

CERTIFICATE OF INSURANCE

TRAVEL HEALTHPROTECTOR® FOR TRAVELLERS AGE 60 & OVER



INTRODUCTION

IMPORTANT – PLEASE READ: This Certificate of Insurance is a valuable source of information and contains the terms of travel insurance from RBC Insurance Company of Canada. **Some of these terms may exclude or limit benefits and amounts payable to you.** Please read this Certificate of Insurance, keep it in a safe place and carry it with you when you travel.

A group insurance policy ("Policy") has been issued to Royal Bank of Canada ("RBC Royal Bank") by:

- RBC Insurance Company of Canada to cover expenses related to:
 - *Emergency* Medical expenses, incurred by eligible enrolled persons while outside your Canadian province or territory of residence.
 - *Trip Interruption/After Departure* expenses.
 - *Baggage & Personal Effects* expenses in all territories and provinces in Canada except Quebec.
 - *Flight & Travel Accident* expenses.
- RBC General Insurance Company to cover expenses related to:
 - *Baggage & Personal Effects* expenses in Quebec.

This Certificate of Insurance summarizes the provisions of the Policy.

Upon enrollment, this Certificate of Insurance, the *application for insurance* and the *medical questionnaire* form your insurance contract. **Your insurance coverage is subject to the terms set out in this Certificate of Insurance.**

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.

EMERGENCY MEDICAL ASSISTANCE

Wherever you go, Assured Assistance Inc. and PAY-ASSIST® services are just a phone call away - 24 hours a day, 7 days a week.

If you require medical treatment during your trip, or for any other emergency, you must contact Assured Assistance Inc. immediately at one of these numbers:

- 1-800-222-9978 (toll-free call from USA or Canada)
- 001-800-514-1889 (toll-free call from Mexico)
- 905 816-2562 (collect call from anywhere)
- 1-888-298-6340 (toll-free fax from USA or Canada)
- 905 813-4719 (fax)

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 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

- We may use this information to promote our insurance products and services, and promote products and services of third parties we select, which may be of interest to you. We may communicate with you through various channels, including telephone, computer or mail, using the contact information you have provided.
- We may also, where not prohibited by law, share this information with RBC companies for the purpose of referring you to them or promoting to you products and services which may be of interest to you. We and RBC companies may communicate with you through various channels, including telephone, computer or mail, using the contact information you have provided. You acknowledge that as a result of such sharing, they may advise us of those products or services provided.
- If you also deal with RBC companies, we may, where not prohibited by law, consolidate this information with information they have about you to allow us and any of them to manage your relationship with RBC companies and our business.

You understand that we and RBC companies are separate, affiliated corporations. RBC companies include our affiliates which are engaged in the business of providing any one or more of the following services to the public: deposits, loans and other personal financial services; credit, charge and payment card services; trust and custodial services; securities and brokerage services; and insurance services.

You may choose not to have this information shared or used for any of these "Other uses" by contacting us as set out below, and in this event, you will not be refused insurance products or services just for that reason. We will respect your choices, and, as mentioned above, we may share your choices with RBC companies for the sole purpose of honouring your choices regarding "Other uses of your personal information."

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:

RBC Insurance Company of Canada
P.O. Box 97, Station A
Mississauga, Ontario L5A 2Y9

Phone: 1-800-464-3211
Fax: 1-888-298-6262

OUR PRIVACY POLICIES

You may obtain more information about our privacy policies by asking for a copy of our "Straight TalkSM" brochure about privacy, by calling us at the toll free number shown above or by visiting our web site at www.rbc.com/privacy.

DEFINITIONS

The following are *our* definitions and apply when written in *italics* throughout this document.

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.

Application for insurance - the printed form, computer printout, invoice or document provided by your RBC Royal Bank branch, through *your* online application, or the Enrollment Centre, which confirms the insurance coverage *you* have purchased. The *application for insurance* forms part of the insurance contract.

Bedside companion - a person of *your* choice who is required at *your* bedside while *you* are hospitalized during *your trip*.

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.

Children - unmarried persons:

- under 21 years of age; or
- under 26 years of age if full-time students; or
- mentally or physically handicapped and over 20 years of age; and who are *your* natural, adopted or step-children and who are dependent on *you* for support.

Commercial rental agency - a car rental agency licensed under the law of its jurisdiction.

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

Deductible - the dollar amount for which *you* are liable for each claim, as stated on *your application for insurance*, before any remaining eligible expenses are reimbursed under this insurance. *Deductibles* are only available on Single Trip Plans.

Departure point - the place *you* depart from on the first day, and return to on the last day, of *your* intended travel period.

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

Effective date -

- for all coverages except Flight Accident and *Top-up* coverage: the date on which *you* are scheduled to leave *your departure point*. For any Single Trip Plan *your effective date* is shown on *your application for insurance*. This date cannot be more than 120 days from the date of *your application for insurance*.
- under Flight Accident: the date and time shown on *your* transportation ticket.
- under *Top-up* coverage: 12:01 a.m. on the day following the date of expiry of *your* prior coverage.

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

Emergency treatment - medical treatment or surgery for an *emergency* that is required for the immediate relief of an acute symptom, or upon the advice of a licensed *physician* cannot be delayed until *you* return to *your* home country, and has to be received during *your trip* because *your medical condition* prevents *you* from returning to *your* home country. The treatment or surgery must be:

- ordered by or received from a licensed *physician* during *your trip*; or
- received in a *hospital* during *your trip*; or
- received from a licensed physiotherapist, chiropractor, chiropodist, podiatrist or osteopath as a result of an *emergency* that occurs during *your trip*.

Expiry date - the date on which *your* coverage ends under this insurance. This date is 365 days from *your start-up date* under any Multi-Trip Annual Plan.

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

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.

Loss of sight - 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 that must be answered correctly at the time of *application for insurance*, and that, once completed, form part of the insurance contract. *Your medical condition* at the time of completion of the *medical questionnaire* determines the terms of coverage and/or the premium that apply to *you*.

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.

Network - the *hospitals*, *physicians* and other medical service providers recognized by us at the time of the *emergency*.

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

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

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

Return date -

- 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 application for insurance*, under all coverages except any Multi-Trip Annual Plan.
- under Flight Accident: the *return date* and time shown on *your* transportation ticket.
- if *you* purchase *top-up* coverage *your return date* is 11:59 p.m. on the last day of *your* extended coverage. (Note: if *you* purchased a Multi-Trip annual plan as *top-up* to *your* travel insurance included with *your* credit card coverage, the duration of *your top-up* coverage cannot exceed *your* purchased option (15, or 30 or 60 day option))

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 have 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).

Start-up date - under any Multi-Trip Annual Plan, the later of:

- the date of *your application for insurance*; or
- the date *you* designate as the date of *your* departure on *your first trip* under this insurance, as entered on *your application for insurance*. This date cannot be more than 120 days from the date of *your application for insurance*.

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 from us:

- to add to *your* insurance beyond the duration covered under *your* Multi-Trip Annual Plan; or
- before *your* date of departure from *your departure point*, through the Enrollment Centre to complement travel insurance coverage that is in effect through another insurer for a portion of *your trip* duration and value; or

- c) the Multi-Trip Annual Plan coverage *you* purchase from *us* to complement travel insurance included with *your* credit card coverage that is in effect for the initial portion of *your trip* duration and value.

The terms, conditions and exclusions of this Certificate of Insurance apply to *you* during the *top-up* period.

Travelling companion - the person 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*.

Vehicle - a private passenger automobile, motorcycle, 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.

You, yourself and **your** refer to any eligible enrolled person who is named or referred to on the *application for insurance* and for whom the required premium has been paid.

GENERAL INSURANCE DETAILS

Your insurance coverage is subject to the terms set out in this document.

WHO IS ELIGIBLE FOR COVERAGE?

To be eligible for any insurance coverage *you* must:

- be a client of the RBC companies or a *spouse* or *child(ren)* of a client;
- be covered under *your government health insurance plan* for the full duration of *your trip* (this insurance is subject to a maximum of \$20,000 if *you* do not have valid *government health insurance plan* coverage at the time of a claim);
- be a Canadian resident;
- purchase *your* coverage before *your effective date*;
- at the time the coverage is purchased, be 60 years of age or older; and
- have correctly completed the *medical questionnaire*, except if *you* are applying for Category C Single Trip Plan and *you* are:
 - under 75 years of age; and
 - travelling for a maximum of 15 days.

WHAT OPTIONS ARE AVAILABLE?

Your coverage includes the following insurances when marked with ✓					Options	
What coverage did you purchase?	Emergency Medical	Trip Interruption/ After Departure	Flight & Travel Accident	Baggage & Personal Effects	Single Trip Plan Option	Multi-Trip Annual Plan Option
Enhanced Coverage	✓	✓	✓	✓	available	available
Basic Coverage	✓				available	available

a) Single Trip Plan

The Single Trip Plan option is available under both Enhanced Coverage and Basic Coverage to an eligible person as described under "Who is eligible for coverage?" for a single *trip* or as *top-up*, and coverage and is limited to *trips* of a maximum of 183 days.

b) Multi-Trip Annual Plan

The Multi-Trip Annual Plan option is available under both Enhanced Coverage and Basic Coverage to an eligible person as described under "Who is eligible for coverage?" and coverage is limited to *trips* of 15, 30 or 60 consecutive days, depending on the plan *you* have purchased.

While *you* travel outside Canada

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

- 15 consecutive days outside of Canada if *you* have purchased the 15-Day option; or
- 30 consecutive days outside of Canada if *you* have purchased the 30-Day option (available to persons under 80 years of age only); or
- 60 consecutive days outside of Canada if *you* have purchased the 60-Day option (available to persons under 80 years of age only).

In addition, if *you* are covered under the Multi-Trip Annual Plan, the consecutive days for travel outside of Canada include *your* date of departure from Canada and the date *you* return to Canada. If *you* are travelling for more than 15 consecutive days under the 15-Day option, 30 consecutive days under the 30-Day option or 60 consecutive days under the 60-Day option, *you* must *top-up* this coverage as outlined under "What if *you* want to *top-up* *your* coverage?" in this Certificate of Insurance. **If *you* do not *top-up* this coverage for a *trip* that is longer than *your* 15-Day, 30-Day or 60-Day option, *you* will not have coverage for any claim incurred outside of *your* period of insurance during that *trip*.**

While *you* travel within Canada

Coverage is limited to an eligible person and provides coverage for unlimited travel while travelling within Canada but outside *your* province or territory of residence.

HOW DO *YOU* BECOME INSURED?

- 1 Enrolling through *your* RBC Royal Bank branch:
 You become insured and this Certificate of Insurance becomes part of an insurance contract:
 - when *you* are named on *your* completed *application for insurance*;
 - upon payment of the required premium on or before *your effective date*; and
 - upon completion of the *medical questionnaire*, where applicable, to determine the coverage Category (A, B, C, D or E) *you* are eligible to purchase.
- 2 Enrolling through the Enrollment Centre:
 You become insured and this Certificate of Insurance becomes part of an insurance contract:
 - when *you* call the Enrollment Centre;
 - upon payment of the required premium on or before *your effective date*; and
 - upon answering each of the questions of the *medical questionnaire*, where applicable, to determine the coverage Category (A, B, C, D or E) *you* are eligible to purchase.
- 3 Enrolling online at www.rbcroyalbank.com/travelinsurance:
 You become insured and this Certificate of Insurance becomes part of an insurance contract:
 - when *you* apply online;
 - upon payment of the required premium on or before *your effective date*; and
 - upon answering each of the questions of the *medical questionnaire*, where applicable, to determine the coverage Category (A, B, C, D or E) *you* are eligible to purchase.

WHEN DOES *YOUR* INSURANCE START AND END?

Insurance starts on:

- a) *your effective date* under any Single Trip Plan;
- b) *your start-up date* under any Multi-Trip Annual Plan.

Your effective date for any Single Trip Plan or *your start-up date* for any Multi-Trip Annual Plan cannot be more than 120 days from the date of *your application for insurance*.

Insurance ends on the earliest of:

- a) the date *you* return to *your* province, territory or country of residence, except in the circumstances outlined below*;
- b) midnight of *your return date*;
- c) midnight of *your expiry date*;
- d) 183 days after *your* date of departure from *your departure point* under any Single Trip Plan; or
- e) the day before the one-year anniversary of *your start-up date* under any Multi-Trip Annual Plan.

* *Your* insurance coverage will not end if *you* temporarily return to *your* province, territory or country of residence prior to *your return date* and then resume *your trip*, provided *you*:

- do not have a claim under this insurance;
- did not have a *medical condition* during *your* temporary return to *your* province, territory or country of residence; and
- were fit to resume travel on *your trip*.

WHEN DOES *YOUR* COVERAGE AUTOMATICALLY EXTEND?

- 1 If *you* cannot complete *your trip* by *your return date* because of the delay of a common carrier in which *you* are scheduled to travel, *your* coverage will automatically extend for the delay period to a maximum of 72 hours.
- 2 If *you* or *your travelling companion* are hospitalized on *your return date* or *expiry date*, *your* coverage will automatically extend for the period of hospitalization and up to an additional 5 days after discharge (not available for *Trip Interruption/After Departure* coverage).
- 3 If *you* or *your travelling companion* are delayed beyond *your return date* because of a *medical condition* and are medically unable to travel, but are not hospitalized, *your* coverage will automatically extend for the delay period to a maximum of 5 days after *your return date* (not available for *Trip Interruption/After Departure* coverage).
- 4 Regardless of the automatic extensions above, coverage will not continue beyond 365 days from *your* latest date of departure from *your departure point*.

WHAT IF *YOU* DECIDE TO EXTEND *YOUR TRIP*?

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

- 1 *Your* request for extension received after *your effective date* is subject to a \$15 administrative charge.
- 2
 - a) If *you* have not had a *medical condition* under *your* existing coverage under any Single Trip Plan, *you* must request the extension by contacting the Enrollment Centre before *your return date*.
 - b) If *you* have had a *medical condition* under *your* existing coverage under any Single Trip Plan, *you* must request the extension by contacting Assured Assistance Inc. before *your return date*, and the extension is subject to the approval of Assured Assistance Inc.
 - c) If *you* are covered under any Multi-Trip Annual Plan, extensions are not available. Instead, *you* may *top-up* *your* coverage as outlined under "What if *you* want to *top-up* *your* Multi-Trip Annual Plan?" in this Certificate of Insurance.
- 3 *You* must pay the required additional premium before *your* original *return date*.
- 4 If the insurance for which *you* require the extension is not available for the duration that includes the total number of days of *your trip* and any optional extension(s), *your* coverage cannot be extended. Instead, *you* may be able to purchase new coverage:
 - a) for which *you* are eligible; and
 - b) that is available for the duration that includes the period beginning with *your effective date* and ending at *your new return date*.

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

WHAT IF YOU WANT TO TOP-UP YOUR MULTI-TRIP ANNUAL PLAN?

If *you* are travelling for more than 15 consecutive days under the 15-Day option, 30 consecutive days under the 30-Day option or 60 consecutive days under the 60-Day option, *you* must *top-up* this coverage as outlined below.

If *you* are covered under an Multi-Trip Annual Plan and *you* want to *top-up* your coverage, *you* may purchase a Single Trip Plan from *us* under the insurance for which *you* are eligible for the additional number of days beyond the duration provided by *your* Multi-Trip Annual Plan to a maximum of 183 days in total:

- a) before *your effective date*, *you* may contact the Enrollment Centre to purchase *top-up* coverage.
- b) after *your effective date* and if *you* have not had a *medical condition* during *your trip*, *you* must contact the Enrollment Centre before *your* scheduled *return date* to purchase *top-up* coverage.
- c) after *your effective date* and if *you* have had a *medical condition* during *your trip*, *you* must contact Assured Assistance Inc. before *your* scheduled *return date* to purchase *top-up* coverage. The issuance of the *top-up* coverage is subject to the approval of Assured Assistance Inc.
- d) the terms, conditions and exclusions of *our* new coverage issued as *top-up* apply to *you*.
- e) *you* must pay the required *top-up* premium on or before the *effective date* of the *top-up* period.
- f) *you* must purchase the:
 - Enhanced Coverage Single Trip Plan as *top-up* if *you* are covered under any Enhanced Coverage Multi-Trip Annual Plan; or
 - Basic Coverage Single Trip Plan as *top-up* if *you* are covered under any Basic Coverage Multi-Trip Annual Plan.

If *you* do not *top-up* this coverage for a *trip* that is longer than *your* 15-Day, 30-Day or 60-Day option, *you* will not have coverage for any claim incurred outside of *your* *period of insurance* during that *trip*.

WHAT IF YOU WANT TO TOP-UP ANOTHER INSURER'S TRAVEL INSURANCE?

If *you* are covered under another insurer's travel insurance, *you* may purchase *top-up* coverage from the Enrollment Centre before *your* date of departure from *your* *departure point*, and:

- a) *You* must pay the required *top-up* premium before *your* date of departure from *your* *departure point*.
- b) The terms, conditions and exclusions of *our* certificate issued as *top-up* apply to *you*.
- c) *You* cannot purchase an annual coverage to *top-up* a single trip (if *you* have travel insurance included with *your* credit card coverage, *you* can purchase an annual coverage as *top-up*).

WHAT IF YOU WANT TO TOP-UP TRAVEL INSURANCE INCLUDED WITH YOUR CREDIT CARD COVERAGE BY PURCHASING A MULTI-TRIP ANNUAL PLAN?

If *you* are covered under travel insurance included with *your* credit card coverage, *you* may purchase a Multi-Trip annual plan as *top-up* coverage for the additional number of days beyond the duration provided with *your* credit card coverage:

- a) *You* may contact the Enrollment Centre before *your* date of departure from *your* *departure point*.
- b) *You* must pay the required *top-up* premium for a 15-Day, 30-Day or 60-Day option, before *your* date of departure from *your* *departure point*.
- c) *Your* *top-up* coverage cannot exceed 15 consecutive days under the 15-Day option, 30 consecutive days under the 30-Day option, or 60-consecutive days under the 60-Day option.
- d) The terms, conditions and exclusions of *our* policy issued as *top-up* apply to *you*.
- e) If the policy *you* are purchasing as *top-up* requires *you* to complete a *medical questionnaire*, *you* must complete the *medical questionnaire* for that *top-up* coverage.
- f) It is *your* responsibility to confirm *top-up* coverage is permitted on *your* existing travel insurance included with *your* credit card coverage.

WHEN CAN YOUR PREMIUM BE REFUNDED?

- 1 All requests for premium refunds must be submitted to the Enrollment Centre.
- 2 Under any Multi-Trip Annual Plan:
the premium *you* paid can be refunded only before *your* *start-up date*.
- 3 Under any Single Trip Plan:
if *you* return to *your* *departure point* before *your* *return date*, the premium *you* paid for the unused days can be refunded (less a \$15 administrative charge) if *you*:
 - provide proof of *your* date of return; and
 - do not have a claim under the insurance.

EMERGENCY MEDICAL INSURANCE

WHAT MUST YOU DO IN A MEDICAL EMERGENCY?

You must contact Assured Assistance Inc. before seeking *emergency treatment*. In addition, all surgery and heart procedures, including heart catheterization, must be approved in advance

by the medical advisors of Assured Assistance Inc. When *you* contact Assured Assistance Inc., they will refer *you* or may transfer *you*, when medically appropriate, to one of the accredited medical service providers within the *network*. Assured Assistance Inc. will also request for the medical service provider within the *network* to bill the medical expenses covered under this insurance directly to *us* instead of to *you*. Failure to call may result in reduced benefits.

WHAT COVERAGE LIMITATIONS APPLY?

- 1 If *you* are covered under:
 - a) Category A, B, C, or D Single Trip Plan, *you* will be responsible for a *deductible* of \$0 US, \$200 US or \$500 US for each claim, depending on the *deductible* option *you* have selected.
 - b) Category E, *you* will be responsible for a *deductible* of \$200 US for each claim. *We* will apply this *deductible* to any claim covered under this insurance in excess of *your* *government health insurance plan* coverage. *You* will be responsible to pay *your* *deductible* directly to *us*.
- 2 If *you* do not contact Assured Assistance Inc. at the time of *your* medical *emergency* or *you* choose to receive *treatment* from a medical service provider outside the *network*, *you* will be responsible for 30% of *your* medical expenses covered under this insurance and in excess of *your* medical expenses paid by *your* *government health insurance plan*. If *your* *medical condition* prevents *you* from calling Assured Assistance Inc. before seeking *emergency treatment*, *you* must call Assured Assistance Inc. as soon as medically possible. As an alternative, someone else (family member, friend, *hospital* or *physician's* office staff, etc.) may call on *your* behalf.
- 3 **This insurance is subject to a maximum of \$20,000 if *you* do not have valid *government health insurance plan* coverage at the time of claim.**

WHAT RISKS ARE INSURED?

This insurance covers the reasonable and customary medical expenses *you* actually incur once *you* have left *your* *departure point* for necessary medical care or surgery, as part of the *emergency treatment* arising from a *medical condition*. This insurance only covers expenses in excess of those covered under *your* *government health insurance plan* and by any other insurance or benefit plan under which *you* are covered.

WHAT ARE THE BENEFITS?

- 1 **Unlimited *emergency* medical expenses**
This insurance covers medical expenses related to the following when required as part of the *emergency treatment* and ordered by a licensed *physician* during *your* *trip*:
 - a) *emergency treatment*, other than dental treatment;
 - b) the services of a licensed private duty nurse while *you* are hospitalized;
 - c) the lesser of the rental or purchase of a *hospital-type* bed, a wheelchair, brace, crutches and other medical appliances;
 - d) diagnostic testing, when pre-authorized by Assured Assistance Inc.; and
 - e) *prescription drugs*.
- 2 ***Hospital allowance***
This insurance covers *your* reimbursement up to \$50 per day to a maximum of \$500 for *your* incidental *hospital* expenses (telephone calls, television rental) while *you* are hospitalized for at least 48 hours.
- 3 ***Other emergency services***
This insurance covers expenses for *emergency treatment* by a licensed physiotherapist, chiropractor, chiroprapist, podiatrist or osteopath to a maximum of \$300 per profession.
- 4 ***Ground ambulance***
This insurance covers *you* for local ground ambulance service to a *hospital*, *physician* or medical service provider in an *emergency*. *We* will pay for local taxi fare in lieu of local ground ambulance service where an ambulance is medically required but not available.
- 5 ***Repatriation of your remains***
If, during *your* *trip*, *you* die from a *medical condition* covered under this insurance, the insurance covers:
 - a) the transportation of *your* remains in the common carrier's standard transportation container to *your* *departure point*, and up to \$5,000 for the preparation of *your* remains and for the cost of the common carrier's standard transportation container; or
 - b) the transportation of *your* remains to *your* *departure point* and up to \$5,000 for the cremation of *your* remains at the location where *your* death occurred; or
 - c) up to \$5,000 for the preparation of *your* remains and the cost of a standard burial container and up to \$5,000 for the burial of *your* remains at the location where *your* death occurred.
 - d) If someone is legally required to identify *your* remains, this insurance covers the cost of a return economy air fare on a commercial flight via the most cost effective route and up to \$500 for commercial accommodations and meals for that person. That person is covered under the terms of *your* insurance during the period in which he/she is required to identify *your* remains, but for no longer than 3 business days.
- 6 ***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 Inc. determine that *you* are able to and recommend that *you* return to *your* country of residence following *your* *emergency treatment*, this insurance covers *you* for one or more of

the following, when pre-authorized and arranged by Assured Assistance Inc., 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.

7 Return to *your trip destination*

- This benefit is subject to the pre-authorization of Assured Assistance Inc.**
- This insurance 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*. *Your trip* to return to *your scheduled trip destination* must occur during *your period of insurance* originally provided by this benefit.
- 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 Certificate of Insurance.
- When this benefit is provided to *you*, *your effective date* under the Certificate of Insurance becomes the day *you* leave *your departure point* to return to *your trip destination*.

8 Subsistence allowance

- This benefit is subject to the pre-authorization of Assured Assistance Inc.**
- This insurance covers *your* reimbursement up to \$175 per day to a maximum of \$1,750 for *your* commercial accommodations and meals, essential telephone calls, Internet usage fees, and taxi fares (or rental car in lieu of taxi fares), if, upon *physician's* advice:
 - *you*, or *your travelling companion*, are relocated to receive medical attention; or
 - *you* are delayed beyond *your return date* in order to receive *emergency treatment* or because *your travelling companion* requires *emergency treatment*, for an *emergency medical condition* covered under this insurance.

9 *Beside companion's* travel to *your bedside*

- This benefit is subject to the pre-authorization of Assured Assistance Inc.**
- If *you* are travelling alone and hospitalized during *your trip*, then in the event a *bedside companion* is required, this insurance covers:
 - the cost of a return economy air fare on a commercial flight via the most cost effective route;
 - up to \$500 for commercial accommodations and meals for the *bedside companion*; and
 - *your bedside companion* is insured under the terms of *your* insurance during the period in which this person is required as *your bedside companion*.
- If *you* are over age 20 and physically or mentally handicapped, or under age 21 and dependent on *your bedside companion* for support, this insurance provides this benefit to *you* as soon as *you* are admitted to a *hospital*.

10 *Emergency dental treatment*

- This insurance covers the following dental expenses when required as *emergency treatment* and 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, *you* are covered for the *emergency* dental expenses *you* incur during *your trip* and *you* are also covered up to a maximum of \$1,500 to continue necessary treatment after *your* return to Canada. However, this treatment must be completed within 180 days after the accident.
 - if *you* need other *emergency* dental treatment, *you* are covered for the *emergency* dental expenses *you* incur during *your trip*, up to a maximum of \$300, and the complete cost of *prescription drugs*.

11 Return of *vehicle*

If, as a result of a medical *emergency* during *your trip*, *you* are unable to return a *vehicle* to its point of origin, this insurance covers the reasonable costs for a commercial agency to return the *vehicle* to *your* residence or to a *commercial rental agency* when pre-authorized by Assured Assistance Inc.

12 Return of *children* and escort for *children* to their *departure point*

- If *children* insured under one of *our* *emergency* medical insurances travel with *you* or join *you* during *your trip* and *you* are hospitalized for more than 24 hours or *you* must return to Canada because of *your emergency medical condition* covered under this insurance, this insurance covers:
- the extra cost of a one-way economy air fare on a commercial flight via the most cost effective route for the return of those *children* to their *departure point*; and
 - the cost of a return economy air fare via the most cost effective route on a commercial flight for an escort if the airline requires that the *children* be escorted.

13 Return of *travelling companion*

If *you* are travelling with a *travelling companion*, this insurance covers one *travelling companion* for the extra cost of a one-way economy air fare on a commercial flight via the most cost effective route to *your departure point* if *you* must return to Canada because of a *medical condition* covered under this insurance.

14 Return of *your dog* or *cat*

- This benefit is subject to the pre-authorization of Assured Assistance Inc.**
- If *your* domestic dog(s) or cat(s) travel with *you* during *your trip* and *you* must return to Canada because of *your emergency medical condition* 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*.

15 Return of *your excess baggage*

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

WHAT CONDITIONS APPLY?

By paying the premium for this insurance, *you* agree that *we* and Assured Assistance Inc. have:

- your* consent to verify *your* health card number and other information required to process *your* claim, with the relevant government and other authorities;
- your* authorization to *physicians*, *hospitals* and other medical providers to provide to *us* and Assured Assistance Inc. any and all information they have regarding *you* while under observation or treatment, including *your* medical history, diagnoses and test results; and
- your* agreement to the disclosure 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.

FLIGHT & TRAVEL ACCIDENT INSURANCE

Flight & Travel Accident Insurance applies to *you* if *you* have purchased any Enhanced Coverage.

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?

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

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

WHAT CONDITIONS APPLY?

- If after 1 year following the forced landing or disappearance of the *passenger plane* on which *you* are riding *your* body has not been found, it will be presumed that *you* died as a result of the *accidental bodily injuries* that occurred at the time of such forced landing or accident or, in the case of disappearance of such *passenger plane*, that *you* died at the time and place the *passenger plane* was last seen or heard from and as the result of an accident to such *passenger plane*.
- The total benefits payable for one or more accidents will not exceed the applicable principal sum as shown under "What are the benefits?"

BAGGAGE & PERSONAL EFFECTS INSURANCE

Baggage & Personal Effects Insurance applies to *you* if *you* have purchased any Enhanced Coverage.

WHAT RISKS ARE INSURED?

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

WHAT ARE THE BENEFITS?

- Loss of or Damage to Baggage & Personal Effects**
Reimbursement of *your* losses up to \$1,000 per *trip* (\$2,000 per family per *trip*), subject to a maximum of \$500 for any one item or set of items (items which are purchased for use together, and commonly used together).
- Replacement of Travel Documents**
Reimbursement of up to \$300 in total towards the replacement expenses of one or more of the following documents: passport, driver's licence, birth certificate or travel visa, in the event any one of these is lost or stolen.
- Delay of Baggage & Personal Effects**
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*.

WHAT CONDITIONS APPLY?

- In the event of theft, burglary, robbery, malicious mischief, disappearance, loss or damage of an item covered under this insurance, *you* must:
 - during *your period of insurance*, 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 us immediately upon *your* return to *your departure point*.

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

- 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.
- a) We are not liable beyond the actual cash value (original cost less deduction for depreciation) of the property at the time of loss.
- b) We have the option to repair or replace any damaged or lost property with other of similar kind, quality and value and to require submission of the property for appraisal of damage.
- If you are insured under other Baggage & Personal Effects insurance issued by us, then the maximum sum insured per person or per family will not exceed \$2,000 in total for all coverages.
- 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

Trip Interruption/After Departure Insurance applies to you if you have purchased any Enhanced Coverage.

WHAT ARE THE RISKS INSURED?

This insurance covers trip interruption due to an *emergency medical condition* or death involving you, your immediate family member, your travelling companion, or your travelling companion's immediate family member.

WHAT ARE THE BENEFITS?

Prepaid travel arrangements – Reimbursement to you of the expenses you actually incur as a result of the insured risks for any unused, non-refundable prepaid land arrangements excluding the cost of prepaid unused transportation back to your departure point.

- This benefit is up to \$1,500 per person to a maximum coverage of \$3,000 per family.
- This benefit is payable when your attending physician advises that you return home, subject to the pre-approval of Assured Assistance Inc.

Transportation costs – Reimbursement to you of the expenses you actually incur as a result of the insured risks for the extra cost of a one-way economy airfare via the most cost effective route to your departure point.

Fly to Bedside or Funeral – Note: If you are required to interrupt your trip to attend a funeral, or travel to the bedside of a hospitalized immediate family member, you have the option to purchase a ticket to the destination where the death or hospitalization has occurred. You will be reimbursed the cost of the ticket, up to the maximum amount of what it would have cost for a one-way economy class airfare via the most cost effective route back to your departure point.

- This option is subject to the pre-approval of Assured Assistance Inc.
- This option can only be used once during your period of insurance.
- If you choose this option, it will replace the Transportation costs benefit.
- The Subsistence Allowance benefit is not applicable if you choose this option.

- This benefit is up to \$1,500 per person to a maximum coverage of \$3,000 per family.
- This benefit is payable when your attending physician advises that you return home, subject to the pre-approval of Assured Assistance Inc.

Subsistence allowance – Reimbursement to you of the expenses you actually incur as a result of the insured risks for commercial accommodation, meals, telephone, internet usage fees and taxi expenses (or rental car in lieu of taxi fares) incurred after the contracted return date if return home is delayed beyond the contracted return date.

- This benefit is up to \$100 per day per person.
- This benefit is subject to a maximum of \$1,000 per person and \$3,000 per family.

WHAT CONDITIONS APPLY?

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.

PRE-EXISTING MEDICAL CONDITION EXCLUSIONS

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

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:

- 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.
- 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:
 - any heart condition has not been stable; or
 - you have taken nitroglycerin more than once per week specifically for the relief of angina pain.
- 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:
 - any lung condition has not been stable; or
 - 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:

- 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.
- 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:
 - any heart condition has not been stable; or
 - you have taken nitroglycerin more than once per week specifically for the relief of angina pain.
- 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:
 - any lung condition has not been stable; or
 - 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:

- 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:
 - you have taken medication, been prescribed medication, or received treatment for that medical condition or related condition; or
 - you have experienced a deterioration of, or sought treatment for, that medical condition or related condition.
- 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:
 - you have taken medication, been prescribed medication, or received treatment for any heart condition; or
 - you have experienced a deterioration of, or sought treatment for, any heart condition.
- 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:
 - you have taken medication, been prescribed medication, or received treatment for any lung condition; or
 - you have experienced a deterioration of, or sought treatment for, any lung condition.

GENERAL EXCLUSIONS

In addition to the exclusions outlined above under “Pre-Existing Medical Condition Exclusions,” this insurance does not cover any loss, claim or expense of any kind caused directly or indirectly from:

- Any medical condition if any answer provided in your medical questionnaire is incorrect, in which case the coverage is void and the premium paid is refundable at our option.
- 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 Inc. or RBC Insurance Company of Canada determine that you are medically able to return to your home country and you choose not to return.

- 3 The treatment of any heart or lung condition, following *emergency treatment* for a related or unrelated heart or lung condition during *your trip*, if the medical advisors of Assured Assistance Inc. or RBC Insurance Company of Canada determine that *you* were medically able to return to *your* home country and *you* chose not to return.
- 4 *Your* intentional self-inflicted injury, suicide or attempt to commit suicide (whether sane or insane).
- 5 *Your* commission of a criminal act or *your* direct or indirect attempt to commit a criminal act.
- 6 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*.
- 7 *Your* abuse of medication, drug or alcohol or deliberate non-compliance with prescribed medical therapy or treatment whether prior to or during *your trip*.
- 8 *Your mental or emotional disorders*.
- 9 Any treatment that is not *emergency treatment*.
- 10 *Your* participation as a *professional* athlete in a sporting event.
- 11 *Your* participation in rock climbing or *mountain climbing*.
- 12 *Your* participation in a motorized race or motorized speed contest.
- 13 A *medical condition* or related condition that arises during a *trip* *you* undertake with the prior knowledge that *you* will require or seek treatment or surgery for that *medical condition* or a related condition.
- 14 A *medical condition* for which future investigation or treatment (except routine monitoring) is planned before *your effective date*.
- 15 A *medical condition* for which it was reasonable to expect treatment or hospitalization during *your trip*.
 - 16 a) Routine pre-natal care,
 - b) a child born during *your trip*,
 - c) in the 9 weeks before or after the expected date of delivery, complications of pregnancy and/or childbirth.
- 17 Symptoms which would have caused an ordinarily prudent person to seek treatment or medication in the 90 days before *your effective date*.
- 18 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.
- 19 Any portion of the benefits that require prior authorization and arrangement by Assured Assistance Inc. if such benefits were not pre-authorized and arranged by Assured Assistance Inc.
- 20 Any *medical condition* if the medical advisors of Assured Assistance Inc. recommended that *you* return to *your* country of residence following *your emergency treatment*, and *you* chose not to return.
- 21 War (declared or not), act of foreign enemies or rebellion.
- 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 Any portion of benefits up to the amount of *your deductible* per covered claim, if *you* have chosen a *deductible* option. *You* will be responsible for the *deductible* for each claim, and *we* will apply this *deductible* to any claim covered under this insurance in excess of *your government health insurance plan* coverage.
- 24 Under Flight & Travel Accident Insurance:
 - 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;
 - *contamination* due to any *act of terrorism*; and
 - *terrorism*.
- 25 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, eye glasses, sunglasses, contact lenses, money, tickets, securities and documents, *professional* or occupational items, antiques and collector items, breakage of 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.
- 26 Under Trip Interruption/After Departure Insurance:
 - any anticipated event, occurrence, circumstance, or *medical condition*, which *you* were aware of on or before *your effective date*, and which *you* knew might be cause for interruption or delay of *your trip*.
- 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. This condition is not applicable to benefits payable under Flight & Travel Accident Insurance.
- 4 In the case of out-of-province/country 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.
- 5 If *you* are insured under more than one of *our* Policies, the total amount paid to *you* cannot exceed the actual expense which *you* have incurred, and the maximum *you* are entitled to is the largest amount specified for the benefit in any one Policy. This condition is not applicable to benefits payable under Flight & Travel Accident Insurance.
- 6 Any of *our* Coverages 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* Coverages. This condition is not applicable to benefits payable under Flight & Travel Accident Insurance.
- 7 *You* must repay to *us* any amount paid or authorized by *us* on *your* behalf if and when *we* determine that the amount is not payable under the terms of *your* coverage.
- 8 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 Certificate of Insurance.
- 9 *We* will pay the expenses, other than for loss of life, covered under this insurance to *you* or to the provider of the service(s). Any sum payable for loss of life will be payable to *your* estate.
- 10 If the aggregate of all accident insurance Policies under which *we* cover *you* is in excess of \$50,000, *our* total liability will be limited to \$50,000 and any excess insurance will be void and the premiums paid will be refunded.
- 11 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.
- 12 During the processing of a claim under this insurance, *we* may require *you* to undergo a medical examination by one or more *physicians* selected by *us* and at *our* expense.
- 13 *You* and *we* agree that all disputes, controversies or claims arising under the Certificate of Insurance or otherwise in connection with this coverage, 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 Certificate of Insurance, shall be decided by arbitration before a single arbitrator in the Canadian province or territory in which the Certificate of Insurance was issued under the rules embodied in the arbitration legislation of the Canadian province or territory in which the Certificate of 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 the Certificate of 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 the Certificate of 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 Certificate of 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 Certificate of Insurance was issued and at a venue chosen by *us* and/or Assured Assistance Inc.
- 14 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.
- 15 Throughout this document, any reference to age refers to *your* age on the date of *application for insurance*.
- 16 *We* and *our* agents, Assured Assistance Inc. and their agents are not responsible for the availability, quality or results of any medical treatment or of any transportation or of *your* failure to obtain medical treatment.
- 17 This document, including the *application for insurance* and, when applicable, the *medical questionnaire*, is the entire contract between *you* and *us*. Despite any other provision of this contract, this contract is subject to any applicable federal and provincial statutes concerning contracts of insurance.

GENERAL CONDITIONS

- 1 If *you* fail to meet the eligibility conditions as outlined under "Who is eligible for coverage?" *your* insurance is void and *our* liability is limited to a refund of the premium paid.
- 2 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.

HOW DO YOU SUBMIT A CLAIM?

If you contacted Assured Assistance Inc. at the time of the medical emergency:

When you call Assured Assistance Inc. at the time of an *emergency* as shown under "What must you do in a medical emergency?" you are given all the information required to file a claim.

If you did not contact Assured Assistance Inc. at the time of the medical emergency:

1 If you do not contact Assured Assistance Inc. at the time of your medical *emergency* or you choose to receive treatment from a medical service provider outside the *network*, you will be responsible for 30% of your medical expenses covered under this insurance and in excess of your medical expenses paid by your *government health insurance plan*.

2 We do not cover fees charged for completing a medical certificate.

3 You must notify the Claims Centre within 30 days of the date you incur a claim under Flight & Travel Accident Insurance, Baggage & Personal Effects Insurance or Trip Interruption/ After Departure Insurance.

4 You must file your claim with us within 90 days of your return to your *departure point*.

5 If you need a claim form, please contact the Claims Department at:

RBC Insurance Company of Canada

Travel HealthProtector

P.O. Box 97, Station A,

Mississauga, Ontario L5A 2Y9

1-800-464-3211 (toll-free from the USA & Canada)

905-816-2573 (collect from anywhere)

905-813-4701 (fax)

6 Or you can visit our website at:

www.rbcinsurance.com/travel to obtain an *Emergency Medical* claim form or a *Trip Interruption* claim form.

EMERGENCY MEDICAL INSURANCE:

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

- documentary evidence of your *effective date* if you are insured under any Multi-Trip Annual Plan;
- the completed claim form (contact the Claims Department to obtain a claim form);
- 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 Power of Attorney, and Régie de l'assurance maladie du Québec forms if you reside in the Province of Quebec;
- 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;
- 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:

- the completed claim form (contact the Claims Department to obtain a form);
- original airline tickets;
- proof of loss (copy of reports made to the authorities) or damage, proof of ownership and receipts for the items claimed in the event of loss or damage; and
- original receipts for necessary toiletries and clothing in the event of delay.

TRIP INTERRUPTION/AFTER DEPARTURE INSURANCE:

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

- a medical document or claim form 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 not recommended, the diagnosis and all dates of treatment;
- 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;
- detailed invoices and/or receipts from the service provider(s); and
- original receipts for out-of-pocket expenses.

FLIGHT & 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.

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 Inc., whenever possible, you will be directed to one or more recommended medical service providers

near you. In addition, whenever possible, Assured Assistance Inc. 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 Inc., 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 Emergency Message Centre

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

4 Replacement Co-ordination

Whenever possible, Assured Assistance Inc. 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.

5 Emergency Cash and Airline Tickets

Should your RBC Royal Bank Visa® card be lost or stolen while travelling anywhere in the world, you can call Assured Assistance Inc. and they will arrange to provide you with up to \$5,000 Cdn in *emergency* funds and/or airline tickets. *Emergency* funds will be charged to your RBC Royal Bank Visa card as a cash advance and tickets will be billed as a purchase.

6 Legal and Bail Assistance

If you find yourself in need of legal counsel while away from home, you can call Assured Assistance Inc. for names of local attorneys, embassies and consulates who may be able to help. Assured Assistance Inc. can also arrange for funds to be transferred directly from your RBC Royal Bank account if you are required to post bail or advance funds to counsel. The final selection of any legal service provider is your right and responsibility.

IMPORTANT TELEPHONE NUMBERS

ENROLLMENT CENTRE

1-800-565-3129 (toll-free call from USA or Canada)

905-816-2577 (collect call from anywhere)

905-816-2498 (fax)

- Enrollment in Travel HealthProtector Insurance
- Extension of this Travel HealthProtector coverage
- *Top-up* of your RBC Royal Bank Visa coverage
- Travel HealthProtector cancellation request

ASSURED ASSISTANCE INC.

(For details, please see "What assistance services are available?")

1-800-222-9978 (toll-free call from USA or Canada)

001-800-514-1889 (toll-free call from Mexico)

905-816-2562 (collect call from anywhere)

1-888-298-6340 (toll-free fax from USA or Canada)

905-813-4719 (fax)

- Medical assistance and consultation
- Payment assistance
- *Emergency* message centre

CLAIMS CENTRE

1-800-464-3211 (toll-free call from USA or Canada)

905-816-2573 (collect call from anywhere)

905-813-4701 (fax)

- Claim filing after your return
- Claim enquiry after your return

RBC Insurance Company of Canada and Assured Assistance Inc.

P.O. Box 97, Station A,

Mississauga, Ontario L5A 2Y9

Underwritten by RBC Insurance Company of Canada. In Quebec, certain coverages underwritten by RBC General Insurance Company.