



Royal Bank

## Distribution Guide for Quebec residents only

**Name of the insurance product:**  
Travel HealthProtector® insurance

**Type of insurance product:**  
Group travel insurance

### **Name and address of the Insurer**

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

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

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

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

**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 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**
- biological substances

which causes illness and/or death.

**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** –

- a) for all coverages except **4 Day Getaway Multi-Trip Annual Medical plan**, 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 insurance application/confirmation of coverage*. If *you* are age 60 and over this date cannot be more than **120 days** from the date of *your insurance application/confirmation of coverage*.
- b) **under the 4 Day Getaway Multi-Trip Annual Medical plan:**  
subsequent to *your start-up date*, the date on which *you* are scheduled to leave *your departure point*.
- c) under Flight Accident:  
the date and time shown on *your* transportation ticket.
- d) 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*

that 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.

**Family coverage** - the coverage that *you* and *your children* have when a *family coverage* option is available and the required premium has been paid.

**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, step-parent, grandparent, grandchild, in-law, natural or adopted child, step-child, brother, sister, step-brother, step-sister, aunt, uncle, niece, nephew, the legal guardian or legal ward of the insured or the person for whom the insured is the legal guardian or legal ward.

**Insurance application/confirmation of coverage** – 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 *insurance application/confirmation of coverage* forms part of the insurance contract.

**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.

This condition includes:

- 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 *insurance application/confirmation of coverage*. This form, once completed and signed, forms 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, carabineers 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-engine transportation aircraft provided by a regularly scheduled airline on any regularly scheduled *trip* operated between licensed airports. The *passenger plane* must hold a valid Canadian Air Transport Board or Charter Air Carrier licence, or its foreign equivalent, and must be 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 insurance application/confirmation of coverage*, under all coverages except any Multi-Trip Annual Plan. (Note: if *you* purchase *your* Multi-Trip Annual Plan as *top-up* to *your* travel insurance included with *your* credit card coverage the during of the *top-up* coverage cannot exceed *your* purchased option.)
- under Flight Accident:  
the *return date* and time shown on *your* transportation ticket.

**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, (whether or not the diagnosis has been determined) for which there have been:

- no new treatment, new medical management, or new prescribed medication; **and**
- no change in treatment, change in medical management, *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 coverage starts at the **latest** of the following:

- the date of *your insurance application/confirmation of coverage*; **or**
- the date *you* designate as the date of *your* departure on *your* first *trip* under this insurance, as entered on *your insurance application/confirmation of coverage*. This date cannot be more than 120 days from the date of *your insurance application/confirmation of coverage*.
- coverage for each subsequent *trip* starts each date *you* leave *your* province or territory of residence and is based on *your* purchased option of: 4 consecutive days under the 4 Day Getaway option, 9 consecutive days under the 9-Day option, 15 consecutive days under the 15-Day option, 30 consecutive days under the 30-Day option, 60 consecutive days under the 60-Day option (while *you* travel outside of Canada).

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

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

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

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



for

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

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

**Top-up** – the coverage *you* purchase from us:

- to add to *your* insurance beyond the duration covered under *your* Multi-Trip Annual Plan; **or**
- the Multi-Trip Annual Plan coverage *you* purchase from us is to compliment travel insurance included with your credit card coverage that is in effect for the initial portion of *your trip* duration and value; **or**
- before *your* date of departure from *your departure point*, through the Enrollment Centre to extend travel Insurance Coverage that is in effect for a portion of *your trip* duration under another policy offered by another program or policy of insurance.

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”, “Our” and “RBC Insurance” refer to:**

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

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

- **Aviva General Insurance Company for:**

- Baggage & Personal Effects expenses in Quebec.

**“You”, “yourself” and “your” refer to:**

- **the person named as the insured on the *insurance application/confirmation of coverage* when the required insurance premium has been paid before the *effective date*.**

## INTRODUCTION

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This Distribution Guide describes the features and benefits offered by the Travel HealthProtector insurance product for travellers, which is distributed by RBC Royal Bank®. This Distribution Guide describes the coverages in a clear and simple language, to help *you* make an informed decision when it comes to selecting the most appropriate coverage, without the presence of an insurance advisor.

For any additional information on the Coverages, Exclusions and other general disposition of the insurance, please refer to the RBC Insurance® certificate of insurance. *You* can obtain a copy of the Certificate of Insurance from any RBC Royal Bank branch or online using the following link at [www.rbcroyalbank.com/travelinsurance](http://www.rbcroyalbank.com/travelinsurance).

# I. DESCRIPTION OF PRODUCTS OFFERED

## Nature of Coverages

The RBC Travel HealthProtector Insurance Coverages available are the following:

- Enhanced Coverage
- Basic Coverage
- 4 Day Getaway Multi-Trip Annual Medical Coverage

The table below indicates the insurances included in each coverage:

Coverage includes the following insurances when marked with ✓				
	<i>Emergency Medical</i> Page 12	Trip Interruption/ After Departure Page 23	Flight & Travel Accident Page 29	Baggage & Personal Effects Page 32
Enhanced Coverage	✓	✓	✓	✓
Basic Coverage	✓			
4 Day Getaway	✓			

The payments, reimbursement and amounts shown throughout this contract are in Canadian dollars, unless otherwise stated. If currency conversion is necessary, *we* will use the exchange rate on the date the last service was rendered to *you*

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

The following section describes each coverage available.

### ■ Emergency Medical Insurance Coverage

The Emergency Medical Insurance Coverage covers the reasonable and customary medical expenses *you* incur for necessary medical care or surgery. The *emergency* must arise **after** *you* have left *your departure point*. The medical care or surgery must be necessary as part of the *emergency treatment* arising from a *medical condition*.

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

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

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

- 4 Day Getaway Multi-Trip Annual Medical Plan option
- Basic or Enhanced Coverage (Single Trip and Multi-Trip Annual Plan options);
- Basic or Enhanced Coverage Category A (Single Trip Plan and Multi-Trip Annual Plan options);

- Basic or Enhanced Coverage Category B (Single Trip Plan and Multi-Trip Annual Plan options);
- Basic or Enhanced Coverage Category C (Single Trip Plan and Multi-Trip Annual Plan options);
- Basic or Enhanced Coverage Category D (Single Trip Plan and Multi-Trip Annual Plan options);
- Basic or Enhanced Coverage Category E (Single Trip Plan and Multi-Trip Annual Plan options).

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

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

- interrupt; **or**
- delay

*your trip* due to one of the events listed in the section « Summary of Specific Features – Trip Interruption/After Departure Insurance Coverage » of this guide.

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

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

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

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

This coverage covers:

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

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

## Summary of Specific Features

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### ■ **Persons Eligible for Insurance**

For all coverages offered *you* must:

- be a client of one of the RBC® companies or a *spouse*, natural, adopted or foster *child(ren)* of a client;
- be a Canadian resident, covered under *your government health insurance plan* for the full duration of *your trip*; and
- purchase *your* coverage before *your effective date*.

In addition, the following conditions apply:

In this guide, *your* age refers to *your* age at the date of the signature of the *insurance application/confirmation of coverage*.

For **Basic and Enhanced coverages**, *you* are eligible if:

- at the time the coverage is purchased, be under 60 years of age;
- at the time the coverage is purchased, if you are 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.

For the **4 Day Getaway coverage**, *you* are eligible if:

- at the time coverage is purchased, *you* are under 75 years of age;

**NOTE** This insurance is subject to a maximum of \$20,000 if *you* do not have a valid *government health insurance plan* coverage at the time of claim.

#### **CAUTION- Exclusions, restrictions or reduction in coverage**

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

### ■ **Insurance Coverage Options**

#### 1. **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 is limited to *trips* of a maximum of 183 days♦.

♦ Any trip durations over 183 days based on *your* age, must be pre-approved by the Enrollment Centre. If approved an updated *insurance application/confirmation of coverage* will be sent to *you*.

**Note:** Check with *your government health insurance plan* for regulations regarding extending *your* coverage when leaving *your* province or territory for a specific length of

**time. All government health insurance plans have different maximum coverage limits on the number of days allowed outside of the province or territory before coverage will cease.**

## **2. Multi-Trip Annual Plan**

The Multi-Trip Annual Plan option is available under both Enhanced Coverage, Basic Coverage and the 4 Day Gateway Multi-Trip Annual Medical Plan, to an eligible person as described under “Who is eligible for coverage?”

Coverage is limited to *trips* of:

- 4 consecutive days if *you* have purchase the 4-Day option; **or**
- 9 consecutive days if *you* have purchase the 9-Day option; **or**
- 15 consecutive days if *you* have purchased the 15-Day option; **or**
- 30 consecutive days if *you* have purchased the 30-Day option; **or**
- 60 consecutive days if *you* have purchased the 60-Day option.

The consecutive days include *your* date of departure from, and *return date to, your departure point*. If *you* are travelling for more than:

- 4 consecutive days under the 4 Day option; **or**
- 9 consecutive days under the 9-Day option; **or**
- 15 consecutive days under the 15-Day option; **or**
- 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 the Certificate of Insurance.

### **CAUTION- Exclusions, restrictions or reduction in coverage**

**If *you* do not *top-up* this coverage for a *trip* that is longer than *your* 4-Day, 9-Day, 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 outside Canada

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

- 4 consecutive days outside of Canada if you have purchased the 4-Day option; **or**
- 9 consecutive days outside of Canada if you have purchased the 9-Day option; **or**
- 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:

- 4 consecutive days under the 4-Day option; **or**
- 9 consecutive days under the 9-Day option; **or**
- 15 consecutive days under the 15-Day option; **or**

- 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 policy booklet.

**CAUTION- Exclusions, restrictions or reduction in coverage**

**If *you* do not *top-up* this coverage for a *trip* that is longer than *your* 4-Day, 9-Day, 15-Day, 30-Day or 60-Day, *you* will not have coverage for any claim incurred outside of *your* period of insurance during that *trip*.**

While *you* travel within Canada if you have purchased the **Basic or Enhanced** multi trip annual plans for 9, 15, 30 or 60 days:

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 to Become Insured**

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

1. Enrolling through *your* RBC Royal Bank branch:

- when *you* are named on *your* completed *insurance application/confirmation of coverage*;
- upon payment of the required premium on or before *your effective date*; **and**
- upon completion of the *medical questionnaire*, where applicable, to determine coverage Category (A, B, C, D, or E) *you* are eligible to purchase.

2. Enrolling through the Enrollment Centre:

- 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](http://www.rbcroyalbank.com/travelinsurance):

- 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.

**NOTE** If *you* and *your* spouse are under 60 years of age and insured under Travel HealthProtector insurance, *your* children become insured under emergency medical insurance contract when the required *family* coverage premium has been paid.

■ **Effective Date of Insurance Coverage**

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

a) **under Basic and Enhanced Insurance coverage:**

Your effective date under any Single Trip plan;  
Your start up date under any Multi-Trip plan

Your effective date for any Single Trip plan if you are 60 years of age or older or your start up date for any Multi-Trip plan cannot be more than 120 days from the date of your insurance application/confirmation of coverage

**b) under the 4-Day Getaway Insurance Coverage:**

Your effective date is your start-up date.

**c) under Flight Accident Coverage:**

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

**d) under Top-up Insurance Coverage:**

Your effective date is:

- 12:01 a.m. on the day following the date of expiry of your prior coverage.

The following sections describe in detail the coverages available.

## **Emergency Medical Insurance Coverage**

The Emergency Medical Insurance Coverage applies if you have purchased any Enhanced Coverage, Basic Coverage or the 4-Day Getaway.

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

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

Toll-free call from the USA or Canada:..... 1-800-222-9978  
Collect call from anywhere through a local operator:.....905-816-2562  
Toll-free fax from the USA or Canada: ..... 1-888-298-6340  
Fax:..... 905-813-4719

If your medical condition prevents you from calling Assured Assistance Inc. before receiving an emergency treatment, you must contact Assured Assistance Inc. as soon as medically possible. As an alternative, someone else (family member, friend, hospital, personnel member from the doctor's office, etc.) may call on your behalf.

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

**If you do not call Assured Assistance Inc., benefits could be reduced.**



## **What are the benefits?**

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

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

For the **Enhanced and Basic Coverage** the items a) to q) below explain what expenses are covered and under which circumstances.

For the **4-Day Getaway Coverage** the items a) to f) **and** the items h) to q) below explain what expenses are covered under which circumstances. **NOTE**: item g) is not covered

### **a) Unlimited Emergency Medical Insurance Coverage**

This insurance covers certain expenses when:

- they are **necessary** as part of an *emergency treatment*; **and**
- they are ordered by a licensed *physician* during *your trip*.

Covered expenses are the following:

- *emergency treatment*, other than dental treatment;
- the services of a licensed private duty nurse while *you* are hospitalized;
- the lesser of the rental or purchase of a hospital-like bed, a wheelchair, braces, crutches and other medical appliances;
- diagnostic testing, when pre-authorized by Assured Assistance Inc.; **and**
- *prescription drugs*.

### **b) 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.

### **c) Other emergency services**

This insurance covers expenses for *emergency treatment* given by a licensed:

- physiotherapist;
- chiropractor;
- chiropodist;
- podiatrist; **or**
- osteopath

to a maximum of **\$300 per profession**.

### **d) Ground Ambulance**

This insurance covers *you* for local ground ambulance to:

- a *hospital*;
- a *physician's* office; **or**
- a 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**.

**e) Repatriation of your remains**

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

- the transportation of *your* remains in the common carrier's standard transportation container to *your* province or territory of residence; **and**
- **up to a maximum of \$5,000** for the preparation of *your* remains and the common carrier's standard transportation container;

**OR**

- the transportation of *your* remains to *your* province or territory of residence; **and**
- **up to a maximum of \$5,000** for the cremation of *your* remains at the location where *your* death occurred;

**OR**

- the preparation of *your* remains and the cost of a standard burial container **up to a maximum of \$5,000**; **and**
- the burial of *your* remains at the location where *your* death occurred **up to a maximum of \$5,000**.

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 a maximum of \$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, **up to a maximum of 3 business days**.

**f) Emergency Medical Evacuation/Return to your province or territory of residence**

This insurance covers certain expenses if:

- the *physician* treating *you* recommends to us in writing that *you* return to *your* province or territory of residence because of *your medical condition* in order to receive *emergency* medical attention, **or**
- the medical advisors of Assured Assistance Inc. determine that *you* are able to and recommend that *you* return to *your* province or territory of residence following *your emergency treatment*.

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

- these expenses are pre-authorized by Assured Assistance Inc. **before** they are incurred; **and**
- these expenses are arranged by Assured Assistance Inc., when medically necessary.

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

- the extra cost of a one-way economy air fare on a commercial flight via the most cost effective route to *your* province or territory of residence 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* province or territory of residence, if a stretcher is medically necessary; **or**
- when medically necessary or required by the airline the cost of an upgraded airline seat on a commercial flight via the most cost effective route and the usual fees and expenses for a qualified medical attendant to accompany you; **or**

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

**OR**

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

**g) Return to *your trip* destination (not applicable for the 4-Day Getaway)**

- This insurance covers *you* for a one-way economy air fare on a commercial flight via the most cost effective route to *your* scheduled *trip* destination after *you* are returned to *your* province or territory of residence 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 this policy.
- When this benefit is provided to *you*, *your effective date* under this policy becomes the day *you* leave *your* province or territory of residence to return to *your trip* destination.

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

**h) Subsistence allowance**

This insurance covers *your* reimbursement for certain essential expenses 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.

The expenses covered are the following:

- *your* commercial accommodations and meals;
- essential telephone calls;
- internet usage fees; **and**
- taxi fares (or rental car in lieu of taxi fares).

The covered expenses are reimbursed **up to \$175 per day to a maximum of \$1,750**.

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

**i) Bedside companion's travel to *your* bedside**

If:

- *you* are travelling alone;
- *you* are hospitalized (for more than 24 hours) during *your trip*; **and**

- a *bedside companion* is required;

this insurance covers:

- the cost of a return economy air fare for *your bedside companion* on a commercial flight via the most cost effective route;
- the cost of commercial accommodations and meals for *your bedside companion* **up to a maximum of \$500**; **and**
- *your bedside companion* under the terms of *your* insurance during the period in which this person is required as *your bedside companion*.

If:

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

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

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

**j) Emergency dental treatment**

This insurance covers certain dental expenses:

- when they are required as part of an *emergency treatment*;
- when they are 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*.

**k) Return of vehicle**

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

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

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

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

**l) Return of children and escort for children to their province or territory of residence**

This insurance covers certain expenses relating to *children* covered under one of *our* Emergency Medical Insurance Coverage's, if *children*:

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

You must:

- be 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 province or territory of residence ; **and**
- the cost of a return economy air fare on a commercial flight via the most cost effective route for an escort, if the airline requires that the *children* be escorted.

**m) 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 via the most cost effective route to *your* province or territory of residence, if *you* must return to Canada to receive immediate medical attention because of a *medical condition* covered under this insurance. This air fare must be on a commercial flight.

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

**n) Return of your dog or cat**

- If *your* domestic dog(s) or cat(s) travel with *you* during *your trip* and *you* must return to Canada because of *your emergency medical condition* covered under this insurance, this insurance covers the cost of one-way transportation of *your* domestic dog(s) or cat(s) to *your* province or territory of residence.
- The benefit is **up to a maximum of \$500**.

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

**o) Return of your excess baggage**

- If *you* return to *your* province or territory of residence 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**.

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

**p) Domestic Services**

This insurance covers:

- cost of reasonable domestic services provided by a registered domestic service business **up to a maximum of \$250**

If:

- If *you* return to *your* province or territory of residence by air ambulance (pre-authorized by Assured Assistance Inc.) because of *your emergency medical condition*, **and**
- *your medical condition* restricts *your* ability to perform domestic services.

This benefit must be used within 30 days of *your* return to *your* province or territory of residence.

**Note:** This benefit is applicable to *your* primary residence.

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

**q) Physician visit to replace lost, stolen or damaged prescription medication**

• If *your* prescription medication (needed to stabilize *your medical condition*), is lost, stolen or damaged during *your trip*, and the medication is required for the balance of *your trip*, this insurance covers the cost of one visit to a physician to obtain a written prescription in order for *your* medication to be dispensed by a licensed pharmacist during *your trip*.

**Note:** this benefit is only covered if the prescription medication requiring a written prescription must be dispensed during *your trip* and cannot be delayed until *your* return to *your* province or territory of residence.

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

## **Personal Information**

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

- to verify *your* health card number and other information required to process *your* claim, with the relevant government and other authorities;
- for *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;
- to the disclosure of the information above to other sources, as may be required for the processing of *your* claim for benefits obtainable from other sources.

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

**CAUTION**

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

If you are UNDER 60 YEARS OF AGE, this insurance does not pay for any expenses incurred directly or indirectly as a result of any Pre-existing *medical condition* if:

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

If you are 60 YEARS OF AGE OR OLDER, this insurance does not pay for any expenses incurred directly or indirectly as a result of a Pre-existing Medical Condition:

For Travel HealthProtector if <i>you</i> are covered under:	For Travel HealthProtector if <i>you</i> are age 60 or older
Category A*	No Pre-existing Medical Exclusion applies
Category B*	Exclusion 1
Category C*	Exclusion 2
Category D*	
Category E*	Exclusion 3
For the 4-Day Getaway Multi-Trip Annual Medical Plan if you are covered under :	
If you are 60 years of age or older	Exclusion 2

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

**Exclusion 1:**

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

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

## CAUTION (continued)

- a) any lung condition has not been *stable*; or
- b) *you* have been treated with or prescribed home oxygen (on a regular basis or on an as needed basis) or treated with or prescribed oral steroids (prednisone or prednisolone) for any lung condition.

### Exclusion 2:

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

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

### Exclusion 3:

Regardless whether a *medical condition* has been *stable* or has not been *stable*, this insurance does not pay for any expenses incurred directly or indirectly as a result of:

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



## CAUTION (continued)

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.

- c) 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.
- d) **General exclusions:**

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

- any *medical condition* if any answer provided in *your medical questionnaire* is incorrect. In this case, the policy is voidable and the premium paid is refundable at *our* option;
- this insurance does not cover expenses incurred within *your* home province or territory of residence.
  
- the continued treatment, recurrence or complication of a *medical condition* or related condition, following *emergency treatment* of that condition during *your trip*. This exclusion is applicable if the medical advisors of Assured Assistance Inc. or RBC Insurance Company of Canada determine that *you* are medically able to return to *your* home country and *you* chose not to return;
- the treatment of any heart or lung condition, following *emergency treatment* for a related or unrelated heart or lung condition during *your trip*. This exclusion is applicable if the medical advisors of Assured Assistance Inc. or RBC Insurance Company of Canada determine that *you* were medically able to return to *your* home country and *you* chose not to return;
  
- *your* intentional self-inflicted injury, suicide or attempt to commit suicide, whether sane or insane;
  
- *your* commission of a criminal act or *your* direct or indirect attempt to commit a criminal act;
  
- 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*;
  
- any *medical condition* arising from, or in any way related to, the abuse of alcohol during *your trip*;
  
- any *medical condition* arising from, or in any way related to, the voluntary use, during *your trip*, of illegal drugs or prescription drugs not prescribed to *you*;
  
- *Your* abuse of medication or deliberate non-compliance with prescribed medical therapy or treatment whether prior to or during *your trip*
  
- *your mental or emotional disorders*;
  
- any treatment that is not *emergency treatment* and/or any *medical condition* arising from or in any way related to treatment that is not *emergency treatment*;

## CAUTION (continued)

- *your* participation as a *professional* athlete in a sporting event included training or practice for the same;
- *your* participation in rock climbing or *mountain climbing*;
- *your* participation in a motorized race or motorized speed contest included training or practice for the same;
- any *medical condition*, complication, emergency treatment, or expense incurred during *your trip*, 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;
- a *medical condition* for which future investigation or treatment (except routine monitoring) is planned before *your effective date*;
- a *medical condition* for which it was reasonable to expect treatment or hospitalization during *your trip*;
- routine pre-natal care or a child born during *your trip*;
- in the 9 weeks before or after the expected date of delivery, complications of pregnancy and/or childbirth;
- symptoms which would have caused an ordinarily prudent person to seek treatment or medication in the 90 days before *your effective date*;
- treatment or surgery for a specific condition, or a related condition, which had caused *your physician* to advise *you* not to travel;
- any expenses incurred, if *you* choose to travel to a country, region or city, if before *your effective date*, a formal travel advisory 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 during the time of *your insured trip*
- 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.;
- any *medical condition*, if the medical advisors of Assured Assistance Inc. recommend that *you* return to *your country* of residence following *your emergency treatment*, and *you* chose not to return;
- war (declared or not), act of foreign enemies or rebellion;
- 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;
- applicable to optional policy extension- Any *medical condition* which first appeared, was diagnosed or received *emergency medical treatment* prior to the *effective date* of the insurance extension if the extension was purchased after the contracted date of departure.

## CAUTION (continued)

- applicable to *top-up* coverage-Any *medical condition* which first appeared, was diagnosed or received *emergency medical treatment* prior to the *effective date* of this insurance if this insurance was purchased as *top up*.
- any expenses resulting from orbital space flights, sub-orbital space flights and space tourism

e) **If *you*:**

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

*we*:

- will not coordinate payment with such coverage if lifetime maximum coverage is \$50,000 or less;
- will coordinate payment with such coverage only in excess of \$50,000 if lifetime

maximum coverage is more than \$50,000.

- f) The total benefits paid to *you* by all insurers from whom *you* have similar benefits cannot exceed the actual expense that *you* have incurred. All benefits payable to *you* under any of *our* policies are in excess of the benefits for the same or similar benefits payable to *you* by any other insurer.
- g) The total amount paid to *you* cannot exceed the actual expense which *you* have incurred if *you* are insured under more than one of *our* policies.
- h) The maximum *you* are entitled to is the largest amount specified for the benefit in any one policy if *you* are insured under more than one of *our* policies.
- i) In the event that *you* are found to be ineligible for coverage, or that a claim is found to be invalid, or benefits are reduced in accordance with any policy exclusion or term or condition, *we* have the right to collect from *you* any amount which *we* have paid on *your* behalf to medical providers or other parties.
- j) If *you* have any claim or right of action against any person, firm or organization for expenses for which *we* have made payment under this policy, *you* shall, if requested by *us*, assign and transfer such claim or right of action to *us*. *You* agree that you will do nothing to prejudice such rights. *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.

This contract is void in the case of fraud or attempted fraud by *you*, or if *you* conceal or misrepresent any material fact or circumstance concerning this insurance.

### ■ Trip Interruption/After Departure Insurance Coverage

The Trip Interruption/After Departure Insurance Coverage applies if *you* have purchased any **Enhanced Coverage**

## **Covered Risks**

The **Trip Interruption/ After departure coverage** provides benefits for:

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

<b>Risk</b>	<b>Maximum Sums Available</b>
After Departure: Trip Interruption/Trip Delay	Up to \$1,500 per person/\$3,000 maximum per <i>family</i>
Out-of-Pocket Expenses/Trip Delay	up to \$100 per day to \$1,000 maximum per person or \$3,000 per <i>family</i>

## **What are the risks insured?**

<b>Medical Condition</b>
<ol style="list-style-type: none"><li>1. <i>Your emergency medical condition.</i></li><li>2. <i>The emergency medical condition of a member of your immediate family (who is not at your destination).</i></li><li>3. <i>The emergency medical condition of your travelling companion.</i></li><li>4. <i>The emergency medical condition of your travelling companion's immediate family member.</i></li><li>5. <i>The emergency medical condition of your immediate family member who is at your destination.</i></li></ol>
<b>Death</b>
<ol style="list-style-type: none"><li>6. <i>Your death.</i></li><li>7. <i>The death of your immediate family member (who is not at your destination).</i></li><li>8. <i>The death of your travelling companion.</i></li><li>9. <i>The death of your travelling companion's immediate family member.</i></li><li>10. <i>The death of your immediate family member, who is at your destination.</i></li></ol>

## **What are the benefits?**

The expenses covered under this insurance are described below.

### **Prepaid travel arrangements:**

Reimbursement to *you* of the expenses *you* actually incur as a result of one of the insured risks 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.

**Transportation costs:**

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

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

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 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 can only be used once during *your period of insurance*;
- If *you* choose this option, it will replace Transportation costs benefit; **and**
- This Subsistence Allowance benefit is not applicable if *you* choose this option.

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

**Subsistence allowance:**

This insurance covers *your* reimbursement for the insured risks when certain essential expenses incurred after the contracted return date, if *your* return home is delayed beyond the contracted return date.

The expenses covered are the following:

- commercial accommodation and meals;
- essential telephone calls;
- internet usage fees; **and**
- taxi fares (or rental car in lieu of taxi fares).

The covered expenses are reimbursed **up to \$100 per day per person to a maximum of \$1,000 per person and \$3,000 per family.**

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

**CAUTION- Exclusions, restrictions and reduction of coverage**

**It is a condition for the benefits under the transportation benefit and the benefits under the subsistence allowance benefit to be covered, that your travel must be undertaken on the earliest of the following dates:**

- **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.**

**Exclusions, limitations or reduction in coverage applicable to  
Trip Interruption/After Departure Insurance**

**CAUTION**

If you are **UNDER 60 YEARS OF AGE**, this insurance does not pay for any expenses incurred directly or indirectly as a result of any Pre-existing *medical condition* if:

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

If you are **60 YEARS OF AGE OR OLDER**, this insurance does not pay for any expenses incurred directly or indirectly as a result of a Pre-existing Medical Condition:

<b>If you are covered under:</b>	<b>The following Pre-Existing <i>Medical Condition</i> Exclusion applies to <i>your</i> coverage.</b>
<b>Category A*</b>	No Pre-Existing <i>Medical Condition</i> Exclusion applies
<b>Category B*</b>	Exclusion 1
<b>Category C*</b>	Exclusion 2
<b>Category D*</b>	Exclusion 2
<b>Category E*</b>	Exclusion 3

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

**EXCLUSION 1**

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

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

## CAUTION (continued)

### EXCLUSION 2

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

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

### EXCLUSION 3

Regardless whether a *medical condition* has been *stable* or has not been *stable*, this insurance does not pay for any expenses incurred directly or indirectly as a result of:

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

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

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

- 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*.
- A *trip* undertaken to visit or attend an ailing person, when the *medical condition* or death of that person is the cause of the claim.
- *Your* intentional self-inflicted injury, suicide or attempt to commit suicide (whether sane or insane).
- *Your* commission of a criminal act or *your* direct or indirect attempt to commit a criminal act.

## CAUTION (continued)

- **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*.**
- **Any *medical condition* arising from, or in any way related to, the abuse of alcohol during *your trip*.**
- **Any *medical condition* arising from, or in any way related to, the voluntary use, during *your trip*, of illegal drugs or prescription drugs not prescribed to *you*.**
- ***Your* abuse of medication or deliberate non-compliance with prescribed medical therapy or treatment whether prior to or during *your trip*.**
- ***Your mental or emotional disorders*.**
- ***Your* participation as a *professional* athlete in a sporting event including training or practice for the same.**
- ***Your* participation in rock climbing or *mountain climbing*.**
- ***Your* participation in a motorized race or motorized speed contest including training or practice for the same.**
- **Any expense incurred if the purpose of *your trip* is to obtain or seek treatment, surgery, investigations, palliative care or alternative therapy of any kind.**
- **a) Routine pre-natal care, or**
- **b) a child born during *your trip*, or**
- **c) in the 9 weeks before or after the expected date of delivery, complications of pregnancy and/or childbirth.**
- **Symptoms which would have caused an ordinarily prudent person to seek treatment or medication in the 90 days before *your effective date*.**
- **Treatment or surgery for a specific condition, or a related condition, which had caused *your physician* to advise *you* not to travel.**
- **Any expenses incurred, if *you* choose to travel to a country, region or city, if before *your effective date*, a formal travel advisory 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 during the time of *your insured trip*.**
- **War (declared or not), act of foreign enemies or rebellion.**
- **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.**
- **Any expenses resulting from orbital space flights, sub-orbital space flights and space tourism.**
  
- **This insurance does not cover losses, claims or expenses of any kind caused directly or indirectly from interruption when any anticipated event, occurrence, circumstance, or *medical condition*, which you were aware of on or before *your effective date*, in which *you* knew might be cause for interruption or delay of *your trip*.**
- **The total benefits paid to *you* by all insurers from whom *you* have similar benefits cannot exceed the actual expense that *you* have incurred. All benefits payable to *you* under any of *our* policies are in excess of the benefits for the same or similar benefits payable to *you* by any other insurer.**
- **The total amount paid to *you* cannot exceed the actual expense which *you* have incurred if *you* are insured under more than one of *our* policies.**
- **The maximum *you* are entitled to is the largest amount specified for the benefit in any one policy if *you* are insured under more than one of *our* policies.**
- **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.**
  
- **In the event that *you* are found to be ineligible for coverage, or that a claim is found to be invalid, or benefits are reduced in accordance with any policy exclusion or term or condition, *we* have the right to collect from *you* any amount which *we* have paid on *your* behalf to medical providers or other parties.**



- If *you* have any claim or right of action against any person, firm or organization for expenses for which *we* have made payment under this policy, *you* shall, if requested by *us*, assign and transfer such claim or right of action to *us*. *You* agree that *you* will do nothing to prejudice such rights. *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.

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

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

### **What risks are insured?**

This insurance covers *your accidental bodily injury*, which results in *your*:

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

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

Under **Flight & Travel Accident**, the *accidental bodily injury* must be sustained while *you* are:

- a passenger on the *trip* shown in the *insurance application/confirmation of coverage* or during a substitute *trip* if the ticket is exchanged;
- riding as a passenger in a land or water conveyance at the expense of the airline as a substitute for a *passenger plane* on which *you* are covered by this Insurance;
- riding as a passenger in a limousine or bus service provided by the airline or airport authority;
- at an airport for the purpose of departure or arrival of the flight covered by this Insurance;
- riding as a passenger in a scheduled helicopter shuttle service to and from airports to make a connection with the flight covered by this Insurance; **or**
- exposed to the elements due to a forced landing or disappearance of a *passenger plane* on which *you* are riding.

Also, for the Flight Accident Insurance, *your trip* must take place:

- on a *passenger plane*, between the *departure point* and the destination shown in the *insurance application/confirmation of coverage* and the return to the *departure point* if a round *trip* ticket is obtained before leaving the *departure point*;
- on a ticket or pass covering the whole airline *trip* issued to *you* for transportation on a *passenger plane* in which this Insurance was purchased against. If the ticket is issued to *you* aboard such *passenger plane* after leaving the *departure point* but before reaching the first scheduled stop, it will be deemed to have been issued before leaving the *departure point*.

## **What are the benefits?**

We will pay **the greater** of these benefits for all losses resulting from an *accidental bodily injury*:

1) **\$50,000** for:

- death;
- double *dismemberment*;
- *loss of sight* of both eyes;
- complete and irrecoverable loss of hearing; **or**
- complete and irrecoverable loss of speech.

2) **\$25,000** for:

- single *dismemberment*; **or**
- *loss of sight* of one eye.

## **Multiple Accidents**

The total benefits payable for one or more accidents will not exceed the applicable principal sum.

## **Presumption of death following a disappearance**

It will be presumed that *you* died if *your* body has not been found after **one year** following the accident.

It will be presumed that *you* died if *your* body has not been found after **one year** following:

- the forced landing of the *passenger plane*; **or**
- at the time and place the *passenger plane* was last seen or heard from, if the *passenger plane* has disappeared.

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

**CAUTION**

- a) The **Flight and Travel Accident Insurance Coverage** does not cover any loss, claim or expense of any kind caused directly or indirectly from:
- war, declared or not, act of foreign enemies or rebellion;
  - *your* intentional self-inflicted injury, suicide or attempt to commit suicide, whether sane or insane;
  - the commission of a criminal act or direct or indirect attempt to commit a criminal act by *you* or *your* beneficiary;
  - participation in any military manoeuvre or training exercise;
  - disease, even if the cause of its activation or reactivation is an accident;
  - piloting, learning to pilot or acting as a member of a crew of an aircraft;
  - *contamination* due to any *act of terrorism*;
  - 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;
  - *terrorism*.
  - any *accidental bodily injury* incurred if the purpose of *your trip* is to obtain or seek treatment, surgery, investigations, palliative care or alternative therapy of any kind;
  - *accidental bodily injury* arising from, or in any way related to, *your* chronic use of alcohol or drugs whether prior to or during *your trip*;
  - *accidental bodily injury* arising from, or in any way related to, the abuse of alcohol during *your trip*;
  - *accidental bodily injury* arising from, or in any way related to, the voluntary use, during *your trip*, of illegal drugs or prescription drugs not prescribed to you
  - *accidental bodily injury* arising from, or in any way related to, *your* abuse of medication or deliberate non-compliance with prescribed medical therapy or treatment whether prior to or during *your trip*.
  - Any expenses resulting from orbital space flights, sub-orbital space flights and space tourism
- b) The Travel Accident Insurance coverage does not cover any loss, claim or expense of any kind caused directly or indirectly from:
- Participation as a *professional* athlete in a sporting event including training or practice for the same.
  - Participation in hang-gliding, rock climbing, *mountain climbing*, parachuting, skydiving or bungee jumping.
  - Participation in any kind of motorized race or motorized speed contest including training or practice for the same.

## ■ Baggage & Personal Effects Insurance Coverage

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

### What risks are insured?

This insurance covers:

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

the baggage and personal effects

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

### What are the benefits?

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

Reimbursement of *your* losses up to **\$1,000 per trip (\$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).

#### **2. 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 documents is **lost** or **stolen**.

#### **3. 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*.

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

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

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

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

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

*You* must also:

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

<p style="text-align: center;"><b><u>CAUTION- Exclusions, restrictions or reduction in coverage</u></b></p>
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<p><b>Failure to comply with this condition will invalidate any claim under this insurance.</b></p>
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## **Coverage Extension**

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

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

**CAUTION**

- a) If *you* are insured under other Baggage & Personal Effects insurance issued by *us*, then the maximum insured per person or family will not exceed \$2,000 in total for all coverages.
- b) We are not liable beyond the actual cash value (original cost less deduction for depreciation) of the property at the time of loss.
- c) 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.
- d) This insurance does not cover:
- animals;
  - perishables;
  - bicycles except while checked as baggage with a common carrier;
  - household effects and furnishings;
  - hearing aids;
  - artificial teeth and limbs;
  - eye glasses, sunglasses, contact lenses;
  - money;
  - tickets;
  - securities;
  - documents;
  - *professional* or occupational items;
  - antiques;
  - collector items;
  - breakage of or damage to brittle or fragile articles;
  - property illegally acquired, kept, stored or transported;
  - any claim arising from loss caused by wear and tear, deterioration, defect or mechanical breakdown;
  - any claim arising from loss caused by *your* imprudent act or omission;
  - any claim arising from loss of articles specifically insured on a valued basis by another insurer while this insurance is in effect;
  - any expense incurred if the purpose of your *trip* is to obtain or seek treatment, surgery, investigations, palliative care or alternative therapy of any kind;
  - any claim arising from loss directly in consequence of war, declared or not, act of foreign enemies or rebellion;
  - any claim arising from loss caused by theft from an unattended *vehicle* unless the *vehicle* (including the *vehicle's* trunk) was securely locked and there were visible marks indicating that the theft occurred as a result of forcible entry.
- e) any loss, claim or expense of any kind caused directly or indirectly from ionising radiation or radioactive *contamination* from:
- any nuclear fuel or waste which results from the burning of nuclear fuels; or
  - the radioactive, toxic, explosive or other dangerous properties of nuclear machinery or any part of it.

## CAUTION (continued)

- f) **The total benefits paid to *you* by all insurers from whom *you* have similar benefits cannot exceed the actual expense that *you* have incurred. All benefits payable to *you* under any of *our* policies are in excess of the benefits for the same or similar benefits payable to *you* by any other insurer.**
- g) **The total amount paid to *you* cannot exceed the actual expense which *you* have incurred if *you* are insured under more than one of *our* policies.**
- h) **The maximum *you* are entitled to is the largest amount specified for the benefit in any one policy if *you* are insured under more than one of *our* policies.**
- i) **Any expenses resulting from orbital space flights, sub-orbital space flights and space tourism**

**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.**

### ■ **Assistance Services**

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)
- 905-816-2562 (collect call from anywhere)
- 1-888-298-6340 (toll-free fax from USA or Canada)
- 905-813-4719 (fax)

Assured Assistance Inc (AAI) provides the following *Emergency* Assistance services:

#### 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;
- in consultation with *your physician*, arrange *emergency* medical transportation to a suitable facility if it is determined that existing facilities are inadequate in order to treat or stabilize *your medical condition*;
- 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 eligible medical services *you* receive will be coordinated through Assured Assistance Inc., communicated with *your* medical provider and billing arrangements will be discussed. Pay assistance may not be available from certain medical service providers for reasons beyond the control of Assured Assistance Inc. *You* may be required to make payment up-front or leave a deposit.

**If you are required to make payment up-front or leave a deposit, call Assured Assistance Inc. immediately.**

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 credit 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 credit 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.

■ **Automatic Coverage Extension**

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

**Delay of a Common Carrier**

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**.

**Hospitalization**

If *you* or *your travelling companions* are hospitalized on *your return date* or *expiry date*, *your* coverage will automatically extend. *Your* coverage will automatically extend **for the period of hospitalization and up to an additional 5 days after discharge**. This is not available for the Trip Interruption/After Departure Insurance Coverage.



## **Medical Condition**

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. *Your coverage* will automatically extend for the delay period **to a maximum of 5 days after *your return date***. This is not available for the Trip Interruption/After Departure Insurance Coverage.

Coverage will not continue beyond **365 days** from date of departure, regardless of the automatic extensions above.

### ■ **If you decide to extend your trip**

Any extension of *your coverage* that is received after *your effective date* is subject to a \$15 administrative charge.

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

- 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 guide.

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

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 a new policy under the coverage:

- for which *you* are eligible; **and**
- 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 policy apply to *you* during the extension period.**

### ■ **Top-up Insurance Coverage**

If *you* are covered under any of our **Multi-Trip Annual Plans**, and if *your travel period* exceeds:

- **4 consecutive days** under the 4 – Day plan, **or**
- **9 consecutive days** under the 9 – Day plan, **or**
- **15 consecutive days** under the 15 -Day plan, **or**
- **30 consecutive days** under the 30-Day plan, **or**
- **60 consecutive days** under the 60-Day plan.

***you* must top-up this coverage** as outlined below.

If:

- *you* are covered under one of our **Multi-Trip Annual Plans**; **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.

This insurance is for the additional number of days beyond the duration provided by *your* Multi-Trip Annual Plan to a maximum of 183 days in total.

### **Before *your* Effective Date**

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

### **After *your* Effective Date**

- a) 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.
- b) 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* policy is subject to the approval of Assured Assistance Inc.

**The terms, conditions and exclusions of our new coverage apply to *you*.**

*You* must pay the required *top-up* premium on or before the *effective date* of the *top-up* period.

*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 or covered under any 4 Day Getaway Multi-trip Annual Plan.

#### **CAUTION- Exclusions, restrictions or reduction in coverage**

***You will not have coverage for any claim incurred outside of your period of insurance, during a trip if you do not top-up this coverage for that trip that is longer than your 4-Day, 9-Day, 15-Day, 30-Day, or 60-Day plan.***

### **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:

- 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*; **and**
- 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*).

You must pay the required *top-up* premium before *your* last day of coverage under the other travel insurance plan.

**If you want to *top-up* travel insurance included with your credit card coverage**

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 4 –Day, 9 Day, 15-Day, 30-Day, or 60-Day option, before *your* date of departure from *your departure point*;
- c) *Your top-up* coverage cannot exceed 4 consecutive days under the 4 – Day option, 9 consecutive days under the 9 – day option, 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; **and**
- f) It is *your* responsibility to confirm *top-up* coverage is permitted on *your* existing travel insurance included with *your* credit card coverage.

## **Cancellation**

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You can cancel *your* Insurance Coverage at any time before *your* date of departure and receive a full refund of *your* premium by contacting the Enrollment Centre, if *you* have purchased Basic Coverage.

If *you* have purchased Enhanced Coverage, *you* can cancel *your* Insurance Coverage within 10 days following the date of the *application for insurance*. *You* must send a written request by registered or certified mail.

*You* cannot cancel *your* Enhanced Coverage after *your* date of departure or if the date of departure is within 11 days after the date of the *application for insurance*.

*You* will find a form to cancel *your* Insurance Coverage on page 40 of this guide.

### ■ **Premium Refund**

All requests for premium refunds must be submitted to the Enrollment Centre.

#### **a) Under any Multi-Trip Annual Plan:**

The premium *you* paid can be refunded only before *your start-up date*.

#### **b) Under any Single Trip Plan:**

The premium *you* paid for the unused days can be refunded if *you* return to *your departure point* before *your return date*

*You* must:

- provide proof of *your* date of return, **and**
- do not have a claim under the insurance.

**c)** No refund of premium will be made in the event that a claim has been paid, incurred or reported.

**Refund is less a \$15 administrative charge.**

### ■ **Applying for Multi-Trip Annual Coverage after the one-year Anniversary**

If *you* are **UNDER 60 YEARS OF AGE** on the day of the one-year anniversary of *your start-up date*, and *you* have paid the premium for Basic or Enhanced Multi-Trip Annual Plan or if *you* are **UNDER 75 YEARS OF AGE** on the day of the one year anniversary of *your start-up date*, and have paid the premium for the 4-Day Getaway Multi-Trip Annual Plan using *your* credit card, *you* will be issued a new policy terms and conditions for the next year, and the premium will be charged to *your* credit card unless:

- *you* notify the Enrollment Centre otherwise;
- *you* are no longer under 60 years of age (contact the Enrollment Centre or visit *your* RBC Royal Bank branch to apply for Travel HealthProtector insurance – for travellers age 60 & over);
- the Multi-Trip Annual Plan option is no longer available;
- *you* are given 15 days notice by registered mail that the Insurer will not issue a new Multi-Trip Annual Plan; **or**
- *your* credit card information on file is no longer valid.

If *you* do not pay using a credit card, *your* coverage terminates at the end of each 365 day period and *you* must re-apply for coverage from the Enrollment Centre or *your* RBC Royal Bank branch.

### **Other Information**

For any additional information on the Coverages, Exclusions and other general disposition of the Insurance, please refer to the RBC Insurance® certificate of insurance. *You* can obtain a copy of the insurance certificate from the distributor.

#### **Name and address of the distributor:**

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

Quebec regional office  
C.P. 11472, Succursale Centre-ville  
Montreal (Quebec) H3C 5N2

Telephone: 1-800-387-4357  
Fax: 1-866-748-2588  
Website: [www.rbcinsurance.com](http://www.rbcinsurance.com)

### ■ **End of the Insurance Coverage**

*Your* Insurance Coverage ends at the **earliest of the following dates:**

- a) the date *you* return to *your* province, territory or country of residence, **except in the following circumstances:**

*Your* Insurance Coverage **will not end if *you* temporarily return** to *your* province, territory or country of residence **prior to *your* return date** provided that:

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

## II. PROOF OF LOSS OR CLAIM

### Submission of a Claim

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#### ■ Emergency Medical Insurance Coverage

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

Toll-free from the USA or Canada: ..... 1-800-222-9978  
Collect call from anywhere: ..... 905-816-2562  
Toll-free fax from the USA or Canada: ..... 1-888-298-6340  
Fax: ..... 905-813-4719

#### ■ Other Insurance Coverages

To submit a claim for eligible expenses incurred during *your trip* and not related to medical services, *you* can contact *our* Claims Department at one of the following numbers:

Toll-free from USA or Canada: ..... 1-800-464-3211  
Collect call from any country: ..... 905-816-2573  
Fax: ..... 905-813-4701

#### ■ Delay to Submit a Claim

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

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

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

#### ■ Claim and Authorization Forms

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

#### Emergency Medical Insurance Coverage

- 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 both departure from and return to *your* province of residence. The type of proof depends on whether *you* travelled via airline or car. (for example, copies of airline tickets,

itinerary, boarding passes, gas receipts, hotel receipts, meal receipts, toll highway receipts, original duty-free shop 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 Quebec Regie 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.

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

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

- 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 impossible, 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 Coverage**

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

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

- original airline tickets
- proofs 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**;
- original receipts for necessary toiletries and clothing, **in the event of a delay**.

#### **CAUTION- Exclusions, restrictions or reduction in coverage**

**When making a claim under this insurance, *you* must provide the applicable documents *we* require. Failure to provide the applicable documentation will invalidate *your* claim.**

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

## **Insurer's Reply**

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

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

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

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

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

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

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

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

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

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

## **Third Party Liability**

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*We* may take action against the party at fault if *you* incur expenses covered under this insurance due to the fault of a third party. *You* agree to cooperate fully with *us* and to allow *us*, at *our* own expense, to bring a lawsuit 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 this policy.



### **III. SIMILAR PRODUCTS**

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

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

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

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

**Autorité des marchés financiers**

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

Telephone

Quebec City: 418-525-0337  
Montreal: 514-395-0337  
Toll-Free: 1-877-525-0337

Fax

418-525-9512

Website

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

## V. NOTICE OF RESCISSION OF AN INSURANCE CONTRACT

### NOTICE GIVEN BY A DISRIBUTOR

Article 440 of the *Act respecting the distribution of financial products and services*

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

- The Act allows *you* to rescind an insurance contract *you* have just signed when signing another contract, **without penalty, within 10 days of its signature.** To do so, *you* must give the insurer notice by registered mail within that delay. *You* must use the attached model for this purpose.
- Despite the rescission of the insurance contract, the first contract entered into will remain in force. Caution, it is possible that *you* may lose advantageous conditions as a result of this insurance contract; contact *your* distributor or consult *your* contract.
- After expiry of the 10-day delay, *you* may cancel the insurance at any time; however, penalties may apply.

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

### NOTICE OF RESCISSION OF AN INSURANCE CONTRACT

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

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

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

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

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

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

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

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

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

The distributor must first complete this section.

This document must be sent by registered mail.

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

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

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

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

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

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

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

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

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

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

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

## VI. NOTICE OF SPECIFIC CONSENT

You are free to grant or refuse this consent and mail it to:

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

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

### WHAT YOU MUST KNOW:

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

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

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

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

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

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

-----  
-----  
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(purpose(s) of the file)

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

Please authorize each category of information requested.

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

Instructions for the distributor (duplication not required):

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

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

SPECIFIC CONSENT

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## VII. DIRECTIVES FOR THE RBC ROYAL BANK BRANCHES

Please check the box(es) corresponding to the Insurance Coverage selected by the client and write *your* initials on the line beside the box(es).

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NAME OF THE CLIENT  
(in block letters)

**has purchased the following RBC Insurance coverage:**

	<b>Check</b>	<b>Initials</b>
<b>Enhanced Coverage</b>		
Single Trip Plan	<input type="checkbox"/>	_____
Multi-Trip Annual Plan	<input type="checkbox"/>	_____
<b>Basic Coverage</b>		
Single Trip Plan	<input type="checkbox"/>	_____
Multi-Trip Annual Plan	<input type="checkbox"/>	_____
<b>4-Day Getaway Multi-Trip Annual Plan</b>	<input type="checkbox"/>	_____

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