

Policyholder Name

Policy Number

36 109 BOK ECA 1017 000

Schedule of Benefits

This Benefit Booklet contains clauses which may limit the amounts payable. It is important that *you* read and understand *your policy* before *you* travel, as *your* coverage may be subject to certain limitations and exclusions. All amounts are in Canadian currency, unless indicated otherwise.

Overall Maximum per Insured Person

Class A, B and C: \$5,000,000 per coverage period

Description of Classes

Class A: All eligible retired employees under age 70
Class B: All eligible retired employees age 70 to 74 inclusive
Class C: All eligible retired employees age 75 to 84 inclusive

Work Hours Required

Class A, B and C: Not Applicable

Eligibility Period

Class A, B and C: Not Applicable

Termination Age

Class A: 70
Class B: 75
Class C: 85

Common Law Spouse Cohabitation Period

Class A, B and C: 12 months

Age Limits for Dependent Children

Under age 21, or under age 26 if a full-time student at a recognized educational institution.

Pre-existing Condition Stability Period

Class A, B and C: 90 days

Coverage Period (maximum number of days allowed per trip)

Class A: As indicated on your Confirmation of Insurance
Class B: As indicated on your Confirmation of Insurance
Class C: As indicated on your Confirmation of Insurance

Benefits Summary

Note: Refer to Section 4 – Benefits for full benefit details.

Hospital accommodation	Reasonable & customary costs
Physician charges	Reasonable & customary costs
Diagnostic services	Reasonable & customary costs
Paramedical services	\$250 per profession
Prescription drugs	30-day supply per prescription
Ambulance services	Reasonable & customary costs
Medical appliances	Reasonable & customary costs
Private duty nurse	Up to \$5,000
Emergency air transportation	Reasonable & customary costs
Transportation to bedside	Economy round-trip airfare & up to \$150 per day to a maximum \$3,000
Return of travel companion	One-way airfare
Treatment of dental accidents	Up to \$2,000
Meals & accommodation	Up to \$150 per day, to a maximum \$3,000 per trip
Vehicle return	Up to \$5,000
Return of deceased	Up to \$5,000
Incidental expenses	Up to \$250

Note: Throughout this *policy*, words in italics have specific definitions and can be found in Section 9 – Definitions.

If you have an emergency you must call Global Excel immediately before seeking treatment. They are available 24 hours a day, 7 days a week.

From Canada and U.S., call TOLL FREE 1-866-870-1898
From anywhere, call COLLECT + 819-566-1898

Note: The *emergency* telephone numbers are also listed on the back of the *medical assistance card* provided to you.

If it is not reasonably possible for *you* to contact *Global Excel* before seeking treatment due to the nature of *your emergency*, *you* must have someone else call on *your* behalf or *you* must call as soon as medically possible. Failure to do so limits benefits payable to *you*.

In the event of hospitalization, 80% of eligible expenses, based on *reasonable and customary costs*, to a maximum of \$25,000; and

In the event of an outpatient medical consultation, a maximum of one visit per *sickness* or *injury*.

You will be responsible for payment of any remaining charges.

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 this benefit booklet before *you* travel, as *your* coverage may be subject to certain limitations and exclusions. In the event of any discrepancy between the provisions of the booklet or other document *you* hold and the provisions of the *policy*, the provisions of the *policy* shall govern.
- Pre-existing medical condition exclusions may apply to medical conditions and/or symptoms that existed before *your trip*. Refer to this benefit booklet to determine how these exclusions may affect *your* coverage and how they relate to *your* departure date, date of purchase or effective date.
- In the event of a *sickness* or *injury*, *your* medical history will be reviewed after a claim has been reported.
- You* are required to contact *Global Excel* as soon as reasonably possible for approval of treatment. Failure to do so limits benefits (see Section 6 - General Provisions and Limitations).
- All amounts are in Canadian currency, unless indicated otherwise.
- This *policy* contains clauses which may limit the amounts payable.**
- This benefit booklet 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.**

This travel insurance is underwritten by Royal & Sun Alliance Insurance Company of Canada, who has appointed *Global Excel* to provide medical assistance and claims services.

Section 1 – Eligibility for Coverage

A. PARTICIPANT COVERAGE

To be covered under the *policy* as a *participant*, *you* must meet the following eligibility requirements:

- Be covered under the *government health insurance plan* of *your* province or territory of residence; and
- Be covered under the basic group extended health care plan of the *policyholder*; and
- Be younger than the *termination age* specified in the Schedule of Benefits; and
- If *you* are covered as an employee of the *policyholder*, have *your* place of employment in Canada; and
- Have *your* permanent residence in Canada; and
- a) if *you* are covered as an employee of the *policyholder*, *you* must also:
 - work the minimum number of hours per week specified in the Schedule of Benefits; and
 - have satisfied the eligibility period specified in the Schedule of Benefits; or

- if *you* are covered as a member of the *policyholder* who is other than an employer, *you* must also:
 - be a member in good standing of the *policyholder*; and
 - be on the monthly list of members entitled to coverage provided to the Insurer by the *policyholder*.

B. DEPENDENT COVERAGE

To be covered under the *policy* as a *dependent*, *you* must meet the following eligibility requirements:

- be covered under the *government health insurance plan* of *your* province or territory of residence; and
- be covered as a *dependent* under the basic group extended health care plan of the *policyholder*; and
- meet the definition of *dependent* in the *policy*.

Section 2 – Effective Date of Coverage

A. PARTICIPANT'S EFFECTIVE DATE OF COVERAGE

Participant coverage will become effective on the later of:

1. the date the *policy* becomes effective; or
2. the date *your* coverage becomes effective under the basic group extended health care plan of the *policyholder*.
Coverage for disabled employees or employees who are not *actively at work* on the date their coverage would normally become effective will become effective on the date the employee resumes active work.

Section 3 – Termination Date of Coverage

A. PARTICIPANT'S TERMINATION DATE OF COVERAGE

Participant coverage will terminate immediately upon the first to occur of:

1. the date *you* cease to meet the eligibility requirements in Section 1 – Eligibility for Coverage, for *participant* coverage; or
2. the date the premium is due if the *policyholder* does not remit *your* premium to the Insurer, except where this is the result of clerical error; or
3. the date the *policy* is terminated.

B. DEPENDENT'S TERMINATION DATE OF COVERAGE

Dependent coverage will terminate immediately upon the first to occur of:

1. the date the *dependent* ceases to meet the eligibility requirements in Section 1 – Eligibility for Coverage, for *dependent* coverage; or

Section 4 – Benefits

This *policy* offers coverage to the Overall Maximum per *insured person*, per *trip*, specified in the Schedule of Benefits, for *reasonable and customary costs* incurred by the *insured person* in case of an *emergency* occurring while the *insured person* is travelling outside their home province or territory of residence for the benefits set out in this section. The Insurer will pay eligible expenses, subject to all terms and conditions indicated in this benefit booklet, only in excess of any amount covered by *your government health insurance plan* or any other benefit plan.

In the event of an *emergency*, the following benefits are payable under the *policy*. However, certain expenses, as specified below, are covered only if *you* obtain the prior approval of *Global Excel*.

1. **Hospital Accommodation:** Room and board costs up to the semi-private room rate charged by the *hospital*. If *medically necessary*, expenses for treatment in an intensive or coronary care unit are also covered. If coverage terminates for any reason during *your hospital* stay, benefits continue until discharge, to a maximum of one year. In no case will expenses for *in-patient* stays be covered for a period greater than 365 days per *insured person*.
2. **Physician Charges:** Charges for treatment by a *physician*.
3. **Diagnostic Services:** Laboratory tests and x-rays prescribed by the attending *physician* and that are part of the *emergency* treatment. The *policy* does not cover magnetic resonance imaging (MRI), cardiac catheterization, computerized axial tomography (CAT) scans, sonograms or ultrasounds and biopsies unless such services are authorized in advance by *Global Excel*.
4. **Paramedical Services:** The services (including x-rays) of a licensed chiropractor, physiotherapist, podiatrist or osteopath, to the maximum specified in the Benefit Summary section, per *insured person*, per profession listed above, when approved in advance by *Global Excel*.
5. **Prescriptions:** Drugs, including injectable drugs and sera, that can only be obtained upon medical prescription, that are prescribed by a *physician* and that are supplied by a licensed pharmacist when *medically necessary* for *emergency* treatment, except when needed to stabilize a chronic condition or a medical condition which *you* had before *your trip*. This benefit is limited to a 30-day supply per prescription, unless *you* are hospitalized.
6. **Ambulance Services:** When reasonable and *medically necessary*, licensed ground ambulance service to the nearest medical facility.
7. **Medical Appliances:** When approved in advance by *Global Excel*, minor appliances such as crutches, casts, splints, canes, slings, trusses, braces, walkers and/or the temporary rental of a wheelchair when prescribed by the attending *physician*, obtained outside *your* province or territory of residence and *medically necessary*.
8. **Private Duty Nurse:** The professional services of a registered private nurse, when *medically necessary* and while hospitalized, to the maximum specified in the Benefit Summary section, per *insured person*, when approved in advance by *Global Excel*.
9. **Emergency Air Transportation:** When approved and arranged in advance by *Global Excel*:
 - a) air ambulance to the nearest appropriate medical facility or to a Canadian *hospital* for immediate *emergency* treatment;
 - b) transport on a licensed airline with an attendant (where required) to return *you* to *your* province or territory of residence for immediate *emergency* treatment.
10. **Transportation to Bedside:** When approved in advance by *Global Excel*, a single roundtrip economy airfare from Canada plus up to the maximum amount specified in the Benefit Summary

Section 5 – Exclusions

The *policy* does not cover losses or expenses related in whole or in part, directly or indirectly, to any of the following:

1. Treatment or services normally covered or reimbursable under a *government health insurance plan* or under other insurance *you* might have.
2. Any medical condition that existed prior to departure that was not *stable* at any time during the Pre-existing Condition Stability Period specified in the Schedule of Benefits prior to each departure date.
3. Any *trip* booked or commenced contrary to medical advice or after being diagnosed with a *terminal illness*.
4. Any medical condition for which, prior to departure, medical evidence suggests a reasonable expectation that treatment or hospitalization could be required while travelling.
5. Treatment, surgery, medication, services or supplies that are not required for the immediate relief of acute pain and suffering or that *you* elect to have provided outside *your* province or territory of residence when medical evidence indicates that *you* could return to *your* province or territory of residence to receive such treatment. The delay to receive treatment in *your* province or territory of residence has no bearing on the application of this exclusion.
6. Treatment or surgery during a *trip* when the *trip* is undertaken for the purpose of securing or with the intent of receiving medical or *hospital* services, whether or not such *trip* is taken on the advice of a *physician*.
7. Cardiac catheterization, angioplasty, and/or cardiovascular surgery including any associated diagnostic test(s) or charges unless approved by *Global Excel* prior to being performed, except in extreme circumstances where such surgery is performed on an *emergency* basis immediately upon admission to *hospital*.
8. Magnetic resonance imaging (MRI), computerized axial tomography (CAT) scans, sonograms or ultrasounds and biopsies unless such services are authorized in advance by *Global Excel*.
9. Hospitalization or services rendered in connection with general health examinations for "checkup" purposes, treatment of an *ongoing condition*, regular care of a chronic condition, home health care, investigative testing, rehabilitation or ongoing care or treatment in connection with drugs, alcohol or any other substance abuse or non-compliance with any prescribed medical therapy or treatment and medical treatment of an acute *sickness* and/or *injury* after the initial *emergency* has ended (as determined by the Medical Director of *Global Excel*).
10. A disorder, disease, condition or symptom that is emotional, psychological or mental in nature unless hospitalized.
11. *Emergency Air Transportation* and/or car rental unless approved and arranged in advance by *Global Excel*.

B. DEPENDENT'S EFFECTIVE DATE OF COVERAGE

Dependent coverage, if any, will become effective on the later of:

1. the date the *policy* becomes effective; or
2. the date the *dependent's* coverage becomes effective under the basic group extended health care plan of the *policyholder*, but in no event prior to the date the *participant's* insurance becomes effective.
 - a) the date the *policyholder* ceases to provide and pay for extended health care benefits for *dependents*, or
 - b) the date *you* cease to meet the definition of *dependent*, or
 - c) the date *you* reach the *termination age* specified in the Schedule of Benefits, or
 - d) the date *you* remarry or die; or
3. the date the *policy* is terminated.
 - a) the date the *participant's* coverage terminates, except in the event of the death of the *participant*, in which case *dependent* coverage may continue, provided the *policyholder* continues to make the required premium payments, until the earlier of:
 - a) the date the *policyholder* ceases to provide and pay for extended health care benefits for *dependents*, or
 - b) the date *you* cease to meet the definition of *dependent*, or
 - c) the date *you* reach the *termination age* specified in the Schedule of Benefits, or
 - d) the date *you* remarry or die; or
 - b) the date the *policy* is terminated.

section for the cost of meals and commercial accommodation for one of the following: *spouse*, parent, child, brother, sister or business partner, to:

- a) be with *you* if *you* are travelling alone and have been hospitalized as the result of an *emergency*. To be payable, this benefit requires that *you* eventually be hospitalized as an *in-patient* for at least three consecutive days outside *your* province or territory of residence and that the attending *physician* provide written certification that the situation was serious enough to warrant the visit; or
 - b) identify the deceased *insured person* prior to the release of the body, where necessary.
- The Insurer will only reimburse covered expenses evidenced by original receipts.
11. **Return of Travel Companion:** If *you* are returned to *your* province or territory of residence under the *Emergency Air Transportation* benefit or the Return of Deceased benefit, the Insurer will reimburse the cost of a single one-way economy airfare for a *travel companion* to return to Canada, when approved in advance by *Global Excel*.
 12. **Treatment of Dental Accidents:** To the maximum specified in the Benefit Summary section per *insured person* for *emergency* dental treatment to repair natural, vital and sound teeth or permanently attached artificial teeth provided the *injury* was caused by an external, accidental blow to the mouth or face. *You* must consult a *physician* or dentist immediately following the *injury*. Treatment must begin during the *coverage period* and be completed prior to returning to *your* province or territory of residence. An *accident* report is required from a *physician* or dentist for claims purposes.
 13. **Meals and Accommodation:** To the maximum specified in the Benefit Summary section per *participant*, for the cost of commercial accommodation and meals for the *participant* and/or any of his/her *dependents* when their *trip* is extended beyond the last day of the scheduled *trip* due to the *sickness* and/or *injury* suffered by an *insured person*. This benefit must be authorized in advance by *Global Excel*. The fact that *you* are unable to travel must be certified by the attending *physician* and supported with original receipts from commercial organizations.
 14. **Vehicle Return:** To the maximum specified in the Benefit Summary section if neither *you*, nor someone travelling with *you*, are able to operate *your vehicle*, whether owned or rented, during *your trip* due to *sickness* and/or *injury*. Arrangements and payment will be made for the return of the *vehicle* to *your* home in *your* province or territory of residence or the nearest appropriate rental agency. Benefits will only be payable for a single person to return the *vehicle* when approved and/or arranged in advance by *Global Excel*. This benefit does not cover wages lost by the person driving *your vehicle*. The Insurer will only reimburse covered expenses evidenced by original receipts.
 15. **Return of Deceased:** To the maximum specified in the Benefit Summary section towards the cost of preparation and transportation of the deceased *insured person* to their province or territory of residence in the event of death due to *sickness* and/or *injury*.
In the case of cremation and/or burial at the place of death of the *insured person*, this benefit is limited to \$2,500.
The cost of the casket or urn is not covered.
 16. **Incidental Expenses:** To the maximum specified in the Benefit Summary section for *your* out-of-pocket expenses such as telephone charges, television rental and parking while *you* are hospitalized for an *emergency* and the expenses are incurred as a direct result of such hospitalization. The Insurer will only reimburse covered expenses evidenced by original receipts.

12. Treatment not performed by or under the supervision of a *physician* or licensed dentist.
13. Treatment or hospitalization of mother or child as a result of pregnancy, miscarriage, childbirth or complications of any of these conditions occurring in the four weeks before or after the expected delivery date.
14. War, invasion, act of a foreign enemy, declared or undeclared hostilities, civil war, rebellion, revolution or military power.
15. *Terrorism* or by any activity or decision of a government agency or any other entity to prevent, respond to or terminate *terrorism* except for ensuing loss or damage which results directly from fire or explosion. Such loss or damage is excluded regardless of any other cause or event that contributes concurrently or in any sequence to the loss or damage.
16. Committing or attempting to commit an illegal act or a criminal act.
17. Suicide (including any attempt thereof) or self-inflicted *injury*.
18. Service in the armed forces.
19. Participation in any sport as a professional athlete (for which *you* are remunerated), or in motorized or mechanically-assisted racing or speed contests (defined as an organized activity of a competitive nature in which speed is a determining factor in the outcome of the event).
20. Loss or damage to hearing devices, eyeglasses, sunglasses, contact lenses, or prosthetic teeth, limbs or devices and resulting prescription thereof.
21. The replacement of an existing prescription whether by reason of loss, unless otherwise specified elsewhere in the *policy*, renewal or inadequate supply or the purchase of drugs and medications (including vitamins) which are commonly available without a prescription or which are not legally registered and approved in Canada or which are not required as a result of an *emergency*.
22. Upgrading charges and cancellation penalties for airline tickets, unless approved in advance by *Global Excel*.
23. The cost of any airline ticket covered under the *policy* where *your* ticket may be exchanged or used for the same purpose.
24. Crowns and root canals.
25. Treatment or services received in the province where *you* attend school or work on a full-time basis or in *your* home country, if *you* are a foreign student studying in Canada or a non-resident working in Canada.
26. An *accident* occurring while *you* were operating a motorized *vehicle*, vessel or aircraft, if *you*:
 - a) were under the influence of drugs or toxic substances, or
 - b) had a blood alcohol level higher than 80 milligrams of alcohol per 100 millilitres of blood, or
 - c) had a blood alcohol level higher than the legal limit in the location where the *accident* occurred.

Section 6 – General Provisions and Limitations

- Notice to Global Excel:** In the event of an *emergency* during a covered *trip*, you must call *Global Excel* immediately, prior to seeking treatment. If it is not reasonably possible for you to contact *Global Excel* prior to seeking treatment due to the nature of your *emergency*, you must have someone else call on your behalf or you must call as soon as medically possible. If you fail to notify *Global Excel*, your benefits are limited as follows:
 - The Insurer will not pay expenses for benefits that are not approved by *Global Excel*, if pre-approval is required.
 - In the event of hospitalization, the Insurer will pay 80% of eligible expenses, based on *reasonable and customary costs*, to a maximum of \$25,000; and
 - In the event of an outpatient medical consultation, the Insurer will cover a maximum of one visit per *sickness or injury*.
You will be responsible for payment of any remaining charges.
- Transfer or Medical Repatriation:** During an *emergency* (whether prior to admission or during a covered hospitalization), the Insurer reserves the right to:
 - transfer you to one of *Global Excel's* preferred health care providers, and/or
 - return you to your province or territory of residencefor the medical treatment of your *sickness and/or injury* where this poses no danger to your life or health. If you choose to decline the transfer or return when declared medically *stable* by the Medical Director of *Global Excel*, the Insurer will be released from any liability for expenses incurred for such *sickness and/or injury* after the proposed date of transfer or return. *Global Excel* will make every provision for your medical condition when choosing and arranging the mode of your transfer or return and, in the case of a transfer, when choosing the *hospital*.
- Limitation of Benefits:** Once you are deemed medically *stable* to return to Canada (with or without medical escort) either in the opinion of the Medical Director of *Global Excel* or by virtue of discharge from a medical facility, your *emergency* will be deemed to have ended, whereupon any further consultation, treatment, recurrence or complication related to the *emergency* will no longer be eligible for coverage under the *policy*.
- Misrepresentation and Non-Disclosure:** Your entire coverage under the *policy* shall be voidable if the Insurer determines, whether before or after loss, that you or the *policyholder* have concealed, misrepresented or failed to disclose any material fact or circumstance concerning the *policy* or your interest therein, or if you or the *policyholder* refuse to disclose information or to permit the use of such information, pertaining to any of the *insured persons* under the *policy*. Consequently and following a loss, no claim shall be payable by the Insurer and you shall be solely responsible for all expenses relating to your claim, including medical repatriation costs.
- Subrogation:** If you suffer a loss covered under the *policy*, the Insurer is granted the right from you to take action to enforce all your rights, powers, privileges, and remedies, to the extent of benefits paid under the *policy*, against any person, legal person or entity which caused such loss. Additionally, if No Fault benefits or other collateral sources of payment of medical expenses are available to you, regardless of fault, the Insurer is granted the right to make demand for, and recover, those benefits. If the Insurer institutes an action it may do so at its own expense, in your name, and you will attend at the place of loss to assist in the action, in addition to providing the Insurer all information, cooperation and assistance the Insurer may reasonably require. If you institute a demand or action for a covered loss, you shall immediately notify the Insurer so that the Insurer may safeguard its rights. You shall take no action after a loss that will impair the rights of the Insurer set forth in this paragraph and shall do all such things as are necessary to secure such rights.
- Arbitration:** Notwithstanding any clause in the *policy*, the parties hereto undertake to submit to an arbitration procedure, to the exclusion of the courts, any present or future dispute relating to a claim. The arbitration proceedings shall be governed by the arbitration law in force in the Canadian province or territory of residence of the *participant*. The parties agree that any action will be referred to arbitration.
- Applicable Law:** The *policy* is governed by the law of the Canadian province or territory of residence of the *participant*. Any legal proceeding by the *insured person*, his heirs or assigns shall be brought in the courts of the Canadian province or territory of residence of the *participant*.
- Other Insurance:** This insurance is a second payer plan. For any loss or damage insured by, or for any claim payable under any other liability, group or individual basic or extended health insurance plan, or contracts including any private or provincial or territorial auto insurance plan providing *hospital, medical, or therapeutic coverage*, or any other insurance in force concurrently herewith, amounts payable hereunder are limited to those covered benefits incurred outside the province of

residence that are in excess of the amounts for which an *insured person* is insured under such other coverage. All coordination with employee related plans follows Canadian Life and Health Insurance Association Inc. guidelines. In no case will the Insurer seek to recover against employment related plans if the lifetime maximum for all in-country and out-of-country benefits is \$50,000 or less.

- Co-ordination and Order of Benefits:** If a person has coverage under another plan that does not provide for co-ordination of benefits, that plan will be considered primary carrier and will be responsible for making the initial payment. If the other plan does provide for co-ordination of benefits, the order of benefit will be as follows:

Participant and Dependent Spouse
The plan insuring the *participant* or the *participant's dependent spouse* as an employee/member pays benefits before the plan insuring the *participant* or the *participant's spouse* as a *dependent*.

Dependent Child
If the *dependent* child is insured as a *dependent* under the *participant's* and the *spouse's* plans, benefits will first be payable under the plan of the parent whose birthday comes first in the calendar year. The balance of eligible expenses can then be submitted to the plan of the other parent.

If both parents have the same birthday (month/day), the claims for children must be submitted to the plan in the alphabetical order of the parents' first names.When a person is insured under other group or individual policies or government plans, the benefits payable from all sources cannot exceed one hundred percent of expenses incurred.
- Rights of Examination:** As a condition precedent to recovery of insurance money under the *policy*,
 - the claimant must give the Insurer and *Global Excel* an opportunity to examine the person of the *insured person* when and so often as it reasonably requires while the claim hereunder is pending, and
 - in the case of death of the *insured person*, the Insurer and *Global Excel* may require an autopsy, subject to any law of the applicable jurisdiction relating to autopsies.
- Limitation Period:** Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act (for actions or proceedings governed by the laws of British Columbia, Alberta and Manitoba), the Limitations Act, 2002 (for actions or proceedings governed by the laws of Ontario), Article 2925 of the Civil Code of Quebec (for actions or proceedings governed by the laws of Quebec), or other applicable legislation.
- Availability and Quality of Care:** Neither the Insurer nor *Global Excel* shall be responsible for the availability or quality of any medical treatment (including the results thereof) or transportation at the vacation destination, or your failure to obtain medical treatment during the *coverage period*.
- Evidence of Age:** The Insurer reserves the right to request proof of age of any *insured person*.
- Assignment:** Benefits under the *policy* may not be assigned to a third party. However and exceptionally, in no event will this affect *Global Excel's* ability to make payment, for the benefit of the *insured person*, directly to the *hospital* or clinic as provided for under Section 9 - International Assistance Service.
- When Money Payable:** All money payable under the *policy* shall be paid by the Insurer within 60 days after it has received due proof of claim.
- Continuance of Individual Coverage During Absence from Work:** If a *participant* is absent from work due to disability, temporary lay-off, authorized leave of absence, strike or any other work stoppage, the insurance will be continued as long as the *participant* remains covered under the *policyholder's* basic group extended health care plan.
- Examination of the Policy:** The *policy*, including any endorsements, will be kept at the office of the *policyholder*. You may consult the *policy* during the regular business hours of the *policyholder*.
- Sanctions:** The Insurer is a member of the RSA Group whose principal insurance company in the United Kingdom is required to comply with economic, financial and trade sanctions imposed by the European Union and the United Kingdom and the parties acknowledge that the Insurer intends to adhere to the same standard.

The Insurer shall not provide any coverage or be liable to provide any indemnity or payment or other benefit under this *policy* which would breach economic, financial or trade sanctions ("Sanctions") imposed under the laws of Canada; or would breach Sanctions imposed by the European Union or the United Kingdom if provided under an insurance contract issued by an insurer in the United Kingdom.

Section 7 – Automatic Extension of Coverage Period

The *coverage period* per *trip* will automatically be extended up to 72 hours, provided you have not reached the *termination age*, if:

- you are hospitalized due to a medical *emergency* on the last day of coverage. Your coverage will remain in force for as long as you are hospitalized and the 72-hour extension commences upon release from *hospital*;
- a late train, boat, bus, plane, or other *vehicle* in which you are a passenger causes you to miss your scheduled return to your province or territory of residence (including by reason of weather);

Section 8 – International Assistance Service

Global Excel is available to take your calls 24 hours a day, 7 days a week.

Emergency Call Centre — No matter where you travel, professional assistance personnel are ready to take your call. *Global Excel* can also provide you with Canada Direct instructions and codes so that you only deal with Canadian telephone operators.

Referrals — *Global Excel* can refer you to the preferred medical providers (*hospitals, clinics and physicians*) that are closest to where you are staying. With a referral, it is less likely that you will have to pay for services out of pocket.

Benefit Information — Explanation of your coverage is available to you and to the medical providers who are treating you.

Medical Consultants — *Global Excel's* team of medical professionals, available 24 hours a day, will monitor the services given in the event of a serious *emergency*. If necessary, *Global Excel* will help you return to Canada for the care required.

Section 9 – Definitions

Throughout this *policy*, defined words are written in italics.

"Accident" means a fortuitous, sudden, unforeseen and unintentional event exclusively attributable to an external cause resulting in bodily *injury*.

"Actively at Work" means the employee is physically and mentally capable of doing each and every function of his occupation, on the basis of the minimum number of hours worked per week specified in the Schedule of Benefits. If an employee is not actively at work due to vacation, holidays, a non-scheduled working day, maternity or parental leave, then actively at work means the capability to perform the employee's normal duties at the employee's normal place of employment on the same basis as the employee who is actively at work.

"Coverage Period" means the maximum number of consecutive days allowed per *trip* stated in the Schedule of Benefits during which you are covered under the *policy* when you take a *trip* and which is calculated as of the commencement date of your *trip*.

"Dependent" means the *spouse* and the unmarried child of the *participant* or *spouse*, who is dependent on the *participant* for support and is not employed on a full-time basis. Age limits for a dependent child are specified in the Schedule of Benefits. However, coverage will not continue beyond the age limit specified in the Schedule of Benefits, except for a covered dependent child who is physically or mentally disabled and totally dependent on the *participant* for support on the date he reached the age when insurance would normally terminate.

"Emergency" means the occurrence of a *sickness and/or injury* during the *coverage period* that requires immediate *medically necessary* treatment for the relief of acute pain or suffering, other than experimental or alternative treatment, and such treatment cannot be delayed until your return to Canada.

- the *vehicle* in which you are travelling is involved in a traffic accident or mechanical breakdown that prevents you from returning to your province or territory of residence on or before your return date;
- you must delay your scheduled return to your province or territory of residence due to a medical emergency.

All claims incurred after your original scheduled return date must be supported by documented proof of the event resulting in your delayed return.

Urgent Message Relay — In the event of a medical *emergency*, *Global Excel* will contact your *travel companion* to keep him advised of your medical situation and will help you exchange important messages with your family.

Interpretation Service — *Global Excel* can connect you to a foreign language interpreter when required for *emergency* services in foreign countries.

Direct Billing — Whenever possible, *Global Excel* will instruct the *hospital* or clinic to bill the Insurer directly.

Claims Information — *Global Excel* will answer any questions you have about the eligibility of your claim, standard verification procedures and the way that the benefits under the *policy* are administered.

Doctor-On-Call™ — Doctor-On-Call™ service for travellers to the United States provides you with access to a licensed US *physician*, if applicable, including the possibility of receiving a home visit in case of *emergency*.

"Global Excel" means Global Excel Management Inc., the company appointed by the Insurer to provide medical assistance and claims services.

"Government Health Insurance Plan" means the health care coverage provided by Canadian provincial and territorial governments to their residents.

"Hospital" means an institution which is designated as a hospital by law; which is continuously staffed by one or more *physicians* available at all times; which continuously provides nursing services by graduate registered nurses; which is primarily engaged in providing diagnostic services and medical and surgical treatment of a *sickness and/or injury* in the acute phase, or active treatment of a chronic condition; which has facilities for diagnosis, major surgery and *in-patient* care. The term hospital does not include convalescent, nursing, rest or skilled nursing facilities, whether separate from or part of a regular general hospital, nor a facility operated exclusively for the treatment of persons who are mentally ill, aged, or drug or alcohol abusers.

"Immediate Family Member" means your *spouse*, son, daughter, father, mother, brother, sister, stepson, stepdaughter, stepfather, stepmother, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, grandson, granddaughter, grandfather or grandmother.

"Injury" means an unexpected and unforeseen harm to the body that is caused by an *accident*, sustained by an *insured person* during the *coverage period* and that requires *emergency* treatment that is covered by the *policy*.

"In-patient" means a patient who occupies a *hospital* bed for more than 24 hours for medical treatment and for which admission was recommended by a *physician* when *medically necessary*.

Section 9 – Definitions (continued)

“**Medical Assistance Card**” means the card provided to the *participant* and on which the following information is shown: name of the *policyholder*, *policy* number, *coverage period per trip* and *emergency telephone numbers*.

“**Medically Necessary**”, in reference to a given service or supply, means such service or supply:

- is appropriate and consistent with the diagnosis according to accepted community standards of medical practice;
- is not experimental or investigative in nature;
- cannot be omitted without adversely affecting the condition of the *insured person* or quality of medical care;
- cannot be delayed until the *insured person* returns to his province or territory of residence.

“**Minor Ailment**” means any *sickness* or *injury* which does not require: the use of medication for a period of greater than 15 days; more than one follow-up visit to a *physician*, hospitalization, surgical intervention, or referral to a specialist; and which ends at least 30 consecutive days prior to the departure date of each *trip*. However, a chronic condition or any complication of a chronic condition is not considered a minor ailment.

“**Ongoing Condition**” means an acute *sickness* and/or *injury* that requires continuing care and/or treatment after the initial *emergency* has ended as determined by the Medical Director of *Global Excel*.

“**Participant**” means an eligible employee or a member whom the *policyholder* identifies as being entitled to coverage under the *policy* and for whom the *policyholder* and participant has paid the required premium.

“**Physician**” means a medical practitioner whose legal and professional standing within his jurisdiction is equivalent to that of a doctor of medicine (M.D.) licensed in Canada, who is duly licensed in the jurisdiction in which he practices, who prescribes drugs and/or performs surgery and who gives medical care within the scope of his licensed authority. A physician must be a person other than *you* or *your immediate family member*.

“**Policy**” means the group travel *emergency* medical insurance contract issued by the Insurer and on file with the *policyholder*.

“**Policyholder**” means the company or organization to which the *policy* is issued.

“**Reasonable and Customary Costs**” means costs that are incurred for approved, covered medical services or supplies that do not exceed the standard fee of other providers of similar standing in the same geographical area, for the same treatment of a similar *sickness* and/or *injury*.

“**Sickness**” means a disease or disorder of the body that results in loss while this coverage is in effect. The sickness must be sufficiently serious to prompt a reasonably prudent person to consult a *physician* for the purpose of medical treatment.

“**Spouse**” means either the person who is lawfully married to the *participant* or the person who has been living with the *participant* for the time limit specified in the Schedule of Benefits without interruption in a relationship of a conjugal nature, who has been publicly represented as such.

“**Stable**” means any medical condition (other than a *minor ailment*) for which all the following statements are true:

- there has been no new diagnosis, treatment or prescribed medication;
- there has been no change in treatment or change in medication, including the amount of medication to be taken, how often it is taken, the type of medication or change in treatment frequency or type. Exceptions: the routine adjustment of Coumadin, Warfarin, insulin or oral medication to control diabetes (as long as they are not newly prescribed or stopped) and a change from a brand medication to a generic brand medication (provided that the dosage is not modified);
- there have been no new symptoms, more frequent symptoms or more severe symptoms;
- there have been no test results showing deterioration;
- there has been no hospitalization or referral to a specialist (made or recommended) and *you* are not awaiting results of further investigations for that medical condition.

“**Terminal Illness**” means *you* have a condition that is cause for the *physician* to estimate that *you* have less than six months to live.

“**Termination Age**” means the age stated in the Schedule of Benefits at which *your* coverage terminates. *Dependents* beyond the termination age may be covered provided that the *participant* has not yet reached the termination age.

“**Terrorism**” means an ideologically motivated unlawful act or acts, including but not limited to the use of violence or force or threat of violence or force, committed by or on behalf of any group(s), organization(s) or government(s) for the purpose of influencing any government and/or instilling fear in the public or a section of the public.

“**Travel Companion**” means a person who is sharing travel arrangements with the *insured person* from the point of departure on a covered *trip*, including accommodation and transportation, and who has paid for such accommodation or transportation in advance of departure. A maximum of three persons will be considered travel companions.

“**Trip**” means a journey that *you* undertake which commences on the date of *your* departure from *your* province or territory of residence and ends when *you* return to *your* province or territory of residence.

“**Vehicle**” means an automobile, station wagon, mini-van, sports utility vehicle (for on-road use), motorcycle, pick-up truck or a mobile home, camper truck or trailer home under 11 meters (36 feet in length), used exclusively for the transportation of passengers other than for hire, in which *you* are a passenger or driver during the *trip*.

“**You**”, “**Your**” and “**Insured Person**” mean any one of the *participant* or *participant's dependents* covered under the *policy*.

Section 10 – Claims

Notice and Proof of Claim

In the event that *Global Excel* is not contacted immediately, the *insured person*, or a beneficiary entitled to make a claim, or the agent of any of them, shall:

- give written notice of claim by delivery thereof or by sending it by registered mail to *Global Excel* not later than 30 days from the date the claim arises under the *policy*;
- within 90 days from the date a claim arises under the *policy*, furnish *Global Excel* such proof of claim as is reasonably possible in the circumstances of the *emergency* giving rise to the claim and the loss occasioned thereby, the right of the claimant to receive payment, his age and the age of the beneficiary, if relevant; and
- if required by *Global Excel*, provide a satisfactory certificate stating the cause for which the claim is made and the duration of the disability, if applicable.

Failure to Give Notice or Proof

Failure to give notice of claim or furnish proof of claim within the prescribed period above does not invalidate the claim if the notice or proof is given or furnished as soon as is reasonably possible, and in no event later than one year from the date of *injury* or the date a claim arises under the *policy* on account of *sickness* if it is shown that it was not reasonably possible to give notice or furnish proof within the time so prescribed.

Insurer to Furnish Forms for Proof of Claim

Global Excel, on behalf of the Insurer, shall furnish forms for proof of claim within 15 days after receiving notice of claim, but where the claimant has not received the forms within that time he may submit his proof of claim in the form of a written statement of the cause or nature of the *emergency* giving rise to the claim.

Claims Procedures

You are responsible for providing all the documents outlined below and for any charges levied for these documents. To file a claim, *you* must:

- include the *policy* number, the patient's name (married and maiden, if applicable), date of birth, and Canadian provincial or territorial *government health insurance plan* number with its expiry date or version code (if applicable); and

- submit all original itemized bills from the medical provider(s) stating the patient's name, diagnosis, all dates and type of treatment, and the name of the medical facility and/or *physician*; and
- provide the original prescription drug receipts (not cash receipts) from the pharmacist, *physician* or *hospital* showing the name of the prescribing *physician*, prescription number, name of preparation, date, quantity and total cost; and
- provide proof of the departure date(s) and return date(s); and
- provide written proof of claim within 90 days of the date of receipt of services covered under the *policy*; and
- provide additional information pertinent to *your* claim, as may be required by *Global Excel* after receipt of *your* claim; and
- sign and return the authorization form, provided by *Global Excel*, allowing the Insurer to recover payment from the Canadian provincial or territorial *government health insurance plan*. The Insurer will coordinate and pay *your* claim to the participating medical providers and where permitted, coordinate claims directly with the Canadian provincial or territorial *government health insurance plan* on *your* behalf; and
- return the unused portion of *your* air ticket to *Global Excel* if the *Emergency Air Transportation* benefit is used.

All sums payable under the plan are in Canadian currency unless otherwise indicated. If *you* have paid a covered expense in a currency other than Canadian currency, *you* will be reimbursed in Canadian currency at the prevailing rate of exchange on the date that the claim payment is made. This insurance will not pay interest. Any information not provided may result in a delay in processing *your* claim.

All pertinent documents should be sent to:

Global Excel Management Inc.
73 Queen St.
Sherbrooke, Québec
J1M 0C9



Section 11 – Important Notice About the *Insured Person's* Personal Information

Royal & Sun Alliance Insurance Company of Canada (“we”, “us”) collect, use and disclose, personal information (including to and from *your* agent or broker, our affiliates and/or subsidiaries, referring organizations and/or third party providers/suppliers) for insurance purposes, such as administering insurance, investigating and processing claims and providing assistance services. Typically, we collect personal information from individuals who apply for insurance, and from *policyholders*, *insured persons* and claimants. In some cases we also collect personal information from and exchange personal information with family, friends or *travelling companions* when a *policyholder*, *insured person* or claimant is unable, for medical or other reasons, to communicate directly with us. We also collect and disclose

information for the insurance purposes from, to and with, third parties such as, but not necessarily limited to, health care practitioners and facilities in Canada and abroad, government and private health insurers and family members and friends of *policyholders*, *insured persons* or claimants. In some instances we may additionally maintain or communicate or transfer information to health care and other service providers located outside of Canada, particularly in those jurisdictions to which an *insured person* may travel. As a result, personal information may be accessible to authorities in accordance with the law of these other jurisdictions. For more information about our privacy practices or for a copy of our privacy policy, visit www.rsatravelinsurance.com.

Section 12 – Identification of Insurer

Viator™ Group Out-of-Province/Canada Travel Medical Emergency Insurance is underwritten by Royal & Sun Alliance Insurance Company of Canada.

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