

# Distribution Guide for Quebec residents only



**Name of the insurance product**

AMEX Travel Insurance

**Type of insurance product**

Group travel insurance

**Name and address of the Insurer**

**RBC Insurance Company of Canada and  
RBC General Insurance Company**

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**L'Autorité des marchés financiers does not express an opinion on the quality of the products offered in this guide. The Insurer alone is responsible for any discrepancies between the wording of the guide and the policy.**

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<p>The terms identified in <i>italic</i> in the text are defined in the section Definitions.</p>
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## DEFINITIONS

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**Accidental bodily injury** - bodily injury caused by an accident of external origin occurring during the *period of insurance* and being the direct and independent cause of the loss.

**Business meeting** - a meeting, trade show, training course, or convention scheduled before *your effective date* between companies with unrelated ownership, pertaining to *your* full-time occupation or profession and that is the sole purpose of *your trip*. Legal proceedings are not considered to be a *business meeting*.

**Caregiver** - the permanent, full-time person entrusted with the well-being of *your* dependent(s) and whose absence cannot reasonably be replaced.

**Catastrophic event** - total eligible Trip Cancellation and Trip Interruption Insurance claims arising directly or indirectly from an *act of terrorism*, or series of *acts of terrorism*, occurring within a 72-hour period that exceed \$1,000,000.

**Change in medication** - 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*.

### **CAUTION - EXCLUSIONS, RESTRICTIONS OR REDUCTION IN COVERAGE**

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** – the poisoning of people by:

- nuclear;
- chemical; **and**
- biological substances

which causes illness and/or death.

**Departure point** - the province or territory *you* depart from on the first day of *your* intended *trip*.

**Dependent child** - *your* dependent unmarried

- natural,
- adopted,
- step **or**
- foster

child who is covered under a *government health insurance plan* 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.

**Dismemberment** - actual severance through or above *your* wrist or ankle joint.

**Effective date -**

- a) when the Per Trip Plan is issued as *top-up* coverage:
  - 12:01 am on the day following the date of expiry of *your* prior coverage
- b) for *Emergency* Medical Insurance, Baggage & Personal Effects and Travel Accident:
  - coverage for a Per Trip Plan, Multi-Trip Annual Plan, or as an extension of coverage, *your* date of departure from *your* Canadian province or territory of residence.
- c) for Trip Cancellation Insurance coverage and Trip Interruption Insurance coverage:
  - the Per Trip Plan- the date and time the required premium is paid.
  - the Multi-Trip Annual Plan- if *your* pre-paid travel arrangements are purchased before *you* purchase the Multi-Trip Annual Plan, the *effective date* is the date *your* Multi-Trip Annual Plan is purchased. If *your* pre-paid travel arrangements are purchased after *you* purchase the Multi-Trip Annual Plan, *your effective date* is the date and time *you* purchased *your* pre-paid travel arrangements, and before any cancellation penalties are in effect.
- d) for Flight Accident coverage:
  - the date and time shown on *your* transportation ticket.

**Emergency** - any sudden and unforeseen event that begins during the *period of insurance* and makes it necessary to receive immediate treatment from a licensed *physician* or to be hospitalized. An *emergency* ends when the medical advisors of Assured Assistance Inc. or RBC Insurance Company of Canada determine that *you* are medically able to return to *your departure point*.

**Emergency services** - 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, chiropodist, podiatrist or osteopath, as a result of an *emergency* that occurs during *your trip*.

**Enrollment date -**

- the date *you* pay the required premium when first applying for the Multi-Trip Annual Plan coverage; **or**
- when renewing coverage, the one-year anniversary of the date on which *you* first applied for or renewed *your* Multi-Trip Annual Plan coverage, provided *you* pay the required premium.

The *enrollment date* will be specified in *your* letter of confirmation following *your* enrollment.

**Family -**

- 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*.

**Government health insurance plan** - the health insurance coverage that Canadian provincial and territorial governments provide for their residents.

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

**Hospital** – 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** - *spouse*, parent, legal guardian, legal ward, step-parent, grandparent, grandchild, in-law, natural or adopted child, step-child, brother, sister, step-brother, step-sister, aunt, uncle, niece, nephew.

**Key employee** - an employee whose continued presence is critical to the ongoing affairs of the business during *your* absence.

**Loss of sight** - the entire and permanent loss of eyesight.

**Medical condition** –

- *accidental bodily injury* or sickness; **or**
- a condition related to that *accidental bodily injury* or sickness.

This condition includes:

- disease,
- acute psychoses; **and**
- complications of pregnancy occurring within the first 31 weeks of pregnancy.

**Medical questionnaire** – the questions *you* must answer accurately before *you* purchase a Per Trip Plan if *you* are:

- age 60 to age 74 and are travelling on a *trip* for 15 days or more, **or**
- age 75 or older

and are purchasing:

- Basic Travel & Medical Insurance; **or**
- Essential Travel & Medical Insurance

This form, once completed, forms part of the insurance contract.

**Mental or emotional disorders** - emotional or anxiety states, situational crisis, anxiety or panic attacks, or other mental health disorders treated with minor tranquilizers or anti-anxiety (anxiolytics) medication.

**Mountain climbing** - 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.

**Passenger plane** - a certified multi-engined transportation aircraft provided by a regularly scheduled airline on any regularly scheduled *trip* operated between licensed airports and

holding a valid Canadian Air Transport Board or Charter Air Carrier licence, or its foreign equivalent, and operated by a certified pilot.

**Period of insurance** - the period of time between *your effective date* and *your return date*.

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

**Prescription drug** – drug or medicine that can only be issued upon the prescription of a *physician* or dentist and is dispensed by a licensed pharmacist.

*Prescription drug* does not mean such drug 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** - engaged in a specified activity as *your* main paid occupation.

**Return date** –

a) For the Per Trip Plan:

- for all coverages other than Flight Accident:  
the date on which *you* are scheduled to return to *your departure point*. This date is shown on *your* letter of confirmation.
- under Flight Accident:  
the *return date* and time shown on *your* transportation ticket.
- If *you* purchase *top-up* coverage for the beginning portion of *your* intended travel period, *your return date* is 11:59 p.m. on the day before the *effective date* of *your* subsequent coverage.

b) For the Multi-Trip Annual Plan:

- for all coverages other than Flight Accident:  
11:59 p.m. on the last day of *your* purchased 10-Day or 31-Day option.
- under Flight Accident:  
the *return date* and time shown on *your* transportation ticket. *Your trip* must be within *your* purchased 10-Day or 31-Day option.
- If *you* purchase *top-up* coverage *your return date* is 11:59 p.m. on the last day of *your* extended coverage.

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

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

**Terrorism or act of terrorism** – an act, including but not limited to:

- the use of force or violence;

- the threat of the use of force or violence;
- hijacking; **or**
- kidnapping;

of an individual or group in order to intimidate or terrorize any:

- government;
- group;
- association; **or**
- the general public,

for

- religious;
- political; **or**
- ideological reasons or ends.

The *act of terrorism* does not include any act of war (whether declared or not), act of foreign enemies or rebellion.

**Top-up** - 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 this Certificate of Insurance apply to *you* during the *top-up* period.

**Travelling companion** - the person other than *your spouse* or *dependent child* who is sharing travel arrangements with *you* to a maximum of three persons.

**Trip** - 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** - 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 », « Our » and « RBC Insurance » refer to:**

• **RBC Insurance Company of Canada for:**

- *Emergency* Medical expenses, incurred by eligible enrolled persons while outside *your* Canadian province or territory of residence.
- Trip Cancellation expenses.
- Trip Interruption expenses.
- Flight & Travel Accident expenses.
- Baggage & Personal Effects expenses in all territories and provinces in Canada except Quebec.

• **RBC General Insurance Company for:**

- Baggage & Personal Effects expenses in Quebec.

**« You », « yourself » and « your » refer to:**

the person named as the insured on the Application for Insurance when the required insurance premium has been paid before the *effective date*.



## INTRODUCTION

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This Distribution Guide describes the features and benefits offered by the AMEX Travel Insurance products, which are distributed by AMEX Travel Insurance. This Distribution Guide describes the coverages in a clear and simple language, to help *you* make an informed decision when it comes to selecting the most appropriate coverage, without the presence of an insurance advisor.

For any additional information on the Coverages, Exclusions and other general disposition of the Insurance, please refer to the AMEX Travel Insurance Certificate of Insurance. *You* can obtain a copy of the certificate of insurance from the AMEX website **[www.americanexpress.ca/travelinsurance](http://www.americanexpress.ca/travelinsurance)**

# I. DESCRIPTION OF INSURANCE PRODUCTS OFFERED

## Nature of Coverages

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The Amex Travel Insurance coverages available are the following:

- Basic Travel & Medical Insurance (Per Trip Plan & Multi-Trip Annual Plans);
- Essential Travel & Medical Insurance (Per Trip Plan & Multi-Trip Annual Plans);
- Select Travel Insurance (Per Trip Plan & Multi-Trip Annual Plans);
- Ultimate Travel & Medical Insurance (Per Trip Plan & Multi-Trip Annual Plans).

The table below indicates the insurances included in each coverage:

Coverage includes the following insurances when marked with ✓					
	<i>Emergency Medical</i> Page 11	Trip Cancellation Page 22	Trip Interruption Page 22	Flight & Travel Accident Page 29	Baggage & Personal Effects Page 31
Basic Travel & Medical	✓				
Essential Travel & Medical	✓		✓	✓	✓
Select Travel		✓	✓	✓	✓
Ultimate Travel & Medical	✓	✓	✓	✓	✓

The 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 last service was rendered to *you*.

**The interest is not covered by this Insurance if the payment of claim is delayed.**

The following section describes each coverage available.

### ■ **Emergency Medical Insurance Coverage**

This *Emergency Medical Insurance Coverage* covers reasonable and customary expenses, in excess of any medical expenses payable by *your government health insurance plan* or any other insurance plan, for *emergency services* medically required during *your trip* as a result of a medical *emergency*.

The Insurance **only covers expenses in excess** of those covered under:

- *your government health insurance plan*; **and**
- by any other insurance or benefit plan under which *you* are covered.

Many types of *Emergency Medical Insurance Coverage's* are available based on *your* age and *medical condition*:

- Basic Travel & Medical Insurance (Per Trip Plan and Multi-Trip Annual Plans);
- Basic Travel & Medical Insurance Category A (Per Trip Plan)
- Basic Travel & Medical Insurance Category B (Per Trip Plan)
- Basic Travel & Medical Insurance Category C (Per Trip Plan)
- Basic Travel & Medical Insurance Category D (Per Trip Plan)
- Basic Travel & Medical Insurance Category E (Per Trip Plan)

### ■ **Trip Cancellation Insurance Coverage**

This coverage reimburses certain covered expenses if *you* must:

- cancel;

*your trip* before leaving *your departure point* due to one of the events listed in the section “Trip Cancellation and Trip Interruption Insurance Coverage – Covered risks” of this guide.

### ■ **Trip Interruption Insurance Coverage**

This coverage reimburses certain covered expenses if *you* must:

- interrupt; **or**
- delay

*your trip* due to one of the events listed in the sections “Trip Cancellation and Trip Interruption Insurance Coverage – Covered risks” and “Trip Interruption/After Departure Insurance Coverage – Covered risks” of this guide.

### ■ **Flight & Travel Accident Insurance Coverage**

This coverage pays a certain amount if *you* are victim of an *accidental bodily injury*, which causes:

- *dismemberment*;
- the *loss of sight*;
- the complete and irrecoverable loss of hearing;
- the complete and irrecoverable loss of speech; **or**
- death.

### ■ **Baggage & Personal Effects Insurance Coverage**

This coverage covers:

- the loss or theft of *your* baggage; **or**
- the damage to *your* baggage and personal effects.

**that *you* own and use during *your trip*.**

## Summary of Specific Features

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### ■ Persons Eligible for Insurance

The Insurance is offered to a client of Amex Bank of Canada or Amex Canada Inc., or a *family* member of a client. It is valid only if the following conditions are met. More than one person may be covered under one Certificate of Insurance.

In this guide, *your* age refers to *your* age at the date of the signature of the Application for Insurance.

For **all coverages**, *you* are eligible if:

- *you* are a client of Amex Bank of Canada or Amex Canada Inc.; **or**
- a *family* member of a client; **and**
- *you* are covered under *your* government health insurance plan.

In addition, *you* are eligible under:

- **Multi-Trip Annual Plan** if *you* are under 75 years of age on the *enrollment date*.
- **Per Trip Plan** if *you* are:
  - ♦ under 75 years of age on the *effective date* (for Ultimate Travel & Medical Insurance)
  - ♦ any age on the *effective date* (for Select Travel Insurance)
  - ♦ under 60 years of age on the *effective date* (for Basic Travel & Medical Insurance and Essential Travel & Medical Insurance)
  - ♦ over 75 years of age **or** between 60 and 74 and travelling for 15 days or more, on the *effective date* and have accurately completed the *medical questionnaire* (for Basic Travel & Medical Insurance and Essential Travel & Medical Insurance).

#### **CAUTION - EXCLUSIONS, RESTRICTIONS OR REDUCTION IN COVERAGE**

**Your insurance coverage is void if *you* fail to meet the eligibility conditions as outlined in this section. Our liability is limited to a refund of the premium paid.**

### ■ Insurance Coverage Options

#### a) Per Trip Plan

The Per Trip Plan option is available under all of *our* coverages as defined under “Persons Eligible for Insurance”.

Coverage is available for a single *trip* when purchased before *your effective date*, and as an extension to *your* existing Multi-Trip Annual Plan or Per Trip Plan coverage, to a *trip* maximum of 183 days (212 days for residents of Ontario). (see “If *you* decide to extend *your trip*?” for more details on page 36).

#### **CAUTION - EXCLUSIONS, RESTRICTIONS OR REDUCTION IN COVERAGE**

**Coverage is limited to an eligible person who is travelling for a maximum of 183 days, unless otherwise stated.**

## **b) Multi-Trip Annual Plan**

The Multi-Trip Annual Plan option is available under all of *our* coverages, as defined under “Persons Eligible for Insurance”.

Coverage is limited to an eligible person who is travelling for any number of *trips* for a maximum of:

- 10 consecutive days if *you* have purchased the 10-Day option; **or**
- 31 consecutive days if *you* have purchased the 31-Day option,

The consecutive days include *your* date of departure from, and *return date* to, *your departure point*. 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*.

If *you* are travelling for more than:

- 10 consecutive days under the 10-Day option, **or**
- 31 consecutive days under the 31-Day option,

*you* must *top-up* this coverage as outlined under the section “If *you* decide to extend *your trip*” on page 36.

### **CAUTION – EXCLUSIONS, RESTRICTIONS OR REDUCTIONS IN COVERAGE**

**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 *your period of insurance* during that *trip*.**

## **■ How to Become Insured**

*You* become insured and the Certificate of Insurance becomes part of an insurance contract by completing one of the following:

### 1. Enrolling through the Enrollment Centre:

- when *you* call the Enrollment Centre;
- upon charging the required premium to *your* credit card account on or before *your effective date*; **and**
- upon accurately answering each of the questions of the *medical questionnaire*, where applicable, to determine the coverage Category (A, B, C, D or E) *you* are eligible to purchase.

### 2. Enrolling online at [www.americanexpress.ca/travelinsurance](http://www.americanexpress.ca/travelinsurance):

- when *you* apply online;
- upon charging the required premium to *your* credit card account on or before *your effective date*; **and**
- upon accurately answering each of the questions of the *medical questionnaire*, where applicable, to determine the coverage Category (A, B, C, D or E) *you* are eligible to purchase.

## ■ **Effective Date of Insurance Coverage**

The *effective date* of *your* coverage varies depending on the type of coverage, as described below:

### **a) Emergency Medical Insurance, Baggage & Personal Effects Insurance and Travel Accident Insurance**

*Your effective date* is the date of departure from *your* Canadian province or territory of residence.

### **b) Trip Cancellation Insurance and Trip Interruption Insurance:**

*Your effective date* under all Per Trip Plans is the date and time the required premium is paid, as shown on *your* Application for Insurance.

*Your effective date* under all Multi-Trip Annual Plans is the date *you* purchased *your* prepaid travel arrangements.

### **c) Flight Accident Insurance Coverage:**

*Your effective date* is the date and time shown on *your* transportation ticket.

### **d) Top-up Coverage:**

*Your effective date* is 12:01 a.m. on the day following the date of expiry of *your* prior coverage.

The following sections describe in detail the coverages available.

## ■ **Emergency Medical Insurance Coverage**

The *Emergency Medical Insurance Coverage* applies if *you* have purchased one of the following:

- Basic Travel & Medical Insurance;
- Essential Travel & Medical Insurance;
- Ultimate Travel & Medical Insurance.

### **What must *you* do in a medical emergency?**

***You must contact Assured Assistance Inc. if you require medical treatment during your trip, or for any other emergency, before seeking emergency services, at one of the following numbers:***

Toll-free call from the USA or Canada: ..... 1 866 896-5703  
Collect call from anywhere in the world: ..... (905) 816-1758

If *your medical condition* prevents *you* from calling Assured Assistance Inc. before receiving *emergency services*, *you* must contact Assured Assistance Inc. as soon as medically possible. As an alternative, someone else (relative, friend, nurse or doctor) may call on *your* behalf.

All surgery and heart procedures must be approved in advance by the medical advisors of Assured Assistance Inc. When *you* contact Assured Assistance Inc., they will refer *you* or may transfer *you*, when medically appropriate, to one of the accredited medical service providers near *you*.

Assured Assistance Inc. will also request for the medical service provider within the approved *network* to bill the medical expenses covered under this Insurance directly to *us* instead of billing *you*.

**CAUTION – EXCLUSIONS, RESTRICTIONS OR REDUCTIONS IN COVERAGE**

**If you do not call Assured Assistance Inc. before you seek emergency services, benefits could be reduced.**

**What are the benefits?**

This Insurance covers the reasonable and customary medical expenses *you* incur once *you* have left *your departure point*. The medical care or surgery must be necessary, as part of the *emergency services* arising from a *medical condition*. This Insurance only covers expenses in excess of those covered under:

- *your government health insurance plan*: **and**
- any other insurance or benefit plan under which *you* are covered.

The items a) to n) below explain what expenses are covered and under which circumstances.

**a) Unlimited 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*,
- 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 Assured Assistance.

**b) 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.

**c) 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*, *you* are covered for:

- the *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.**

#### **d) 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*.

#### **e) Return to *your* Departure Point**

This Insurance covers certain expenses 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 Assured Assistance determine that *you* are able to and recommend that *you* return to *your* country of residence.

This Insurance covers these expenses **only** when:

- these expenses are pre-authorized and arranged by Assured Assistance, **and**
- medically essential.

The expenses incurred in **one of the following situations** are covered:

- 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;
- the cost of a return economy air fare on a commercial flight via the most cost-effective route; **and**
- the usual fees and expenses required by such an attendant.

The presence of the attendant must be **medically necessary** or **required by the airline.**

#### **OR**

- the cost of air ambulance transportation if it is medically essential.



#### **f) Return of Deceased**

If, during *your trip*, you die from a *medical condition* covered under this Insurance, the Insurance covers the expenses for **one of the following**:

- 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, **up to a maximum of 3 business days**.

#### **g) Additional Hotel & Meal Expenses**

This Insurance 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**
- *you* or *your travelling companion* being relocated to receive medical attention.

#### **h) Bringing Bedside Companion to Bedside**

If:

- *you* are travelling alone;
- *you* are hospitalized during *your trip* for more than 3 days; **and**
- a bedside companion is required;

this Insurance covers:

- the cost of round-*trip* economy class transportation for *your* bedside companion by the most cost-effective route;
- meal and hotel accommodation expenses for *your* bedside companion **up to a maximum of \$300**; **and**

- *your* beside companion is covered under the terms of *your* insurance during the period in which he or she is required at *your* bedside.

If:

- *you* are **under age 21 and dependent on *your* bedside companion for support**; **or**
- *you* are **over age 20 and physically handicapped**

this Insurance provides this benefit to *you* **as soon as *you* are admitted to a hospital**.

**The visit must be approved in advance through Assured Assistance.**

#### **i) Return of Vehicle**

This Insurance covers the reasonable costs for a commercial agency to return a *vehicle*:

- to *your* residence; **or**
- to a commercial rental agency,

if, as a result of a medical *emergency* during *your trip*, *you* are unable to return the *vehicle* to its point of origin.

**This benefit must be arranged and approved through Assured Assistance.**

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*.

#### **j) Return of Dependent Children or Grandchildren**

This Insurance covers certain expenses relating to the *dependent children* or *grandchildren* insured under one of the *Emergency Medical Insurance* coverages, if *dependent children* or *grandchildren*;

- travel with *you*; **or**
- join *you* during *your trip*.

*You* must:

- be hospitalized for **more than 24 hours**; **or**
- return to Canada

because of *your* medical *emergency* covered under this Insurance.

This insurance covers, **when arranged and approved through Assured Assistance**:

- 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.

#### **k) Return of Travelling Companion**

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 Assured**

**Assistance**, 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*.

**l) Return to *your Trip Destination***

- 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 one of the *Emergency Medical Insurance* coverages.
- When this benefit is provided to *you*, *your enrollment date* under one of the *Emergency Medical Insurance* coverages becomes the day *you* leave *your departure point* to return to *your trip destination*.
- **This benefit is subject to the pre-authorization of Assured Assistance.**

**m) Return of *your Dog or Cat***

- 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*.
- **This benefit is subject to the pre-authorization of Assured Assistance.**

**n) Return of *your Excess Baggage***

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

**Personal Information**

By paying the premium for this Insurance, *you* agree that *we* and Assured Assistance Inc. 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*, Assured Assistance and the Claims Centre, 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 a) and b) above to other sources, as may be required for the processing of *your* claim for benefits obtainable from other sources.

**Exclusions, limitations or reduction in coverage applicable to the  
Emergency Medical Insurance Coverage**

**CAUTION**

a) **Exclusions related to a Pre-Existing Medical Condition:**

**This insurance does not cover any expenses incurred directly or indirectly as a result of certain pre-existing conditions. This exclusion varies according to the type of insurance *you* have applied for. The table below indicates which exclusions are applicable to each type of insurance. The description of each exclusion can be found after the table.**

Per Trip Plan:	Basic	Essential	Ultimate
Under age 60	Exclusion 1		
Age 60 and over			
Category A*	No Pre-existing Medical Exclusion applies		Coverage Unavailable
Category B*	Exclusion 1		
Category C*	Exclusion 2		
Category D*			
Category E*	Exclusion 3		
Age 60-74	Exclusion 2 If <i>you</i> have not completed the <i>medical questionnaire</i> and are travelling for less than 15 days		Exclusion 1

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

Multi-Trip Annual Plan:	Basic	Essential	Ultimate
Under age 75	Exclusion 1		

**Exclusion 1:**

**This insurance does not pay for any expenses incurred directly or indirectly as a result of any *medical condition*, any heart condition and/or any lung condition or any related condition (whether or not the diagnosis has been determined) if:**

- *your medical condition* or related condition (whether or not the diagnosis has been determined) has not been *stable*;
- *you* have taken nitroglycerin more than once per week specifically for the relief of angina pain;
- *you* have been treated with home oxygen;  or
- taken oral steroids for any lung condition

**at any time in the 90 days before *you* depart for *your trip*.**

## CAUTION (continued)

### Exclusion 2:

This insurance does not pay for any expenses incurred directly or indirectly as a result of any *medical condition*, any heart condition and/or any lung condition or any related condition (whether or not the diagnosis has been determined) if:

- *your medical condition* or related condition (whether or not the diagnosis has been determined) has not been *stable*;
- you have taken nitroglycerin more than once per week specifically for the relief of angina pain;
- you have been treated with home oxygen;  or
- taken oral steroids for any lung condition

at any time in the 180 days before you depart for your trip.

### Exclusion 3:

Regardless whether a *medical condition* has been *stable* or has not been *stable*, this insurance does not pay for any expenses incurred directly or indirectly as a result of all *medical conditions*, any heart condition and/or any lung condition or any related condition (whether or not the diagnosis has been determined) if at any time in the 180 days before you depart on your trip:

- you have taken medication;
- you have been prescribed medication;
- you have been treated;
- you have experienced a deterioration;  or
- you have sought medical treatment

for your *medical conditions* or related condition.

- b) You will be responsible for 20% of your medical expenses covered under this insurance and in excess of your medical expenses paid by your government health insurance plan if:

- you do not contact Assured Assistance Inc. at the time of your medical emergency,  or
- you choose to receive treatment from a medical service provider outside the network.

If your *medical condition* prevents you from calling Assured Assistance Inc. before seeking *emergency services*, you must call Assured Assistance Inc. as soon as medically possible. As an alternative, someone else (relative, friend, nurse or doctor) may call on your behalf.

- c) This insurance is subject to a maximum of \$25,000 if you do not have valid *government health insurance plan* coverage at the time of claim.
- d) Terrorism:

Where an *act of terrorism* directly or indirectly causes a loss, the benefits payable in are in excess to all other potential sources of recovery, including alternative or replacement travel options offered by, but not limited to:

## CAUTION (continued)

- airlines;
- tour operators;
- cruise lines;
- other travel suppliers and other insurance coverage

even where such other coverage is described as excess.

Benefits payable will be paid only after *you* have exhausted all such other sources.

e) **General exclusions:**

In addition to the exclusions a) to c) outlined above, this insurance does not cover any loss, claim or expense of any kind caused directly or indirectly from:

- any *medical condition* if any answer provided in *your medical questionnaire* is incorrect, in which case the Certificate of Insurance is void and the premium paid is refundable at *our* option;
- a *medical condition* for which future investigation or treatment (except routine monitoring) is planned before *your trip*;
- the continued treatment, recurrence or complication of a *medical condition* or related condition, following *emergency services* of that condition during *your trip*. This exclusion is applicable if the medical advisors of Assured Assistance Inc. or RBC Insurance Company of Canada determine that *you* are medically able to return to *your home country* and *you* chose not to return;
- the treatment of any heart or lung condition, following *emergency services* for a related or unrelated heart or lung condition during *your trip*. This exclusion is applicable if the medical advisors of Assured Assistance Inc. or RBC Insurance Company of Canada determine that *you* were medically able to return to *your home country* and *you* chose not to return;
- any services that are not *emergency services*;
- routine care of a chronic condition;
- routine pre-natal care or a child born during *your trip*;
- in the 9 weeks before or after the expected date of delivery, complications of pregnancy and/or childbirth;
- invasive testing or surgery (including cardiac catheterization and MRI) unless approved by Assured Assistance prior to being performed;
- *your* participation as a *professional* in sports;
- *your* 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;
- *your* participation in a motorized race or motorized speed contest;

## CAUTION (continued)

- ***your* participation in bungee jumping, parachuting, rock climbing, *mountain climbing*, hang-gliding or skydiving;**
- ***your* commission of a criminal act or *your* direct or indirect attempt to commit a criminal act;**
- ***your* intentional self-inflicted injury, suicide or attempt to commit suicide (whether sane or insane);**
- **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*;**
- ***your* abuse of medication, drug or alcohol or deliberate non-compliance with prescribed medical therapy or treatment whether prior to or during *your trip*;**
- ***your mental or emotional disorders*;**
- **war (declared or not), act of foreign enemies or rebellion;**
- **any portion of the benefits that require prior authorization and arrangement by Assured Assistance Inc. if such benefits were not pre-authorized and arranged by Assured Assistance Inc.;**
- **a *medical condition* if *you* undertake *your trip* with the prior knowledge that *you* will require or seek treatment, surgery, investigations, palliative care or alternative therapy of any kind, regardless of whether the treatment, surgery, investigations, palliative care or alternative therapy is related in any way to the *medical condition*;**
- **a *medical condition* for which it was reasonable to expect treatment or hospitalization during *your trip*;**
- **symptoms which would have caused an ordinarily prudent person to seek treatment or medication in the 90 days before *your trip*;**
- **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 a written formal travel warning was issued advising Canadians not to travel to that country, region or city. This warning must have been issued in writing, before *your effective date*, by the Department of Foreign Affairs and International Trades of the Canadian government;**
- **any *medical condition*, if the medical advisors of Assured Assistance Inc. recommend that *you* return to *your* country of residence following *your emergency services*, and *you* chose not to return;**
- **ionising 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;**

**CAUTION (continued)**

**If you:**

- are retired and *your* former employer provides *you* with an extended health insurance plan;  or
- are actively employed and *your* current employer provides *you* with a group health insurance plan;

***we:***

- will not coordinate payment with such coverage if lifetime maximum coverage is \$50,000 or less;
  - will coordinate payment with such coverage only in excess of \$50,000 if lifetime maximum coverage is more than \$50,000.
- f) The total benefits paid to *you* by all insurers from whom *you* have similar benefits cannot exceed the actual expense that *you* have incurred. All benefits payable to *you* under any of *our* policies are in excess of the benefits for the same or similar benefits payable to *you* by any other insurer.

**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.**



## ■ **Trip Cancellation/Trip Interruption Insurance Coverage**

Certain expenses are reimbursed by this Insurance when *you* must cancel or interrupt *your trip* due to a covered risk.

Trip Cancellation/Trip Interruption Insurance Coverage apply if *you* have purchased one of the following:

- Select Travel Insurance;
- Ultimate Travel & Medical Insurance.

## ■ **Trip Interruption/After Departure Insurance Coverage**

Trip Interruption/After Departure Coverage apply if *you* have purchased one of the following:

- Essential Travel & Medical Insurance

### **Covered risks**

The **Trip Cancellation** coverage includes unforeseen events that may occur **before** *your trip*.

The **Trip Interruption** coverage includes events that may occur **during** *your trip*.

The **Trip Delay** coverage includes events that may occur **during** *your trip* and results in *your* being delayed, beyond *your* scheduled *return date*, from returning to *your departure point*.

The events for which expenses are reimbursed include:

- a *medical condition*;
- a pregnancy or an adoption;
- a death;
- government advisory;
- a change in *your* employment situation;
- a delay or a schedule change of *your* carrier; **and**
- certain other risks as indicated in the tables found from pages 23 to 25.

The table of the following pages details each insured risk covered by this coverage. The covered benefits applicable to each risk are represented by a letter in the column corresponding to the coverage. The description of each benefit will be found at the end of the table.

What are <i>you</i> covered for?		What are <i>you</i> eligible for?		
		Trip Cancellation	Trip Interruption	Trip Delay
<b>Medical condition</b>		<b>BENEFIT(S)</b>		
1	<i>Your Emergency medical condition.</i>	A	B, C & F, or B, D & F, or B, E and F	D & F
2	The admission to a <i>hospital</i> following an <i>emergency</i> of a member of <i>your immediate family</i> (who is not at <i>your destination</i> ), <i>your business partner</i> , <i>key employee</i> or <i>caregiver</i> .	A	B, D & F	not applicable
3	The <i>emergency medical condition</i> of a member of <i>your immediate family</i> (who is not at <i>your destination</i> ), <i>your business partner</i> , <i>key employee</i> or <i>caregiver</i> .	A	B, D & F	not applicable
4	The admission to a <i>hospital</i> of <i>your host</i> at <i>destination</i> , following an <i>emergency medical condition</i> .	A	B, D & F	not applicable
5	The <i>emergency medical condition</i> of <i>your travelling companion</i> .	A	B, C & F, or B, D & F, or B, E and F	D& F
6	The <i>emergency medical condition</i> of <i>your travelling companion's immediate family member</i> , <i>business partner</i> , <i>key employee</i> or <i>caregiver</i> .	A	B, D & F	not applicable
7	The <i>emergency medical condition</i> of <i>your immediate family member</i> who is at <i>your destination</i> .	A	B, D & F	D& F
<b>Pregnancy and adoption</b>				
8	<i>Your</i> or <i>your spouse's</i> pregnancy being diagnosed after <i>your</i> travel arrangements are booked, if <i>your departure from your departure point</i> is scheduled to take place in the 9 weeks before or after the expected date of delivery; or <i>your</i> or <i>your spouse's</i> pregnancy being diagnosed during <i>your trip</i> , if <i>your return date</i> is scheduled to take place in the 9 weeks before or after the expected date of delivery.	A	B, D & F	not applicable
9	<i>Your travelling companion's</i> or <i>your travelling companion's spouse's</i> pregnancy being diagnosed after <i>your</i> travel arrangements are booked, if <i>your departure from your departure point</i> is scheduled to take place in the 9 weeks before or after the expected date of delivery; or <i>your travelling companion's</i> or <i>your travelling companion's spouse's</i> pregnancy being diagnosed during <i>your trip</i> , if <i>your return date</i> is scheduled to take place in the 9 weeks before or after the expected date of delivery.	A	B, D & F	not applicable
10	The legal adoption of a child by <i>you</i> , when the actual date of that adoption is scheduled to take place during <i>your trip</i> .	A	B, D & F	not applicable
11	The legal adoption of a child by <i>your travelling companion</i> , when the actual date of that adoption is scheduled to take place during <i>your trip</i> .	A	B, D & F	not applicable

What are <i>you</i> covered for?		What are <i>you</i> eligible for?		
		Trip Cancellation	Trip Interruption	Trip Delay
<b>Death</b>				
12	<i>Your</i> death.	A	B	not applicable
13	The death of <i>your immediate family</i> member or friend (who is not at <i>your</i> destination), <i>your</i> business partner, <i>key employee</i> or <i>caregiver</i> .	A	B, D & F	not applicable
14	The death of <i>your travelling companion</i> .	A	B, D & F	D & F
15	The death of <i>your travelling companion's immediate family</i> member, business partner, <i>key employee</i> or <i>caregiver</i> .	A	B, D & F	not applicable
16	The death of <i>your</i> host at destination, following an <i>Emergency medical condition</i> .	A	B, D & F	not applicable
17	The death of <i>your immediate family</i> member or friend, who is at <i>your</i> destination.	A	B, D & F	D & F
<b>Government advisories</b>				
18	A written formal travel warning issued by the Department of Foreign Affairs and International Trade of the Canadian government after the purchase of <i>your</i> insurance, advising Canadians not to travel to a country, region or city originally ticketed for a period that includes <i>your trip</i> .	A	B, D & F, or B, E and F	not applicable
<b>Employment and occupation</b>				
19	A transfer by the employer with whom <i>you</i> or <i>your spouse</i> is employed on <i>your effective date</i> , which requires the relocation of <i>your</i> principal residence.	A	B, D & F	not applicable
20	A transfer by the employer with whom <i>your travelling companion</i> is employed on <i>your effective date</i> , which requires the relocation of his/her principal residence.	A	B, D & F	not applicable
21	The involuntary loss of <i>your</i> or <i>your spouse's</i> permanent employment (not contract employment) due to lay-off or dismissal without just cause.	A	B, D & F	not applicable
22	The involuntary loss of <i>your travelling companion's</i> permanent employment (not contract employment) due to lay-off or dismissal without just cause.	A	B, D & F	not applicable
23	Cancellation of <i>your</i> or <i>your travelling companion's business meeting</i> beyond <i>your</i> or <i>your employer's</i> control or <i>your travelling companion's</i> or <i>your travelling companion's employer's</i> control.	A	B, D & F	not applicable
24	<i>Your</i> being summoned to service in the case of reservists, active military, police, essential medical personnel and fire personnel.	A	B, D & F	not applicable
25	<i>Your travelling companion</i> being summoned to service in the case of reservists, active military, police, essential medical personnel and fire personnel.	A	B, D & F	not applicable

What are <i>you</i> covered for?		What are <i>you</i> eligible for?		
		Trip Cancellation	Trip Interruption	Trip Delay
<b>Delays</b>				
26	Delay of a private automobile resulting from the mechanical failure of that automobile, weather conditions, earthquakes, volcanic eruptions, a traffic accident, or an emergency police-directed road closure, causing <i>you</i> to miss a connection or resulting in the interruption of <i>your</i> travel arrangements, provided the automobile was scheduled to arrive at the point of departure at least 2 hours before the scheduled time of departure.	not applicable	B, E and F	D & F
27	Delay of <i>your</i> connecting carrier ( <i>passenger plane, ferry, cruise ship, bus, limousine, taxi or train</i> ), resulting from the mechanical failure of that carrier, a traffic accident, an emergency police-directed road closure, weather conditions, earthquakes or volcanic eruptions, causing <i>you</i> to miss a connection or resulting in the interruption of <i>your</i> travel arrangements.	not applicable	B, E and F	D & F
<b>Other risks</b>				
28	An event completely independent of any intentional or negligent act that renders <i>your</i> principal residence uninhabitable or place of business inoperative.	A	B, D & F	not applicable
29	An event completely independent of any intentional or negligent act that renders <i>your travelling companion's</i> principal residence uninhabitable or his/her place of business inoperative.	A	B, D & F	not applicable
30	The quarantine or hijacking of <i>you, your spouse or your dependent child.</i>	A	B, D & F	D & F
31	The quarantine or hijacking of <i>your travelling companion or your travelling companion's spouse or dependent child.</i>	A	B, D & F	D & F
32	<i>Your, your spouse or your dependent child</i> being a) called for jury duty; b) subpoenaed as a witness; or c) required to appear as a party in a judicial proceeding, during <i>your trip.</i>	A	B, D & F	not applicable
33	<i>Your travelling companion or your travelling companion's spouse or dependent child</i> being a) called for jury duty; b) subpoenaed as a witness; or c) required to appear as a party in a judicial proceeding, during <i>your trip.</i>	A	B, D & F	not applicable

## What are the benefits?

The expenses covered under this Insurance are described below.

**Prepaid Travel Arrangements** - Reimbursement to *you* of the expenses *you* actually incur as a result of one of the insured risks up to the sum insured for:

- A. The non-refundable portion of *your* prepaid travel arrangements.
- B. The non-refundable unused portion of *your* prepaid travel arrangements, excluding the cost of prepaid unused transportation back to *your departure point*.

**Transportation** - Reimbursement to *you* of the expenses *you* actually incur as a result of one of the insured risks up to the sum insured for the extra cost of:

- C. *Your* economy class transportation via the most cost-effective route to rejoin a tour or group.
- D. *Your* economy class transportation via the most cost-effective route to *your departure point*.
- E. *Your* economy class one-way air fare via the most cost-effective route to *your* next destination (inbound and outbound).

### **Out-of-Pocket Expenses** -

- F. Reimbursement of **up to \$100 per day per person** for commercial accommodation, meals, telephone and taxi expenses incurred if *your trip* is interrupted, or, if return home is delayed beyond the scheduled *return date*. This benefit is **subject to a maximum of \$1,000 per person and \$3,000 per family**.

### **CAUTION - EXCLUSIONS, RESTRICTIONS AND REDUCTION OF COVERAGE**

**Any transportation and out-of-pocket expenses benefits under this insurance must be undertaken on the earliest of:**

- 1) **the date when *your* travel is medically possible; and**
- 2) **within 10 days following *your* originally scheduled *return date* if *your* delay is not the result of hospitalization; or**
- 3) **within 30 days following *your* originally scheduled *return date* if *your* delay is the result of hospitalization, when the benefit is payable because of a *medical condition* covered under one of the insured risks.**

## Cancelling a trip

When a cause of cancellation (the event or series of events that trigger one of the 33 risks insured) occurs before the date of departure from *your departure date*, *you* must:

- cancel *your trip* with the travel agent, airline, tour company, carrier or travel authority etc. immediately, **but no later than the business day following the cause of cancellation;**
- advise *us* at the same time.

*Our* maximum liability is the amounts or portions indicated in *your trip* contract that are non-refundable at the time of the cause of cancellation or on the next business day.

**Exclusions, limitations or reduction in coverage applicable to the  
Trip Cancellation/Trip Interruption Insurance Coverage**

**CAUTION**

1. This insurance does not cover any expense directly or indirectly as a result of:

**PRE-EXISTING CONDITIONS:**

- a) *Your or your spouse's medical condition* or related condition (whether or not the diagnosis has been determined), if at any time in the 90 days before *your effective date*, *your or your spouse's medical condition* or related condition has not been *stable*.
- b) *Your or your spouse's heart condition* (whether or not the diagnosis has been determined), if at any time in the 90 days before *your effective date*:
  - any heart condition has not been *stable*;  **or**
  - *you or your spouse's* have taken nitroglycerin more than once per week specifically for the relief of angina pain.
- c) *Your or your spouse's lung condition* (whether or not the diagnosis has been determined), if at any time in the 90 days before *your effective date*:
  - any lung condition has not been *stable*;  **or**
  - *you or your spouse's* have been treated with home oxygen or taken oral steroids (prednisone or prednisolone) for any lung condition.

- 2. Cancellation or interruption when *you* are aware, on the *effective date*, of any reason that might reasonably prevent *you* from travelling as booked;
- 3. A *trip* undertaken to visit or attend an ailing person, when the *medical condition* or death of that person is the cause of the claim;
- 4. Pre-paid travel arrangements for which an insurance premium was not paid;
- 5. The schedule change of a medical test or surgery that was originally scheduled before *your period of insurance*.
- 6. **TERRORISM:**

Where an *act of terrorism* that is not a *catastrophic event* directly or indirectly causes a loss, *we* will reimburse *you* up to a maximum of 100% of *your* eligible loss.

Where an *act of terrorism* that is a *catastrophic event* directly or indirectly causes a loss, *we* will reimburse *you* with benefit payable up to a maximum of 50% of *your* eligible loss, per:

- *act of terrorism*;  **or**
- series of *acts of terrorism* occurring within a 72 hour period

for all policyholders shall be \$5,000,000. If the total benefits payable exceed \$5,000,000, eligible benefits shall be reduced on a pro rata basis so that the maximum payment shall be \$5,000,000.

The total maximum payment for all policyholders shall be \$10,000,000 per calendar year regardless of the number of *Acts of Terrorism*. If the total benefits payable exceed \$10,000,000, eligible benefits shall be reduced on a pro rata basis so that the maximum payment shall be \$10,000,000.

### **CAUTION (continued)**

**When *your* benefit is reduced, *your* prorated claim will be paid after the end of the calendar year.**

**Benefits payable in are in excess to all other potential sources of recovery, including alternative or replacement travel options offered by, but not limited to:**

- **airlines;**
- **tour operators;**
- **cruise lines;**
- **other travel suppliers and other insurance coverage**

**even where such other coverage is described as excess.**

- 7. The total benefits paid to *you* by all insurers from whom *you* have similar benefits cannot exceed the actual expense that *you* have incurred. All benefits payable to *you* under any of *our* policies are in excess of the benefits for the same or similar benefits payable to *you* by any other insurer.**
- 8. The total amount paid to *you* cannot exceed the actual expense which *you* have incurred if *you* are insured under more than one of *our* policies.**
- 9. 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.**

## ■ Flight & Travel Accident Insurance Coverage

The **Flight and Travel Accident** Insurance Coverage applies to *you*, if *you* purchased any of the following:

- Essential Travel & Medical Insurance;
- Select Travel Insurance; **or**
- Ultimate Travel & Medical Insurance.

### What risks are insured?

This Insurance covers *your accidental bodily injury* which results in *your*:

- *dismemberment*;
- *loss of sight*;
- death;
- complete and irrecoverable loss of hearing; **or**
- complete and irrecoverable loss of speech

within **365 days** from the date of the accident that **occurs during your trip**.

### What are the benefits?

We will pay **the greater** of these benefits for all losses per *trip* resulting from an accident:

- 1) **\$50,000** for death, double *dismemberment*, *loss of sight* of both eyes, or complete and irrecoverable loss of speech or hearing;
- 2) **\$25,000** for single *dismemberment* or *loss of sight* in one eye.

### Presumption of death following a disappearance

It will be presumed that *you* died as a result of such injuries occurring at the time of the accident covered under this insurance of if *your* body has not been found after **one year** following the accident.

#### **CAUTION- EXCLUSIONS, RESTRICTIONS OR REDUCTION IN COVERAGE**

**Our total liability for all accident insurance policies under which we cover you will be limited to \$200,000. Any insurance coverage in excess of \$200,000 will be void and the premiums paid will be refunded.**



**Exclusions, limitations or reduction in coverage applicable to the  
Flight & Travel Accident Insurance Coverage**

**CAUTION**

1. The Insurer will not pay for any expenses incurred directly or indirectly as a result of:

- participation in any military manoeuvre or training exercise;  or
- disease, even if the cause of its activation or reactivation is an accident;  or
- piloting, learning to pilot or acting as a member of a crew of an aircraft;  or
- any *act of terrorism*.

2. **Terrorism:**

This Insurance Coverage does not cover any claim, if such claim is directly or indirectly caused by *terrorism* or by a *contamination due to any act of terrorism*.

3. The total benefits paid to *you* by all insurers from whom *you* have similar benefits cannot exceed the actual expense that *you* have incurred. All benefits payable to *you* under any of *our* policies are in excess of the benefits for the same or similar benefits payable to *you* by any other insurer.
4. The total amount paid to *you* cannot exceed the actual expense which *you* have incurred if *you* are insured under more than one of *our* policies.
5. The maximum *you* are entitled to is the largest amount specified for the benefit in any one policy if *you* are insured under more than one of *our* policies.
6. 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.

## ■ Baggage & Personal Effects Insurance Coverage

This Insurance is underwritten in Quebec by RBC General Insurance Company.

The Baggage & Personal Effects Insurance Coverage applies to *you*, if *you* purchased any of the following:

- Essential Travel & Medical Insurance;
- Select Travel Insurance; **or**
- Ultimate Travel & Medical Insurance.

### What risks are insured?

This Insurance covers:

- the physical loss/theft; **or**
- damage to

the baggage and personal effects

- *you* own; **and**
- *you* use during *your* trip.

### What are the benefits?

#### 1. **Loss of or Damage to Baggage & Personal Effects**

Reimbursement of *your* losses up to **\$1,000 per trip (\$3,000 per family per trip)**, subject to a **maximum of \$300 for any one item or set of items**.

#### 2. **Replacement of Travel Documents**

Reimbursement of **up to \$250 in total** towards the replacement expenses of **one or more** of the following documents:

- passport;
- driver's licence;
- birth certificate; **or**
- travel visa

in the event any one of these documents is **lost** or **stolen**.

#### 3. **Delay of Baggage & Personal Effects**

Reimbursement for necessary toiletries and clothing when *your* checked baggage is delayed by the carrier **for 12 hours or more** while en route and before returning to *your* departure point **up to \$400 maximum**.

We have the option to repair or replace any damaged or lost property with other of similar kind, quality and value and to require submission of the property for appraisal of damage.

**Theft, burglary, robbery, malicious mischief, disappearance, loss or damage**

You must, during *your trip*, immediately notify and obtain corroborating documentary evidence from the police that prove the theft, loss, damage or disappearance.

If the police are not available, *you* must notify and obtain corroborating documentary evidence that proves the theft, loss, damage or disappearance from:

- the hotel manager;
- the tour guide; **or**
- the transportation authorities.

You must also:

- promptly take all reasonable precautions to protect, save and/or recover the property; **and**
- notify *us* immediately upon *your* return to *your departure point*.

**CAUTION- EXCLUSIONS, RESTRICTIONS OR REDUCTION IN COVERAGE**

**Failure to comply with this condition will invalidate any claim under this Insurance.**

**Coverage Extension**

This Insurance will continue until the insured property is delivered by the common carrier, if the insured property is under check of a common carrier and delivery is delayed.

**Exclusions, limitations or reduction coverage applicable to  
the Baggage & Personal Effects Insurance Coverage**

**CAUTION**

1. **We are not liable beyond the actual cash value (original cost less deduction for depreciation) of the property at the time of loss.**
2. **If an article which is part of a set is lost or damaged, the measure of loss or damage to such article is a reasonable and fair proportion of the total value of the set, but not the total loss of or damage to the set.**
3. **This Insurance does not cover:**
  - **animals;**
  - **perishables;**
  - **bicycles except while checked as baggage with a common carrier;**
  - **household effects and furnishings;**
  - **artificial teeth and limbs;**
  - **hearing aids;**
  - **eye glasses, sunglasses, contact lenses;**
  - **money;**
  - **tickets;**
  - **securities;**
  - **documents;**
  - ***professional* or occupational items;**
  - **antiques;**
  - **collector items;**
  - **breakage of or damage to brittle or fragile articles;**
  - **property illegally acquired, kept, stored or transported.**
4. **any claim arising from loss**
  - **caused by wear and tear, deterioration, defect or mechanical breakdown;**
  - **any claim arising from loss caused by *your* imprudent act or omission;**
  - **any claim arising from loss of articles specifically insured on a valued basis by another insurer while this insurance is in effect;**
  - **any claim arising from loss caused by theft from an unattended *vehicle* unless the *vehicle* (including the *vehicle's* trunk) was securely locked and there were visible marks indicating that the theft occurred as a result of forcible entry.**
5. **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.**

■ **Coverages**

**Maximum Sums Payable**

The maximum sums payable vary according to the type of coverages *you* have selected. These maximums are shown in the table below:

<b>Coverages</b>	<b>Ultimate Travel &amp; Medical<sup>1</sup></b>	<b>Essential Travel &amp; Medical<sup>1</sup></b>	<b>Select Travel<sup>1</sup></b>	<b>Basic Travel &amp; Medical<sup>1</sup></b>
<b>Trip Cancellation and Trip Interruption Insurance</b>				
Prior to Departure Per Trip Plan	Up to the sum insured \$1,000 per person \$2,000 per <i>family</i> or \$2,000 per person \$4,000 per <i>family</i> or \$3,000 per person \$6,000 per <i>family</i> or \$5,000 per person \$10,000 per <i>family</i> or \$6,000 per person \$12,000 per <i>family</i> or \$7,000 per person \$14,000 per <i>family</i> or \$8,000 per person \$16,000 per <i>family</i> or \$9,000 per person \$18,000 per <i>family</i> or \$10,000 per person \$20,000 per <i>family</i> *	Not Applicable	Up to the sum insured \$1,000 per person \$2,000 per <i>family</i> or \$2,000 per person \$4,000 per <i>family</i> or \$3,000 per person \$6,000 per <i>family</i> or \$5,000 per person \$10,000 per <i>family</i> or \$6,000 per person \$12,000 per <i>family</i> or \$7,000 per person \$14,000 per <i>family</i> or \$8,000 per person \$16,000 per <i>family</i> or \$9,000 per person \$18,000 per <i>family</i> or \$10,000 per person \$20,000 per <i>family</i> *	Not Applicable
Prior to Departure Multi-Trip Annual Plan	Up to the sum Insured \$1,000 per person \$10,000 maximum per year (\$20,000 maximum per year per <i>family</i> )  \$2,000 per person \$10,000 maximum per year (\$20,000 maximum per year per <i>family</i> )  \$3,000 per person \$10,000 maximum per year (\$20,000 maximum per year per <i>family</i> )  \$5,000 per person \$10,000 maximum per year (\$20,000 maximum per year per <i>family</i> )	Not Applicable	Up to the sum insured \$1,000 per person \$10,000 maximum per year (\$20,000 maximum per year per <i>family</i> )  \$2,000 per person \$10,000 maximum per year (\$20,000 maximum per year per <i>family</i> )  \$3,000 per person \$10,000 maximum per year (\$20,000 maximum per year per <i>family</i> )  \$5,000 per person \$10,000 maximum per year (\$20,000 maximum per year per <i>family</i> )	Not Applicable

After Departure	\$1,500 per person <sup>2</sup> \$3,000 per <i>family</i> <sup>2</sup>	\$1,500 per person <sup>2</sup> \$3,000 per <i>family</i> <sup>2</sup>	\$1,500 per person <sup>2</sup> \$3,000 per <i>family</i> <sup>2</sup>	Not Applicable
Additional Hotel & Meal Expenses	\$1,000 per person \$3,000 per <i>family</i>	\$1,000 per person \$3,000 per <i>family</i>	\$1,000 per person \$3,000 per <i>family</i>	Not Applicable
<b>Emergency Medical Insurance</b>				
Medical & Other Benefits	Unlimited <sup>3</sup>	Unlimited <sup>3</sup>	Not Applicable	Unlimited <sup>3</sup>
Subsistence Allowance	\$1,500	\$1,500	Not Applicable	\$1,500
<b>Baggage &amp; Personal Effects Insurance</b>				
Loss of, or Damage to, Baggage & Personal Effects	\$1,000 per <i>trip</i> <sup>4</sup> \$3,000 per <i>family</i> <sup>4</sup>	\$1,000 per <i>trip</i> <sup>4</sup> \$3,000 per <i>family</i> <sup>4</sup>	\$1,000 per <i>trip</i> <sup>4</sup> \$3,000 per <i>family</i> <sup>4</sup>	Not Applicable
Delay of Baggage & Personal Effects	\$400	\$400	\$400	Not Applicable
<b>Flight &amp; Travel Accident Insurance</b>			<b>PRINCIPAL SUM</b>	
Death, Double <i>Dismemberment</i> , <i>Loss of Sight</i> of both eyes, or complete and irrecoverable loss of speech or hearing <sup>5</sup>	\$50,000	\$50,000	\$50,000	Not Applicable
Single <i>Dismemberment</i> , <i>Loss of Sight</i> in one eye <sup>5</sup>	\$25,000	\$25,000	\$25,000	Not Applicable

\*Sum insured may be increased, subject to additional premium, by calling the Enrollment Centre at 1-866-896-5706

- 1 Under the Multi-Trip Annual Plans, all MAXIMUM SUMS PAYABLE and PRINCIPAL SUMS are per *trip*.
- 2 Under the Multi-Trip Annual Plans, the After Departure sum insured is \$1,500 per person to a maximum of \$10,000 per year or \$3,000 per *family* to a maximum of \$20,000 per year.
- 3 This Insurance is subject to a maximum of \$25,000 if *you* do not have valid *government health insurance plan* coverage.
- 4 The maximum for any one item or set of items is \$300.
- 5 *You* are entitled to a maximum of the largest amount specified for one of these benefits.

**CAUTION- EXCLUSIONS, RESTRICTIONS OR REDUCTION IN COVERAGE**

***Our total liability for all accident insurance policies under which we cover you will be limited to \$200,000. Any insurance coverage in excess of \$200,000 will be void and the premiums paid will be refunded.***

## ■ Assistance Services

The following assistance services may vary according to the type of coverages *you* have selected:

The packages include the coverages identified by ✓					
	Medical Assistance & Consultation	Payment Assistance	Delayed/Lost Baggage Assistance	Emergency Message Centre	Replacement Co-ordination
Basic Travel & Medical	✓	✓		✓	✓
Essential Travel & Medical	✓	✓	✓	✓	✓
Select Travel			✓	✓	✓
Ultimate Travel & Medical	✓	✓	✓	✓	✓

### 1. Medical Assistance & Consultation

When *you* have a medical *emergency* and *you* call Assured Assistance, whenever possible *you* will be directed to one or more recommended medical service providers near *you*. In addition, whenever possible, Assured Assistance 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 co-ordinated through Assured Assistance, 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 the Claims Centre on *your* return home.

### 3. Delayed/Lost Baggage Assistance

In case *your* baggage is delayed or lost, Assured Assistance will co-ordinate the claim process with the common carrier.

### 4. Emergency Message Centre

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

### 5. Replacement Co-ordination

Whenever possible, Assured Assistance 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.

## ■ Automatic Coverage Extension

In some cases, *your* Insurance can automatically be extended.

### Hospitalization

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.**

### Medical condition

Coverage is automatically extended for **up to 5 days** when *you* must delay *your* scheduled *return date* **due to *you* or *your travelling companion's* medical emergency.**

### Delay of a Common Carrier

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*.

#### **CAUTION - EXCLUSIONS, RESTRICTIONS OR REDUCTION IN COVERAGE**

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

## ■ If you decide to extend your trip

If *you* decide to extend *your trip*, any extension of *your* coverage is subject to the following conditions:

- a) no event has occurred that would give rise to a claim under the insurance **and**
- b) *you* request an extension before coverage for *your trip* terminates **and**
- c) *your* total *trip* length, including *your* initial *trip* plus any extensions, is limited to an overall total of 183 days (212 days for residents of Ontario).

In the three cases above, *you* must pay the required additional premium **before *your* original return date.**

If an event has occurred that would give rise to a claim, the extension of *your* insurance is subject to the approval of the Enrollment Centre.

Coverage can be extended under the Multi-Trip Annual Plan or Per Trip Plan by calling the Enrollment Centre at 1-866-896-5706.

*Your* request for extension received after *your effective date* is subject to a \$15 administrative charge.

Premium payment will be charged to *your* credit card account.

**The terms, conditions and exclusions of the extension policy apply to *you* during the extension period.**



## ■ **Top-up Coverage**

*Top-up* coverage is the coverage *you* purchase to extend travel insurance coverage that is in effect for a portion of *your trip* duration under another Certificate of Insurance.

*You* may contact the AMEX Travel Insurance Enrollment Centre to purchase *top-up* coverage.

Enrollment Centre - 1-866-896-5706

The terms, conditions and exclusions of the AMEX Travel Insurance coverage issued as *top-up* apply to *you* during the *top-up* period.

### ***Effective Date:***

When the Per Trip Plan is issued as *top-up* coverage, the effective date is 12:01 a.m. on the day following the date of expiry of *your* prior coverage.

### ***Return Date:***

For the Per Trip Plan, if *you* purchase *top-up* coverage for the beginning portion of *your* intended travel period, *your return date* is 11:59 p.m. on the day before the *effective date* of *your* subsequent coverage.

For the Multi-Trip Annual Plan, if *you* purchase *top-up* coverage *your return date* is 11:59 p.m. on the last day of *your* extended coverage.

## **Cancellation**

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*You* can cancel *your* insurance coverage by contacting the AMEX Travel Insurance Enrollment Centre at 1-866-896-5706 or in writing, including *your* certificate number, to AMEX Travel Insurance, P.O. Box 97, Station A, Mississauga ON L5A 2Y9.

## ■ **Premium Refunds**

### **Multi-Trip Annual Plan**

*You* can cancel *your* coverage within 10 days of *your enrollment date*, provided *you* have not left on a *trip*. If *your* cancellation request is postmarked within 10 days of *your enrollment date* and *you* have not left on a *trip*, *you* will receive a full refund.

### **Per Trip Plan**

The coverage premium *you* paid can be refunded only if *your trip* is cancelled before *you* depart on *your trip* and:

- the supplier (tour operator, airline, etc.) cancels *your trip* and all penalties are waived; **or**
- the supplier (tour operator, airline, etc.) changes the travel dates and *you* are unable to travel on these dates and all penalties are waived; **or**
- *you* cancel *your trip* before any cancellation penalties are in effect.

To put an end to *your* insurance contract, please complete the Notice of Rescission of an Insurance Contract on page 43 of this guide.

■ **End of the Insurance Coverage**

Your Insurance Coverage for all types of coverage ends at the **earliest of the following dates:**

**Multi-Trip Annual Plan**

Your Multi-Trip Annual Plan coverage terminates at 12:00 midnight on the day before the one-year anniversary of *your enrollment date*.

**Per Trip Plan**

Your coverage ends on the earlier of:

- a) the *return date* shown on *your* Application for Insurance (*your* new Application for Insurance in the event *your* coverage has been extended through the Enrollment Centre),
- b) the date *you* actually return to *your* Canadian province or territory of residence, **or**
- c) 183 days after *you* depart on *your* trip.

■ **Automatic renewal of the Multi-Trip Annual Plan**

Once *you* have paid the premium for the Multi-Trip Annual Plan using *your* credit card account, to ensure continuous coverage at the end of each 365-day period, *your* Multi-Trip Annual Plan will be renewed automatically unless:

- *you* call the Enrollment Centre at 1-866-896-5706 or provide *your* written cancellation request at least 15 days before the *enrollment date* for *your* renewal coverage
- *you* are age 75 or older and are no longer eligible to apply for the Multi-Trip Annual Plan
- the Multi-Trip Annual Plan is no longer available
- *you* are given 15 days notice by registered mail that the Insurer will not renew *your* Multi-Trip Annual Plan, **or**
- the premium charged to *your* credit card account is not accepted.

**II. PROOF OF LOSS OR CLAIM**

**Submission of a Claim**

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■ **Emergency Medical Insurance Coverage**

If *you* require medical treatment during *your* trip, *you* or another person must contact Assured Assistance Inc. immediately at one of these numbers:

Toll-free from the USA or Canada: ..... 1 866 896-5703  
Collect call from anywhere: ..... (905) 816-1758

When *you* call Assured Assistance at the time of an *emergency*, *you* will be given all the information required to file a claim.

**CAUTION - EXCLUSIONS, RESTRICTIONS OR REDUCTION IN COVERAGE**

**This insurance does not cover fees charged for completing a medical certificate.**

## ■ **Other Insurance Coverages**

To submit a claim for eligible expenses incurred during *your trip* and not related to medical services, *you* must:

- submit a fully completed Claim & Authorization form; **and**
- submit applicable documents related to the claim as described in “Claim and Authorization Forms”

## ■ **Time Periods to Submit a Claim**

For **all Insurance Coverages**, *you* must submit *your* claim within **90 days** following the date of *your* return to *your departure point*.

If *you* are unable to submit *your* claim within these time periods, *you* must submit *your* claim within **one year**; otherwise *you* lose all *your* rights to the benefits.

If *you* are insured under *our* Multi-Trip Annual Coverage, in the event of claim, *you* must provide documentary evidence of *your effective date*.

If *you* need a Claim & Authorization form, please contact *our* Claims Department at:

P.O. Box 97, Station A, Mississauga, Ontario, L5A 2Y9  
905-816-1953 or 1-866-896-5707

## ■ **Claim and Authorization Forms**

Some documents must be provided when submitting a claim. These include the Claim & Authorization form, fully completed and, where applicable:

### **Emergency Medical Insurance Coverage**

- original of all bills, 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.
- In addition, for accidental dental expenses, *we* require proof of the accident.

*We* may require *you* to undergo a medical examination by one or more *physicians* selected by *us* and at *our* expense.

### **Baggage & Personal Effects Insurance**

- **in the event of loss or damage:**
  - proofs of loss/damage (copy of reports made to the authorities); **and**
  - proof of ownership and receipts for the items claimed;
- **in the event of a delay**
  - proof of delay; **and**
  - receipts for purchases of necessary toiletries and clothing.

## **Trip Cancellation and Trip Interruption Insurance coverages**

- a medical document, fully completed by the legally qualified *physician* in active personal attendance and in the locality where the *medical condition* occurred stating the reason why travel was impossible, the diagnosis and all dates of treatment;
- written evidence of the risk insured which was the cause of cancellation, interruption or delay;
- tour operator terms and conditions;
- complete original unused transportation tickets and vouchers;
- all receipts for the prepaid land arrangements and/or subsistence allowance expenses;
- original passenger receipts for new tickets;
- reports from the police or local authorities documenting the cause of the missed connection;
- detailed invoices and/or receipts from the service provider(s).

## **Flight and Travel Accident Insurance**

- police reports, medical records, death certificate, autopsy or coroner's report.

### **CAUTION - EXCLUSIONS, RESTRICTIONS OR REDUCTION IN COVERAGE**

**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**

**Failure to complete the required Claim & Authorization form in full will delay the assessment of *your* claim.**

## **Insurer's Reply**

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*Our* objective is to process *your* claim or to inform *you* of *our* decision within **7 days** following the reception of all information required to process *your* claim.

For the *Emergency* Medical Insurance Coverage, *we* reimburse the covered expenses directly to the medical providers when possible.

For death claims under the Flight and Travel Accident Insurance Coverage, *we* will pay the principal sum to the beneficiary indicated in the Application for Insurance or to *your* estate, if no beneficiary is indicated.

*We* will pay the expenses, other than for loss of life, covered under this Insurance to *you* or to the provider of the service(s). Any sum payable for loss of life will be payable to *your* estate unless otherwise specified in *your* Application for Insurance.

*You* must repay to *us* any amount paid or authorized by *us* on *your* behalf if and when *we* determine that the amount is not payable under the terms of *your* policy.

## **Appeal of an Insurer's Decision and Recourses**

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*You* may contact the Bureau des services financiers or consult *your* own lawyer if the insurer does not respect its commitments.

Any action shall be decided by arbitration before a single arbitrator in the Canadian province or territory in which this policy was issued if *you* do not agree with a decision taken regarding *your* claim or for a dispute related to determinations made under the policy.

In any event, any action or arbitration proceeding against *us* for the recovery of a claim under this policy shall not be commenced more than 3 years after the occurrence which gives rise to the claim.

However, if this limitation is invalid according to the laws of the province or territory where this policy was issued, *you* must commence *your* action or arbitration proceeding within the shortest time limit permitted by the laws of that province or territory. In fact, if this law is modified in order to extend or reduce the maximum delay to commence *your* action or arbitration proceeding against *us*, *you* must do it within the new delays prescribed by the law.

## **Third Party Liability**

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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.

## **III. SIMILAR PRODUCTS**

Other insurers may provide products similar to this one. Before buying an insurance product, ensure that *you* do not already have such coverage.

## IV. REFERRAL TO L'AUTORITÉ DES MARCHÉS FINANCIERS

If *you* have any questions about this insurance, please contact the insurer first, by referring to the contact information indicated on the cover page of this Distribution Guide.

For details about the commitments of insurers and distributors of insurance products to *you*, *you* may contact l'Autorité des marchés financiers :

### **Autorité des marchés financiers**

Place de la Cité, Tour Cominar  
2640, boulevard Laurier, 4<sup>e</sup> étage  
Québec (Québec) G1V 5C1

#### Telephone

Québec City: (418) 525-0337  
Montréal: (514) 395-0337  
Toll-Free: 1 877 525-0337

#### Fax

(418) 525-9512

#### Website

[www.lautorite.qc.ca](http://www.lautorite.qc.ca)

#### Email

[renseignements-consommateur@lautorite.qc.ca](mailto:renseignements-consommateur@lautorite.qc.ca)

## V. NOTICE OF RESCISSION OF AN INSURANCE CONTRACT

### NOTICE GIVEN BY A DISRIBUTOR

Section 440 of the Act respecting the distribution of financial products and services (R.S.Q., c. D-9.2)

### THE ACT RESPECTING THE DISTRIBUTION OF FINANCIAL PRODUCTS AND SERVICES GIVES YOU IMPORTANT RIGHTS.

- The Act allows *you* to rescind an insurance contract *you* have just signed when signing another contract, **without penalty, within 10 days of its signature**. To do so, *you* must give the insurer notice by registered mail within that delay. *You* must use the attached model for this purpose.
- Despite the rescission of the insurance contract, the first contract entered into will remain in force. Caution, it is possible that *you* may lose advantageous conditions as a result of this insurance contract; contact *your* distributor or consult *your* contract.
- After the expiry of the 10-day delay, *you* may rescind the insurance at any time; however, penalties may apply.
- Article 441 does not apply when the insurance contract is for a period of 10 days or less, and if it became effective at the time of the request for rescission of the trip cancellation insurance.
- Article 441 does not apply when the trip cancellation insurance contract is purchased within 11 days prior to the trip.

For further information, contact the Autorité des marchés financiers at (418) 525-0337 or 1-877-525-0337.

### NOTICE OF RESCISSION OF AN INSURANCE CONTRACT

To: \_\_\_\_\_  
(Name of insurer)

\_\_\_\_\_  
(Address of insurer)

Date: \_\_\_\_\_  
(Date of sending of notice)

Pursuant to section 441 of the Act respecting the distribution of financial products and services, I hereby rescind insurance contract no.:

\_\_\_\_\_  
(Number of contract, if indicated)

Entered into on: \_\_\_\_\_  
(Date of signature of contract)

In: \_\_\_\_\_  
(Place of signature of contract)

\_\_\_\_\_  
(Name of client)

\_\_\_\_\_  
(Signature of client)

The distributor must first complete this section.

This document must be sent by registered mail.

Sections 439, 440, 441,442 and 443 of the Act must be reproduced on the back of this notice.

**Art.439.** A distributor may not subordinate the making of a contract to the making of an insurance contract with the insurer specified by the distributor.

The distributor may not exercise undue pressure on the client or use fraudulent tactics to induce the client to purchase a financial product or service.

**Art.440.** A distributor that, at the time a contract is made, causes the client to make an insurance contract must give the client a notice, drafted in the manner prescribed by regulation of the Bureau, stating that the client may cancel the insurance contract within 10 days of signing it.

**Art.441.** A client may rescind an insurance contract made at the same time as another contract, within 10 days of signing it, by sending notice by registered or certified mail.

Where such an insurance contract is rescinded, the first contract retains all its effects.

**Art.442.** No contract may contain provisions allowing its amendment in the event of rescission or termination by the client of an insurance contract made at the same time.

However, a contract may provide that the rescission or termination of the insurance contract will entail, for the remainder of the term, the loss of the favourable conditions extended because more than one contract was made at the same time.

**Art.443.** A distributor that offers financing for the purchase of goods or services and that requires the debtor to subscribe for insurance to guarantee the reimbursement of the loan must give the debtor a notice, drawn up in the manner prescribed by regulation of the Bureau, stating that the debtor may subscribe for the insurance with the insurer and representative of the debtor's choice provided that the insurance is considered satisfactory by the creditor, who may not refuse it without reasonable grounds. The distributor may not subordinate the making of the contract of credit to the making of an insurance contract with the insurer specified by the distributor.

No contract of credit may stipulate that it is made subject to the condition that the insurance contract subscribed with such an insurer remain in force until the expiry of the term, or subject to the condition that the expiry of such an insurance contract will entail forfeiture of term or reduction of the debtor's rights.

The rights of the debtor under the contract of credit shall not be forfeited when the debtor cancels, terminates or withdraws from the insurance contract, provided that the debtor has subscribed for insurance with another insurer that is considered satisfactory by the creditor, who may not refuse it without reasonable grounds.



## VI. NOTICE OF SPECIFIC CONSENT

### **You are free to grant or refuse this consent**

Sections 92 and 437 of the Act respecting the distribution of financial products and services

#### **WHAT YOU MUST KNOW:**

- At this date, *we* hold certain information relating to *you*.
- *We* require *your* consent to allow some of *our* clerks to have access to this information.
- These clerks will also have access to any update of the information done during the period of validity of the consent.
- These clerks will use the information available **in order to solicit you for the purchase of new financial products and services.**

#### **YOU ARE FREE TO SET THE PERIOD OF VALIDITY OF YOUR CONSENT**

- If *you* grant consent for an undetermined period of time, *you* may at any time terminate it by revoking it. At the end of this form, *you* will find a revocation notice model that *you* may use for this purpose or as a basis for preparing *your* own notice.
- If *you* wish to grant consent for a limited period of time, *you* may do so by determining this period *yourself*. This form provides, in the “specific consent” section, a place where *you* may write down the period of validity desired.

#### **THE ACT RESPECTING THE DISTRIBUTION OF FINANCIAL PRODUCTS AND SERVICES GIVES YOU IMPORTANT RIGHTS**

Without this specific consent, the distributor may not use this information for a purpose other than the purpose for which it was collected. **The distributor cannot compel you to give your consent or refuse to do business with you if you refuse to give it. Section 94 of the Act protects you.** For further information, *you* may contact the Autorité des marchés financiers at: (418) 525-0337 or 1-877-525-0337.

The information *we* hold pertaining to *you*, at this date, was collected as part of:

-----  
-----  
-----

(purpose(s) of the file)

Here are the required categories of information that *we* would like one of *our* clerks to use and the products and services he may offer *you*. For a fuller description of each category, *you* may refer to the back of this sheet.

Please authorize each category of information requested.

<b>Required information category to be accessed</b> <sup>(1)</sup>	<b>For which products and services?</b> <sup>(2)</sup>	<b>Client's Authorization</b> <sup>(3)</sup>	<b>Initials</b> <sup>(4)</sup>
<i>To be filled by the distributor</i>	<i>To be filled by the distributor</i>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	
		<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	
		<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	
		<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	
		<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	
		<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	

Instructions for the distributor (duplication not required):

1. The distributor must describe each category on the reverse side of this sheet.
2. The distributor must specify the nature of the products and services it wishes to offer the client. Each information category must be associated with a specific purpose. Where a category serves several purposes, the distributor must repeat it for each purpose.
3. The client may give his or her authorization by telephone, provided both parties can identify each other. In such case, this form shall serve as a script for the officer, who will also read the detailed description of each category to the client. The distributor must fill out this form and send it to the client within ten (10) days of obtaining the verbal consent.
4. If in electronic form, the initials may be replaced by a confirmation window. However, the notice of consent must be made available to the client by any means allowing the reading or printing thereof.

In accordance with the Act respecting the protection of personal information in the private sector, ***you may request access to the information that we hold pertaining to you.***

**SPECIFIC CONSENT**

Having read the above, I, the undersigned, \_\_\_\_\_  
(name of client)

consent to the use of the information held by the distributor for the purposes indicated above.

This authorization will be valid until revoked or for the following period:

\_\_\_\_\_  
DD/MM/YY (to be filled out by the client)

**I may revoke this consent at any time by sending a notice.** I may use the attached model notice for this purpose or as a basis for preparing my own notice.

\_\_\_\_\_  
(signature of client)

\_\_\_\_\_  
(date of signature of the consent)

\_\_\_\_\_  
(client identification, address, folio or contract no., etc.)

**I HEREBY REVOKE THE SPECIFIC CONSENT GIVEN TO THE DISTRIBUTOR BY THE FOLLOWING NOTICE**

To: \_\_\_\_\_  
(name of distributor)

\_\_\_\_\_  
(address of distributor)

On: \_\_\_\_\_

I, the undersigned, \_\_\_\_\_ hereby notify *you* that  
(name of client)

I am canceling the specific consent authorizing the communication of my personal information for new purposes.

Consent given to *you* on \_\_\_\_\_  
(date of consent)

\_\_\_\_\_  
(name of client)

\_\_\_\_\_  
(signature of client)

\_\_\_\_\_  
(client identification, address, folio or contract no., etc.)

## VII. DIRECTIVES FOR THE CLIENT

Please check the box(es) corresponding to the insurance coverage selected by *yourself* and write *your* initials on the line besides the box(es).

---

NAME OF THE CLIENT  
(in block letters)

**has purchased the following Amex Travel Insurance coverage:**

	<b>Check</b>	<b>Initials</b>
<b>Basic Travel &amp; Medical Insurance</b>		
Per Trip Plan	<input type="checkbox"/>	_____
Multi-Trip Annual Plan	<input type="checkbox"/>	_____
<b>Essential Travel &amp; Medical Insurance</b>		
Per Trip Plan	<input type="checkbox"/>	_____
Multi-Trip Annual Plan	<input type="checkbox"/>	_____
<b>Select Travel Insurance</b>		
Per Trip Plan	<input type="checkbox"/>	_____
Multi-Trip Annual Plan	<input type="checkbox"/>	_____
<b>Ultimate Travel &amp; Medical Insurance</b>		
Per Trip Plan	<input type="checkbox"/>	_____
Multi-Trip Annual Plan	<input type="checkbox"/>	_____

