will invalidate *your* claim.
10. The Insurer, *Global Excel*, Amex Bank of Canada and their agents are not responsible for the availability, quality or results of medical treatment or transportation, or *your* failure to obtain medical treatment.
11. This document, including the application for insurance, Confirmation of Insurance and, when applicable, the *medical questionnaire*, is the entire contract between *you* and *us*. Despite any other provision of this contract, this contract is subject to any applicable federal and provincial statutes concerning contracts of insurance.
12. On request, *you* or a claimant under the contract will be provided with a copy of *your* application and any evidence of *your* insurability provided to the Insurer. On reasonable notice *you* or a claimant under the contract will be provided with a copy of the group contract (applicable only in those provinces where mandated by legislation and subject to certain access limitations permitted by applicable legislation).
13. 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 Certificate of Insurance 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.

IMPORTANT NOTICE ABOUT YOUR 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.

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