



INTRODUCTION

Coverage for clients of Amex Bank of Canada or Amex Canada Inc including:

- **Emergency Medical Insurance,**
- **Flight & Travel Accident Insurance,**
- **Baggage & Personal Effects Insurance, and**
- **Trip Cancellation/Trip Interruption Insurance.**

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

Amex Bank of Canada has been issued group insurance policy U-1014458-A by RBC Insurance Company of Canada (the “Insurer”) to cover *emergency* medical and other expenses incurred by you while outside your Canadian province or territory of residence. This Certificate of Insurance summarizes the provisions of the group insurance policy applicable to your AMEX Travel Insurance Essential Travel & Medical Plan coverage.

Please note: Baggage & Personal Effects Insurance is underwritten by RBC General Insurance Company in Quebec.

All *italicized* terms have the specific meaning explained in the “Definitions” section of this Certificate of Insurance.

IMPORTANT NOTICE – PLEASE READ CAREFULLY

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

PLEASE READ YOUR CERTIFICATE CAREFULLY BEFORE YOU TRAVEL.

What to do in a medical emergency?

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

Assured Assistance can be contacted 24 hours a day, 7 days a week by calling:
1-866-896-5703 toll-free from the US & Canada, or
(905) 816-1758 collect from anywhere in the world

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

DEFINITIONS

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

Accidental bodily injury – 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 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*. 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/or 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 –

- when the Per Trip Plan is issued as:
 - top-up* coverage, 12:01 a.m. on the day following the date of expiry of your prior coverage.
- for *Emergency Medical Insurance*, Trip Interruption, 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.
- 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 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, chiropractor, 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), including 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.

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

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

Return date –

- 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.
- 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 and/or the threat thereof, including 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, and 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 and **our** refer to RBC Insurance Company of Canada (the Insurer).

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*.

WHO IS ELIGIBLE FOR THIS INSURANCE?

To be eligible for this insurance, a person must be a client of Amex Bank of Canada or Amex Canada Inc., or a *family* member of a client, and covered under a *government health insurance plan*. More than one person may be covered under one Certificate of Insurance.

Multi-Trip Annual Plan

This Plan is limited to an eligible person who is under 75 years of age on the *enrollment date*.

Per Trip Plan

This Plan is available to an eligible person, regardless of age on the *effective date*. If, on the *effective date* of *your trip*, *you* are:

- age 60 to 74 and travelling on a *trip* for 15 days or more, or
- age 75 or older, *you* must complete a *medical questionnaire* to determine the category of coverage for which *you* are eligible:

Category A

Unlimited *emergency* medical benefits

Category B

Unlimited *emergency* medical benefits provided any *medical condition*/related condition has been *stable* for 90 days prior to *your* departure date.

Categories C and D

Unlimited *emergency* medical benefits provided any *medical condition*/related condition has been *stable* for 180 days prior to *your* departure date.

Category E

Excludes coverage for *medical conditions* existing in the 180 days prior to *your* departure date.

HOW DO YOU ENROLL AND BECOME INSURED?

You become insured by:

- applying through the Enrollment Centre or online and charging the required premium to *your* credit card account.

If *you* have paid insufficient premium for *your*:

- Multi-Trip Annual Plan, the coverage will not take effect until the full premium is paid.
- Per Trip Plan, the duration of coverage will be decreased to the period that would have been provided for the premium paid, starting on *your effective date*.

WHAT PLANS ARE AVAILABLE?

Multi-Trip Annual Plan

The Multi-Trip Annual Plan provides coverage for an unlimited number of *trips* that do not exceed:

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

Per Trip Plan

Coverage 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 days¹ (see “Can coverage be extended?” for details).

The number of consecutive days for each *trip* under either option includes *your* date of departure and *your return date*. The date *you* leave on *your trip* and the date *you* return from *your trip* must be within a 365-day period starting from *your enrollment date*. The total number of days outside *your* province or territory of residence in this 365-day period cannot exceed 183 days¹.

WHEN DOES COVERAGE BEGIN AND END?

Multi-Trip Annual Plan

Your Multi-Trip Annual Plan coverage begins on *your enrollment date* and terminates at 12:00 midnight on the day before the one-year anniversary of *your enrollment date*. *You* are eligible for benefits the date *you* leave *your* Canadian province or territory of residence for any *trip* that does not exceed the number of days for the option *you* have purchased. To extend coverage for a *trip* longer than the maximum number of days under the option *you* have purchased, *you* must purchase additional coverage through the Enrollment Centre (see “Can coverage be extended?” for details). **If *you* do not *top-up* this coverage for a *trip* that is longer than *your* 10-Day, or 31-Day option, *you* will not have coverage for any claim incurred outside of *your* period of insurance, during that *trip*.** *You* are not required to provide advance notice of *your* dates of departure and return for each *trip*; however, *you* will be required to provide evidence of the date of departure and *return date* from *your* Canadian province or territory of residence when making a claim under this Certificate of Insurance.

Per Trip Plan

Coverage begins on the *effective date* shown in the Application for Insurance and 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 183 days¹ after *you* depart on *your trip*.

¹212 days for residents of Ontario.

CAN THE MULTI-TRIP ANNUAL PLAN BE AUTOMATICALLY RENEWED?

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
- the premium charged to *your* credit card account is not accepted.

CAN COVERAGE BE EXTENDED?

Optional Extension

Coverage can be extended under the Multi-Trip Annual Plan or Per Trip Plan by calling the Enrollment Centre at 1-866-896-5706. *Your* request will be approved, provided no event has occurred that would give rise to a claim under the insurance and *you* request an extension before coverage for *your trip* terminates. If an event has occurred that would give rise to a claim, the extension of *your* insurance is subject to the approval of the Enrollment Centre. *Your* total *trip* length, including *your* initial *trip* plus any extensions, is limited to an overall total of 183 days². *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.

Automatic Extension

1. When *you* or *your travelling companion* are hospitalized due to a medical *emergency* on *your* scheduled *return date*, *your* coverage will remain in force during the period of hospitalization and up to 5 days following discharge from *hospital*.
2. Coverage is automatically extended for up to 5 days when *you* must delay *your* scheduled *return date* due to *your* or *your travelling companion's* medical *emergency*.
3. Coverage is automatically extended for up to 72 hours when the delay of a common carrier in which *you* are a passenger causes *your trip* to extend beyond *your* scheduled *return date*.
4. Regardless of the automatic extensions above, coverage will not continue beyond 365 days from *your* latest date of departure from *your departure point*.

CAN COVERAGE BE CANCELLED?

Cancellation requests must be made in writing, including *your* certificate number, to AMEX Travel Insurance Essential Travel & Medical Plan, P.O. Box 97, Station A, Mississauga ON L5A 2Y9.

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

You can cancel *your* coverage before the *effective date* shown on *your* application for insurance. If *your* cancellation request is postmarked on or before *your effective date*, *you* will receive a full refund.

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

Terrorism Coverage

Where an *act of terrorism* directly or indirectly causes a loss that would otherwise be payable under one of the covered risks in accordance with the terms and conditions of the insurance, this Certificate of Insurance, will provide coverage as follows:

- a) *Terrorism* Coverage is not available under Flight & Travel Accident Insurance.
- b) *We* will, for Interruption claims, except in the case of *catastrophic event*, reimburse *you* up to a maximum of 100% of *your* eligible loss.
- c) *We* will, for Interruption claims resulting in a *catastrophic event*, and subject to the limits described in paragraph f), reimburse *you* up to a maximum of 50% of *your* eligible loss.
- d) For all other classes of insurance, *we* will reimburse *you* up to a maximum of 100% of *your* eligible loss.
- e) The benefits payable in accordance with paragraphs b), c) and d) are in excess to all other potential sources of recovery, including but not limited to, alternative or replacement travel options offered by airlines, tour operators, cruiselines and other travel suppliers and other insurance coverage (even where such other coverage is described as excess) and will only respond after *you* have exhausted all such other sources.
- f) The benefits payable in accordance with paragraph c) shall be paid out of a fund and, where total claims exceed fund limits, eligible claims shall be reduced on a pro rata basis so that the maximum payment out of the fund under all insurance plans underwritten by *us* shall be CDN\$5,000,000 per *act of terrorism* or series of *acts of terrorism* occurring within a 72-hour period. The total maximum payment out of the fund under all insurance plans underwritten by *us* shall be CDN\$10,000,000 per calendar year regardless of the number of *acts of terrorism*. If, in *our* judgment, the total of all payable claims under one or more *acts of terrorism* may exceed the applicable fund maximum limits, *your* prorated claim will be paid after the end of the calendar year.

EMERGENCY MEDICAL INSURANCE

WHAT RISKS ARE INSURED?

This insurance 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*.

WHAT ARE THE BENEFITS?

1. Hospital & Medical Expenses

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

- *hospital* room and board, up to semi-private or the equivalent,
- treatment by a *physician* or surgeon,
- out-patient *hospital* charges,
- x-rays and other diagnostic tests,
- use of an operating room, intensive care unit, anesthesia and surgical dressings,
- *prescription drugs* except when *you* need them to continue to stabilize a chronic *medical condition* or a condition which *you* had before *your trip*,

- local ground ambulance service (or local taxi fare in lieu) to a *hospital*, *physician* or medical service provider in a medical *emergency*,
- 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.

2. Hospital allowance

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

3. Emergency Dental Expenses

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

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

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

4. Physiotherapy and Other Professional Services

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

5. Return to your Departure Point

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

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

6. Return of Deceased

Covers:

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

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

7. Additional Hotel & Meal Expenses

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

8. Bringing Bedside Companion to Bedside

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

9. Return of Vehicle

- This benefit is subject to the pre-authorization of Assured Assistance.
- Covers the reasonable costs for a commercial agency, when arranged and approved through Assured Assistance, to return a *vehicle* to *your* residence or to a commercial rental agency, when *you* are unable to return the *vehicle* due to a medical *emergency*. The *vehicle* can be a private passenger automobile, self-propelled mobile home, camper truck or trailer home that *you* own or rent and which *you* use during *your trip*.

10. Return of Dependent Children or Grandchildren

- This benefit is subject to the pre-authorization of Assured Assistance.
- If *dependent children* or *grandchildren*, insured under AMEX Travel Insurance – Essential Travel & Medical Plan, travel with or join *you* during *your trip*, and *you* are hospitalized for more than 24 hours, or *you* must return to Canada because of *your* medical *emergency* covered under this insurance, this insurance covers, when arranged and approved through 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.

11. Return of Travelling Companion

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

12. Return to your Trip Destination

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

13. Return of your Dog or Cat

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

14. Return of your Excess Baggage

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

FLIGHT & TRAVEL ACCIDENT INSURANCE

What risks are insured?

Your accidental bodily injuries, resulting in *your dismemberment*, *loss of sight*, death or complete and irrecoverable loss of speech or hearing within 365 days from the date of the accident that occurs during *your trip*.

What are the benefits?

Sum insured per *trip* is:

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.

Limitations of coverage

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

BAGGAGE & PERSONAL EFFECTS INSURANCE

What risks are insured?

This insurance covers direct physical loss/theft of, or damage to, the baggage and personal effects *you* own and use during *your trip*.

What are the benefits?

1. 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. Reimbursement of up to \$250 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 is lost or stolen.
3. Reimbursement up to \$400 maximum 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*.

Limitations of coverage

1. In the event of theft, burglary, robbery, malicious mischief, disappearance, loss, or damage, of an item covered under this insurance, *you* must:
 - during *your trip*, immediately notify and obtain corroborating documentary evidence from the police or, if the police are not available, the hotel manager, tour guide or transportation authorities;
 - promptly take all reasonable precautions to protect, save and/or recover the property; and
 - notify the Insurer immediately upon *your* return to *your departure point*.
- Failure to comply with this condition will invalidate any claim under this insurance.
2. If the insured property is under check of a common carrier and delivery is delayed, this insurance will continue until such property is delivered by the common carrier.
 3. The Insurer is not liable beyond the actual cash value (original cost less deduction for depreciation) of the property at the time of loss.
 4. The Insurer has 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.
 5. 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.

TRIP INTERRUPTION/AFTER DEPARTURE INSURANCE

This coverage provides benefits for:

- transportation to *your next destination*,
- an early return to *your departure point*, or
- the delay of *your trip* beyond the scheduled *return date*.

When does the risk occur?

- Trip Interruption – the risk occurs during *your trip*.
- Trip Delay – the risk occurs during *your trip* and results in *your* being delayed, beyond *your* scheduled *return date*, from returning to *your departure point*.

Trip Interruption/After Departure Coverage		
Risk	Maximum Sums Available Per Trip Plan	Maximum Sums Available Multi-Trip Annual Plan
After Departure: Trip Interruption/Trip Delay	up to \$1,500 per person/\$3,000 maximum per <i>family</i>	up to \$1,500 per person/\$10,000 maximum per year (\$20,000 maximum per year per <i>family</i>)
Out-of-Pocket Expenses/ Trip Interruption/Trip Delay	up to \$100 per day to \$1,000 maximum per person or \$3,000 per <i>family</i>	up to \$100 per day to \$1,000 maximum per person or \$3,000 per <i>family</i>

WHAT ARE THE RISKS INSURED?

What are you covered for?
Medical Condition
1. <i>Your emergency medical condition</i> .
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</i> destination), <i>your</i> business partner, <i>key employee</i> or <i>caregiver</i> .
3. The <i>emergency medical condition</i> of a member of <i>your immediate family</i> (who is not at <i>your</i> destination), <i>your</i> business partner, <i>key employee</i> or <i>caregiver</i> .
4. The admission to a <i>hospital</i> following an <i>emergency medical condition</i> of <i>your</i> host at destination.

5. The <i>emergency medical condition</i> of your travelling companion.
6. The <i>emergency medical condition</i> of your travelling companion's immediate family member, business partner, <i>key employee</i> or <i>caregiver</i> .
7. The <i>emergency medical condition</i> of your immediate family member who is at your destination.
Pregnancy and adoption
8. <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.
9. <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.
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> .
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> .
Death
12. <i>Your</i> death.
13. The death of <i>your immediate family</i> member or friend (who is not at <i>your destination</i>), <i>your business partner</i> , <i>key employee</i> or <i>caregiver</i> .
14. The death of <i>your travelling companion</i> .
15. The death of <i>your travelling companion's immediate family</i> member, business partner, <i>key employee</i> or <i>caregiver</i> .
16. The death of <i>your host</i> at destination, following an <i>emergency medical condition</i> .
17. The death of your <i>immediate family</i> member or friend, who is at <i>your destination</i> .
Government advisories
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 insurance</i> , advising Canadians not to travel to a country, region or city originally ticketed for a period that includes <i>your trip</i> .
Employment and occupation
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 principal residence</i> .
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.
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.
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.
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.
24. <i>Your</i> being summoned to service in the case of reservists, active military, police, essential medical personnel and fire personnel.
25. <i>Your travelling companion</i> being summoned to service in the case of reservists, active military, police, essential medical personnel and fire personnel
Delays
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 travel</i> arrangements, provided the automobile was scheduled to arrive at the point of departure at least 2 hours before the scheduled time of departure.
27. Delay of <i>your connecting carrier</i> (<i>passenger plane</i> , ferry, cruise ship, bus, limousine, taxi or train), 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 travel</i> arrangements.
Other risks
28. An event completely independent of any intentional or negligent act that renders <i>your principal residence</i> uninhabitable or place of business inoperative.
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.
30. The quarantine or hijacking of <i>you</i> , <i>your spouse</i> or <i>your dependent child</i> .
31. The quarantine or hijacking of <i>your travelling companion</i> or <i>your travelling companion's spouse</i> or <i>dependent child</i> .
32. <i>Your</i> , <i>your spouse</i> or <i>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> .
33. <i>Your travelling companion</i> or <i>your travelling companion's spouse</i> or <i>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> .

WHAT ARE THE BENEFITS?

1. Transportation Costs:

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

- For Risk 1-33 (Excluding Risk # 26 & 27) – Reimbursement of up to the sum insured for the extra cost of a one-way economy airfare to *your departure point* as well as any unused, non-refundable land arrangements.
- For Risk # 26 & 27 only – *Your* economy class one-way air fare up to the sum insured via the most cost-effective route to *your next destination* (inbound and outbound) if *your trip* is interrupted as well as any unused, non-refundable land arrangements; or the extra cost of a one-way economy airfare to *your departure point* if *your return home* is delayed.

2. Out-of-Pocket Expenses:

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.

LIMITATIONS OF COVERAGE

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

- the date when *your* travel is medically possible; and
- within 10 days following *your* originally scheduled *return date* if *your* delay is not the result of hospitalization; or
- 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.

WHAT ASSISTANCE SERVICES ARE AVAILABLE?

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

1. Medical Assistance & Consultation

When *you* have a medical *emergency* and *you* call 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.

PRE-EXISTING CONDITION EXCLUSION (APPLIES TO EMERGENCY MEDICAL INSURANCE)

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

Exclusion 1 applies to *you* if *you*:

- have purchased a Multi-Trip Annual Plan,
- are under 60 years of age and have purchased a Per Trip Plan, or
- are 60 years of age or older, have completed the *medical questionnaire* and qualify for Category B, and have purchased a Per Trip Plan.

Exclusion 2 applies to *you* if *you*:

- are 60 to 74 years of age, have not completed the *medical questionnaire*, are travelling for less than 15 days, and have purchased a Per Trip Plan, or
- are 60 years of age or older, have completed the *medical questionnaire* and qualify for Category C or D, and have purchased a Per Trip Plan.

Exclusion 3 applies to *you* if *you*:

- are 60 years of age or older, have completed the *medical questionnaire* and qualify for Coverage E, and have purchased a Per Trip Plan.

IF YOU ARE COVERED UNDER:	THE FOLLOWING PRE-EXISTING MEDICAL CONDITION EXCLUSION APPLIES TO YOUR COVERAGE.
Category A*	NO PRE-EXISTING MEDICAL CONDITION EXCLUSION APPLIES
Category B*	EXCLUSION 1
Category C*	EXCLUSION 2
Category D*	EXCLUSION 2
Category E*	EXCLUSION 3

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

EXCLUSION 1

This insurance does not pay for any expenses incurred directly or indirectly as a result of:

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

EXCLUSION 2

This insurance does not pay for any expenses incurred directly or indirectly as a result of:

1. *Your medical condition* or related condition (whether or not the diagnosis has been determined), if at any time in the 180 days before *you* depart on *your trip*, *your medical condition* or related condition has not been *stable*.
2. *Your heart condition* (whether or not the diagnosis has been determined), if at any time in the 180 days before *you* depart on *your trip*:
 - a) any heart condition has not been *stable*; or
 - b) *you* have taken nitroglycerin more than once per week specifically for the relief of angina pain.
3. *Your lung condition* (whether or not the diagnosis has been determined), if at any time in the 180 days before *you* depart on *your trip*:
 - a) any lung condition has not been *stable*; or
 - b) *you* have been treated with home oxygen or taken oral steroids (prednisone or prednisolone) for any lung condition.

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:

1. *Your medical condition* or related condition (whether or not the diagnosis has been determined), if at any time in the 180 days before *you* depart on *your trip*:
 - a) *you* have taken medication, been prescribed medication, or received treatment for that *medical condition* or related condition; or
 - b) *you* have experienced a deterioration of, or sought treatment for, that *medical condition* or related condition.
2. *Your heart condition* (whether or not the diagnosis has been determined), if at any time in the 180 days before *you* depart on *your trip*:
 - a) *you* have taken medication, been prescribed medication, or received treatment for any heart condition; or
 - b) *you* have experienced a deterioration of, or sought treatment for, any heart condition.
3. *Your lung condition* (whether or not the diagnosis has been determined), if at any time in the 180 days before *you* depart on *your trip*:
 - a) *you* have taken medication, been prescribed medication, or received treatment for any lung condition; or
 - b) *you* have experienced a deterioration of, or sought treatment for, any lung condition.

Pre-Existing Condition Exclusion (applies to Trip Interruption/After Departure Insurance)

This insurance does not pay for any expenses incurred directly or indirectly as a result of:

1. 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* 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* have been treated with home oxygen or taken oral steroids (prednisone or prednisolone) for any lung condition.

General Exclusions

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

1. 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.
2. A *medical condition* for which future investigation or treatment (except routine monitoring) is planned before *your trip*.
3. The continued treatment, recurrence or complication of a *medical condition* or related condition, following *emergency* treatment of that condition during *your trip*, if the medical advisors of Assured Assistance or RBC Insurance Company of Canada determine that *you* were medically able to return to *your departure point* and *you* chose not to return.
4. The treatment of any heart or lung condition following *emergency services* for a related or unrelated heart or lung condition during *your trip* if the medical advisors of Assured Assistance determine that *you* were medically able to return to *your departure point* and *you* chose not to return.
5. Any services that are not *emergency services*.
6. Routine care of a chronic condition.
7. a) Routine pre-natal care,
b) a child born during *your trip*,
c) pregnancy, childbirth or complications of either, occurring in the 9 weeks before or after the expected date of delivery.
8. Invasive testing or surgery (including cardiac catheterization and MRI) unless approved by Assured Assistance prior to being performed.
9. *Your* participation as a *professional* in sports, participation as a *professional* in underwater activities, scuba diving as an amateur unless *you* hold a basic scuba designation from a certified school or other licensing body, participation in a motorized race or motorized speed contest, bungee jumping, parachuting, rock climbing, *mountain climbing*, hang-gliding or skydiving.
10. *Your* commission of a criminal act or *your* direct or indirect attempt to commit a criminal act.
11. *Your* intentional self-inflicted injury, suicide or attempt to commit suicide (whether sane or insane).
12. 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*.
13. *Your* abuse of medication, drug or alcohol or deliberate non-compliance with prescribed medical therapy or treatment whether prior to or during *your trip*.
14. *Your mental or emotional disorders*.
15. War (declared or not), act of foreign enemies or rebellion.
16. Any portion of the benefits that require prior authorization and arrangement by Assured Assistance if such benefits were not pre-authorized and arranged by Assured Assistance.
17. Any *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*.
18. A *medical condition* for which it was reasonable to expect treatment or hospitalization during *your trip*.
19. Symptoms which would have caused an ordinarily prudent person to seek treatment or medication in the 90 days before *your trip*.
20. Treatment or surgery for a specific condition, or a related condition, which:
 - a) had caused *your physician* to advise *you* not to travel; or
 - b) *you* contracted in a country during *your trip* when, before *your effective date*, a written formal travel warning was issued by the Department of Foreign Affairs and International Trade of the Canadian government, advising Canadians not to travel to that country, region or city.
21. Any *medical condition* if the medical advisors of Assured Assistance recommend that *you* return to *your departure point* following *emergency services* *you* have received, and *you* chose not to return.
22. 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.
23. Under Flight & Travel Accident Insurance:
 - participation in any military manoeuvre or training exercise;
 - disease, even if the cause of its activation or reactivation is an accident;
 - piloting, learning to pilot or acting as a member of a crew of an aircraft;
 - any *act of terrorism*.
24. Under Baggage & Personal Effects Insurance:
 - animals, perishables, bicycles except while checked as baggage with a common carrier, household effects and furnishings, artificial teeth and limbs, hearing aids, eyeglasses, sunglasses, contact lenses, money, tickets, securities and documents, *professional* or occupational items, antiques and collector items, breakage of or damage to brittle or fragile articles, property illegally acquired, kept, stored or transported.

- any claim arising from loss: caused by wear and tear, deterioration, defect or mechanical breakdown; caused by *your* imprudent act or omission; of articles specifically insured on a valued basis by another insurer while this insurance is in effect; 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.

25. Under Trip Cancellation/Trip Interruption Insurance:

- cancellation or interruption when *you* are aware, on the *effective date*, of any reason that might reasonably prevent *you* from travelling as booked;
- 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;
- pre-paid travel arrangements for which an insurance premium was not paid;
- the schedule change of a medical test or surgery that was originally scheduled before *your period of insurance*.

HOW DO YOU SUBMIT A CLAIM?

1. When *you* call Assured Assistance at the time of an *emergency*, *you* are given all the information required to file a claim. Otherwise, please refer to the instructions below.
2. This insurance does not cover fees charged for completing a medical certificate.
3. *You* must file *your* claim with *us* within 90 days of *your return to your departure point*.
4. If *you* need a Claim & Authorization form, please contact *our* Claims Department at:
P.O. Box 97, Station A, Mississauga, Ontario, L5A 2Y9
905-816-1953 or 1-866-896-5707

Emergency Medical Insurance

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

- 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.

Baggage & Personal Effects Insurance

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

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

Flight and Travel Accident Insurance

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

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

Trip Interruption/After Departure Insurance

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

- 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 the 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).

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

OTHER CLAIM INFORMATION

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

You agree that the Insurer and its agents have:

- a) *your* consent to verify *your* health card number and other information required to process *your* claim, with the relevant government and other authorities;
- b) *your* authorization to *physicians*, *hospitals* and other medical providers to provide to *us*, 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.

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

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

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

You and *we* agree that all disputes, controversies or claims arising under this insurance or otherwise in connection with this insurance, whether of law or fact and of any nature whatsoever including, but not limited to, all disputes or controversies related to determinations made under the insurance shall be decided by arbitration before a single arbitrator in the Canadian province or territory in which this insurance was issued under the rules embodied in the arbitration legislation of the Canadian province or territory in which this insurance was issued or, in the absence of such legislation, in the Commercial Arbitration Act, R.S.C. 1985, C.17 (second supp.), as amended. In any event, any action or arbitration proceeding against *us* for the recovery of a claim under this insurance shall not



be commenced more than 1 year after the occurrence which gives rise to the claim. If, however, this limitation is invalid according to the laws of the province or territory where this insurance 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 addition, the venue of any action or arbitration proceeding shall only be in the province or territory where the insurance was issued. *You, your* heirs and assigns consent to the transfer of any action or arbitration proceeding to the province or territory where the insurance was issued and at a venue chosen by *us* and/or Assured Assistance.

GENERAL CONDITIONS

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

health insurance plans) and governmental agencies.

Upon your request, we may give this information to other persons.

We may also use this information and share it with RBC companies^{®**} (i) to manage our risks and operations and those of RBC companies, (ii) to comply with valid requests for information about you from regulators, government agencies, public bodies or other entities who have a right to issue such requests, and (iii) to let RBC companies know your choices under "Other uses of your personal information" for the sole purpose of honouring your choices.

Other uses of your personal information

When you request our products and services from your travel supplier, there are other ways we may use your information. For example, we may use or share some of your information to help your travel supplier better manage their relationship with you and to help them offer you the best solutions for your travel needs. However, we will never use or share your health information for these purposes.

Your right to access your personal information

You may obtain access to the information we hold about you at any time and review its content and accuracy, and have it amended as appropriate; however, access may be restricted as permitted or required by law. To request access to such information, to ask questions about our privacy policies or to request that the information not be used for any or all of the purposes outlined in "Other uses of your personal information" you may do so now or at any time in the future by contacting us at:

AMEX Travel Insurance – Essential Travel & Medical Plan
 P.O. Box 97, Station A
 Mississauga, Ontario L5A 2Y9

Phone: 1-866-896-5707
 Fax: (905) 813-4701

Our privacy policies

You may obtain more information about our privacy policies by asking for a copy of our "Financial fraud prevention and privacy protection" brochure, by calling us at the toll free number shown above or by visiting our website at <http://www.rbc.com/privacysecurity>

COLLECTION AND USE OF PERSONAL INFORMATION

Collecting your personal information

We (RBC Insurance Company of Canada) may collect information about you such as:

- information establishing your identity (for example, name, address, phone number, date of birth, etc.) and your personal background;
- information you provide through the application and claims process for any of our insurance products and services; and
- information for the provision of insurance products and services.

We may collect information from you, either directly or through our representatives. We may collect and confirm this information during the course of our relationship. We may also obtain this information from a variety of sources including hospitals, doctors and other health care providers, the government (including government health insurance plans) and governmental agencies, other insurance companies, travel suppliers, law enforcement authorities, private investigators, your family and friends, and any references you provide.

Using your personal information

This information may be used for the following purposes:

- to verify your identity and investigate your personal background;
- to issue and maintain insurance products and services you may request;
- to evaluate insurance risk, manage and coordinate claims, re-price medical expenses and negotiate payment of claims expenses;
- to better understand your insurance situation;
- to determine your eligibility for insurance products and services we offer;
- to help us better understand the current and future needs of our clients;
- to communicate to you any benefit, feature and other information about products and services you have with us;
- to help us better manage our business and your relationship with us; and
- as required or permitted by law.

For these purposes, we may make this information available to our employees, our agents, service providers and other third parties, who are required to maintain the confidentiality of this information.

In the event our service provider is located outside of Canada, the service provider is bound by, and the information may be disclosed in accordance with, the laws of the jurisdiction in which the service provider is located. Third parties may include other insurance companies, other financial institutions, health organizations and the government (including government



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