

**RBC® VISA INFINITE\***

**OUT OF PROVINCE/COUNTRY EMERGENCY MEDICAL INSURANCE**

**CERTIFICATE OF INSURANCE**

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

**INTRODUCTION**

RBC Insurance Company of Canada (the "Insurer") has issued group insurance policy U-1014451-A to Royal Bank of Canada ("Royal Bank") to cover emergency medical expenses incurred by *covered persons* while outside their Canadian province or territory of residence. All *covered persons* are clients of the Insurer. This Certificate of Insurance summarizes the provisions of this group insurance policy.

**WHAT SHOULD YOU DO IN A MEDICAL EMERGENCY?**

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

If *you* do not call Assured Assistance or if *you* choose to seek care from a non-approved medical service provider, *you* will be responsible for a portion of *your* medical expenses as outlined under "Limitations of coverage".

Assured Assistance can be contacted by calling:

**1-866-774-2878 toll-free from the US & Canada or  
905-816-2584 collect from anywhere in the world.**

**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* insurance 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 of Insurance and how it relates to *your* departure date, date of purchase, or *effective date*.
- In the event of an accident, injury or sickness, *your* prior medical history may be reviewed when a claim is reported.
- *Your* insurance provides travel assistance. *You* are required to notify Assured Assistance prior to receiving *emergency treatment*. *Your* insurance limits benefits should *you* not contact Assured Assistance immediately.

## HELPFUL INFORMATION ABOUT OUT OF PROVINCE/COUNTRY EMERGENCY MEDICAL INSURANCE

- Coverage is provided for the first thirty-one (31) consecutive days of *your trip* until *you* attain 65 years of age.
- *Top-up* coverage is available if *you* are travelling for more than thirty-one (31) days. Please call the Enrollment Centre at 1-800-565-3129 for further information.
- Remember to call Assured Assistance before *you* receive *emergency treatment*. Of course, if *your medical condition* prevents *you* from calling, we understand - *you* must call as soon as medically possible or, as an alternative, someone else may call on *your* behalf (relative, friend, nurse or doctor).
- Refer to the "What is not covered?" section for a complete description of all exclusions before *you* travel.
- It is important that *you* read and understand *your* Certificate of Insurance as *your* coverage is subject to certain limitations or exclusions.

## DEFINITIONS

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

***Additional cardholder*** means a *co-applicant* or an *authorized user*.

***Applicant*** means a person who has signed and/or submitted an application as the primary cardholder for an RBC *Visa Infinite\** card, to whom a card has been issued and in whose name the card account is established. An *applicant* does not include an *additional cardholder*. An *applicant* must be a *permanent resident* of Canada.

***Authorized user*** means a person, other than the *applicant* and the *co-applicant*, to whom an RBC *Visa Infinite* card has been issued at the request of the *applicant* or the *co-applicant*.

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

***Co-applicant*** means a person who has signed and/or submitted an application for an RBC *Visa Infinite* card as the *co-applicant*, and to whom a card has been issued. A *co-applicant* must be a *permanent resident* of Canada.

**Covered person** means any of the following persons who are under the age of 65 and have a valid *government health insurance plan*: the *applicant*, the *applicant's spouse*, and/or the *applicant's dependent child* who travels with or joins the *applicant* and/or the *applicant's spouse* on the same *trip*. An *additional cardholder* is a *covered person* in his/her own right. A *covered person* may be referred to as "you" or "your" or "yourself". The *spouse* and/or *dependent child* of an *additional cardholder* are not eligible for this insurance, unless they are otherwise covered as described above (the *applicant*, the *applicant's spouse*, and/or the *applicant's dependent child* who travels with or joins the *applicant* and/or the *applicant's spouse* on the same *trip*). The *spouse* and/or *dependent child* of the *applicant* are no longer covered when the *applicant* turns the age of 65, unless they are also an *additional cardholder*.

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

**Dependent child (or dependent children)** means an unmarried, natural, adopted, step or foster child, or legal ward of the *applicant* who is covered under a *government health insurance plan* and is:

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

**Emergency treatment** means any treatment, surgery or medication that:

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

The *emergency treatment* must be ordered by or received from a *physician* or received in a *hospital* during *your trip*.

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

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

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

**Medical emergency** means any unexpected or unforeseen sickness or bodily injury that occurs during the period of coverage and makes it necessary for *you* to receive immediate treatment from a *physician* or to be hospitalized.

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

**Mountain climbing** means the ascent or descent of a mountain requiring the use of specialized equipment, including crampons, pick-axes, anchors, bolts, carabiners and lead- or top-rope anchoring equipment.

**Permanent resident** means a person who resides in Canada for at least six (6) months of the year. However, individuals otherwise eligible for coverage who are members of the Canadian Foreign Service need not satisfy this requirement.

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

**Prescription drugs** means drugs and medicines that can only be issued upon the prescription of a *physician* or dentist and are dispensed by a licensed pharmacist.

**Spouse** means the person who is legally married to *you*, or has been living in a conjugal relationship with *you* and residing in the same household as *you* for a continuous period of at least one (1) year.

**Stable** means 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 tests 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) ,

**Top-up** means the coverage *you* purchase from the Enrollment Centre to extend *your* coverage beyond the maximum duration of the first thirty-one (31) consecutive days.

**Trip** means travel outside *your* Canadian province or territory of residence up to a maximum duration of the first thirty-one (31) consecutive days.

## WHEN DOES COVERAGE BEGIN AND END?

This insurance coverage begins whenever *you* leave *your departure point*. *You* will be covered for the first thirty-one (31) consecutive days of a *trip*, including the date *you* leave on *your trip* and the date *you* return from *your trip*.

Coverage ends, individually for the *applicant* and each *additional cardholder*, at the earliest of:

1. The date *you* attain age 65. (Note: Coverage ends for the *applicant's spouse* and the *applicant's dependent child* when the *applicant* turns the age of 65, unless they are also an *additional cardholder*);
2. The date *you* return to *your* province or territory of residence; or
3. The date *your* RBC *Visa Infinite* account is cancelled; or
4. The date *your* RBC *Visa Infinite* account is sixty (60) days past due; or
5. The date *you* have been absent for more than thirty-one (31) consecutive days from *your* province or territory of residence; or
6. The date the group insurance policy is cancelled by the Insurer or Royal Bank. However, such cancellation of coverage shall not apply to travel arrangements charged to *your* RBC *Visa Infinite* card prior to the cancellation date of the group insurance policy.

## WHEN DOES YOUR COVERAGE AUTOMATICALLY EXTEND?

Coverage automatically extends beyond the thirty-one (31)-day limit as follows:

1. When *you* are hospitalized due to a *medical emergency* beyond the thirty-one (31)-day limit, *your* coverage will remain in force during *your* hospitalization and up to five (5) days following *your* discharge from *hospital*.
2. Coverage is automatically extended for up to five (5) days when *you* must delay *your* return beyond the thirty-one (31)-day limit due to a *medical emergency*.
3. Coverage is automatically extended for up to seventy-two (72) hours when the delay of a plane, bus, ship or train in which *you* are a passenger causes *your trip* to extend beyond the thirty-one (31)-day limit.

## WHAT IS COVERED AND WHAT ARE THE BENEFITS?

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

1. **Hospital and medical expenses**

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

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

2. **Emergency dental expenses**

Covers the cost of the following dental expenses when ordered by and received from a licensed dentist:

- the repair or replacement of natural teeth or permanently attached artificial teeth required as the result of an accidental injury to the mouth during *your trip*, to a maximum of \$2,000. Dental treatment must be received within ninety (90) days of the injury.
- treatment during *your trip*, for the emergency relief of dental pain, to a maximum of \$200.

3. **Other emergency services**

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

4. **Emergency air transportation or evacuation**

Covers the cost of the following, when medically required and approved in advance and arranged through Assured Assistance:

- the extra cost of one-way economy airfare on a commercial flight by the most direct route to the point of departure, to receive immediate emergency medical attention; or
- a stretcher fare on a commercial flight by the most direct route to *your departure point*, if a stretcher is medically necessary; and
- return economy airfare on a commercial flight 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
- air ambulance transportation if it is medically essential.

5. **Return of deceased**

Covers:

- the return 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 the cost of the common carrier's standard transportation container; or
- the return of *your* remains to *your departure point*, and up to \$5,000 for the cremation of *your* remains where *your* death occurred; or
- 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 where *your* death occurred.

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

6. **Additional hotel and meal expenses**

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

7. **Bringing relative to bedside**

Covers the cost of round-trip economy class transportation by the most cost-effective route, to have a relative visit *you* when *you* are hospitalized during *your trip*. However, if *you* are under age twenty-one (21), or age twenty-one (21) and over and physically handicapped and dependent on

*your* bedside companion for support, this insurance provides this benefit to *you* as soon as *you* are admitted to a *hospital*. That person is entitled to a maximum of \$300 for meal and hotel accommodation expenses and is covered under the terms of *your* insurance during the period in which he or she is required at *your* bedside. The visit must be approved in advance through Assured Assistance.

**8. Return of vehicle**

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

**9. Return of dependent child or dependent children**

If a *dependent child* or *dependent children* insured under *your* insurance travel with or join *you* during *your trip*, and *you* are hospitalized for more than twenty-four (24) hours, or *you* must return to Canada because of *your medical emergency* covered under this insurance, this insurance covers, when arranged and approved through Assured Assistance, the extra cost of one-way economy transportation by the most cost-effective route to the *dependent children's departure point* and the cost of return economy transportation for an escort, when an escort is deemed necessary by the carrier.

**10 Return of your excess baggage**

If *you* return to *your departure point* by air ambulance (pre-authorized by Assured Assistance) because of *your medical emergency*, this insurance covers the cost to return *your excess baggage* up to a maximum of \$500, when medically required and approved in advance and arranged through Assured Assistance.

## LIMITATIONS OF COVERAGE

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

Should *your medical condition* prevent *you* from calling Assured Assistance before seeking *emergency treatment*, *you* must call as soon as medically possible or someone else may call on *your* behalf.

## WHAT IS NOT COVERED?

### PRE-EXISTING MEDICAL CONDITION EXCLUSIONS

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

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

## **GENERAL EXCLUSIONS**

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

1. Any *medical condition* for which:
  - *you* are awaiting the outcome of medical tests, the results of which show any irregularities or abnormalities, or
  - future investigation or treatment (except routine monitoring) is planned before *your trip*.
2. The continued treatment, investigation, recurrence or complication of a *medical condition* following *emergency treatment* for that *medical condition* during *your trip* if the medical advisors of Assured Assistance determine that *you* were medically able to return to *your* province or territory of residence and *you* chose 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 determine that *you* were medically able to return to *your* province or territory of residence and *you* chose not to return.
4. Any treatment that is not *emergency treatment*.
5. Routine care of a chronic condition.
6. Any *medical condition* for which it was reasonable, prior to departure, to expect treatment or hospitalization during *your trip*.

7. Symptoms which would have caused an ordinarily prudent person to seek treatment or medication in the ninety (90) days before *your trip*.
8. *Your medical emergency* or related *medical condition*, if the reason for *your medical emergency* or related *medical condition* is associated in any way with a written formal travel warning issued before *your effective date* by the Department of Foreign Affairs and International Trade of the Canadian Government, advising Canadians not to travel to the country, region or city of *your trip*.
9. Any portion of the benefits that require prior authorization and arrangement by Assured Assistance if such benefits were not pre-authorized and arranged by Assured Assistance.
10. Invasive testing or surgery (including cardiac catheterization and MRI) unless approved by Assured Assistance prior to being performed.
11. Any *medical condition* if *you* undertake *your trip* with the prior knowledge that *you* will require or seek treatment, surgery, investigations, palliative care or alternative therapy of any kind, regardless of whether the treatment, surgery, investigations, palliative care or alternative therapy is related in any way to the *medical condition*.
12. The following:
  - a. routine pre-natal care,
  - b. complications of pregnancy occurring within nine (9) weeks before or after the expected date of delivery, or
  - c. complications of childbirth occurring within nine (9) weeks before or after the expected date of delivery.
13. Any child born during the *trip*.
14. *Your* participation as a professional in sports, participation as a professional in underwater activities, scuba diving as an amateur unless *you* hold a basic scuba designation from a certified school or other licensing body, participation in a motorized race or motorized speed contest, bungee jumping, parachuting, rock climbing, *mountain climbing*, hang-gliding or skydiving.
15. *Your* committing or attempting to commit a criminal offence.
16. *Your* intentional self-inflicted injury, suicide or attempted suicide (whether sane or insane).
17. *Your mental or emotional disorders*.
18. 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*.
19. *Your* abuse of medication, drugs or alcohol or deliberate non-compliance with prescribed medical therapy or treatment whether prior to or during *your trip*.

20. Act of foreign enemies or rebellion, voluntarily and knowingly exposing *yourself* to risk from an act of war (declared or not) or voluntarily participating in a riot or civil disorder.
21. Treatment or surgery for a *medical condition*, or a related condition, which had caused *your physician* to advise *you* not to travel.
22. Any *medical condition* if the medical advisors of Assured Assistance recommend that *you* return to *your* country of residence following *emergency treatment* you have received, and *you* chose not to return.
23. Ionizing radiation or radioactive contamination from any nuclear fuel or waste that results from the burning of nuclear fuels; or the radioactive, toxic, explosive or other dangerous properties of nuclear machinery or any part of it.

### WHAT SHOULD YOU DO IF YOU HAVE A CLAIM?

If *you* call Assured Assistance at the time of the *medical emergency* as shown under "What should *you* do in a *medical emergency*?" you will receive the necessary claims assistance.

If *you* do not call Assured Assistance, *you* must notify the Claims Centre of *your* claim within thirty (30) days of the date *emergency treatment* or other expenses were first incurred.

For *your* claim to be reviewed, *you* must submit the following information:

- The completed claim form. Please contact the Claims Centre to obtain a claim form. (Note: A legal guardian must complete the claim process on behalf of a *covered person* under the age of eighteen (18) in Quebec or under the age of sixteen (16) for the rest of Canada.),
- Originals of all bills, invoices and receipts from the service provider(s),
- Any required *government health insurance plan* form,
- Proof of any payment(s) or denial(s) made by other insurance plan(s), and
- A complete diagnosis from the *physician(s)* and/or *hospital(s)* that provided the treatment, including, where applicable, written verification from the *physician* who treated *you* during *your trip* that the expenses were medically necessary.

Submission of claims must be made to the Claims Centre:

**RBC Insurance Company of Canada**  
**Claims Centre**  
**PO Box 97, Station A**  
**Mississauga, ON L5A 2Y9**  
**1-866-426-7494**

*You* must submit the information required for *your* claim within ninety (90) days of the date of the *emergency treatment* or other expenses were first incurred. If it is not reasonably possible to provide such information within ninety (90) days, *you* must do so within one (1) year or *your* claim will not be reviewed.

The Claims Centre will notify *you* of the decision on *your* claim within sixty (60) days of receiving all of the required information.

### **OTHER CLAIM INFORMATION**

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

*You* agree that the Insurer and its agents have:

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

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

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 co-ordinate payment with such coverage;
- more than \$50,000, we will co-ordinate payment with such coverage only in excess of \$50,000.

If *you* are actively employed and *your* current employer provides to *you* under a group health plan, a lifetime maximum coverage of:

- \$50,000 or less, we will not co-ordinate payment with such coverage;
- more than \$50,000, we will co-ordinate payment with such coverage only in excess of \$50,000.

If *you* disagree with the claim decision of the Insurer, the matter will be submitted to arbitration under the arbitration law in the Canadian province or territory in which *you* permanently reside. *You* must begin arbitration proceedings to recover a claim within twelve (12) months of the occurrence of the *medical emergency*. If, however, this limitation is invalid according to the laws of the Canadian province or territory where *you* permanently reside, *you* must commence *your* claim within the shortest time limit permitted by that province or territory. All arbitration proceedings must be brought in the Canadian province or territory in which *you* permanently reside. Where requested by the Insurer, *you* consent to the transfer of any proceedings to the province or territory where *you* permanently reside.

## WHAT OTHER TERMS SHOULD YOU KNOW ABOUT?

1. This insurance is classified as supplemental or excess, in that it covers expenses in excess of expenses payable by any other insurance plan.
2. When *you* contact Assured Assistance, they will, on the Insurer's behalf, refer *you* or may transfer *you*, when medically appropriate, to one of their recommended medical service providers. They will also request that the approved medical service provider bill the medical expenses covered under this insurance directly to the Insurer instead of to *you*.
3. If *you* are eligible, from any other insurer, for benefits similar to the benefits provided under this insurance, the total benefits paid to *you* by all insurers cannot exceed the actual expense that *you* have incurred. We will coordinate the payment of benefits with all insurers from whom *you* are eligible for benefits similar to those provided under this insurance, to a maximum of the largest amount specified by each insurer.
4. If *you* incur expenses covered under this insurance due to the fault and/or negligence of a third party, the Insurer may take action against the third party. *You* agree to cooperate fully with the Insurer or its agents and to allow the Insurer or its agents, at its/their own expense, to bring a lawsuit in *your* name against a third party. Where a third party is involved, an accident report is required before any claim payments can be made.
5. All amounts are shown in Canadian dollars. If *you* have paid a covered expense, *you* will be reimbursed in Canadian currency at the prevailing rate of exchange quoted by Royal Bank on the date the last service was rendered to *you*. This insurance will not pay for any interest or any fluctuations in the exchange rate.
6. The Insurer, Customer Service Representatives/Coordinators of Assured Assistance and the Claims Centre, Royal Bank and their agents are not responsible for the availability, quality or results of medical treatment or transportation, or *your* failure to obtain medical treatment.
7. This Certificate of Insurance is the entire contract between *you* and the Insurer and is subject to the Insurance Companies Act of Canada and any governing provincial statutes concerning contracts of accident insurance.

8. The Insurer may, at its discretion, void this contract in the case of fraud or attempted fraud by *you*, or if *you* conceal or misrepresent any material fact or circumstance concerning this insurance contract.

## 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: 1-866-426-7494  
Fax: 905-813-4701

## **OUR PRIVACY POLICIES**

You may obtain more information about our privacy policies by asking for a copy of our "Straight Talk<sup>®</sup>" brochure about privacy, by calling us at the toll-free number shown above or by visiting our web site at [www.rbc.com/privacy](http://www.rbc.com/privacy)

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