

# Distribution Guide for Quebec residents only



**RBC Insurance®**

**Name of the insurance product:**  
Travel HealthProtector® insurance  
for travellers age 60 & over

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

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

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RBC 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.

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

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

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

Exceptions:

- an adjustment in the dosage of insulin or Coumadin (Warfarin), if *you* are currently taking these drugs;
- a change from a brand name drug to an equivalent generic drug of the same dosage.

**Children** – unmarried persons:

- under 21 years of age; **or**
- under 26 years of age if full-time students; **or**
- mentally or physically handicapped and over 20 years of age; and

who are *your* natural, adopted or step-children and 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.

**Deductible** – the dollar amount for which *you* are liable for each claim, as stated on *your* insurance application, before any remaining eligible expenses are reimbursed under this insurance.

**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 Flight Accident and *Top-up* coverage:  
the date on which *you* are scheduled to leave *your departure point*. For any Single Trip Plan, *your effective date* is shown on *your application for insurance*. This date cannot be more than **120 days** from the date of *your application for insurance*.
- b) under Flight Accident:  
the date and time shown on *your* transportation ticket.
- c) 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.

**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.

**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 *application for insurance*. 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.

**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.

**Period of insurance** – the period of time between *your effective date* and *your return date*.

**Prescription drug** – drug or medicine that can only be issued upon the prescription of a licensed *physician* or dentist and is dispensed by a licensed pharmacist.

*Prescription drug* does not mean such drug or medicine, when *you* need (or renew) them to continue to stabilize a condition which *you* had before *your trip*, or a chronic condition.

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

**Return date** –

- for all coverages other than Flight Accident:  
the date on which *you* are scheduled to return to *your departure point*. This date is shown on *your application for insurance*, under all coverages except any Multi-Trip Annual Plan. (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, 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 application for insurance*; **or**
- the date *you* designate as the date of *your* departure on *your* first *trip* under this insurance, as entered on *your application for insurance*. This date cannot be more than 120 days from the date of *your application for insurance*.

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

- the use of force or violence;
- 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 a company under RBC Financial Group.

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, 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.

- **RBC 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* 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 age 60 & over, 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.

# I. DESCRIPTION OF PRODUCTS OFFERED

## Nature of Coverages

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The RBC Insurance Coverages available are the following:

- Enhanced Coverage
- Basic 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 22	Flight & Travel Accident Page 25	Baggage & Personal Effects Page 27
Enhanced Coverage	✓	✓	✓	✓
Basic Coverage	✓			

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 medical condition*:

- Basic Coverage Category A (Single Trip Plan and Multi-Trip Annual Plan options);
- Basic Coverage Category B (Single Trip Plan and Multi-Trip Annual Plan options);
- Basic Coverage Category C (Single Trip Plan and Multi-Trip Annual Plan options);
- Basic Coverage Category D (Single Trip Plan and Multi-Trip Annual Plan options);
- Basic 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**

The insurance is offered to clients of the RBC Financial Group companies or a *spouse*, natural, adopted or foster *child(ren)* of a client. It is valid only if the following conditions are met.

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

For **all coverages**, *you* are eligible if:

- *you* are a client of the RBC Financial Group companies or a *spouse*, natural, adopted or foster *child(ren)* of a client;
- *you* are covered under *your government health insurance plan* for the full duration of *your trip*;
- *you* are a Canadian resident;
- *you* purchase *your coverage* before *your effective date*;
- at the time the coverage is purchased, be 60 years of age or older; **and**
- have correctly completed the *medical questionnaire*, except if *you* are applying for Category C Single Trip Plan, and *you* are :
  - under 75 years of age; **and**
  - travelling for a maximum of 15 days.

#### **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?”

Coverage for a single *trip* or as *top-up* is limited to *trips* of a maximum of 183 days.

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

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

Coverage is limited to *trips* of:

- 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:

- 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* 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:

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

In addition, if *you* are covered under the Multi-Trip Annual Plan, the consecutive days for travel outside of Canada include *your* date of departure from Canada and the date *you* return to Canada. If *you* are travelling for more than:

- 15 consecutive days under the 15-Day option; **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* 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

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 *application for insurance*;
  - upon payment of the required premium on or before *your effective date*; **and**
  - upon completion of the *medical questionnaire*, where applicable, to determine 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 charging the required premium to *your* bank or trust company credit card 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 charging the required premium to *your* bank account; **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.

## ■ **Effective Date of Insurance Coverage**

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

### **a) for all coverages except Flight Accident and Top-up coverage:**

*Your* effective date is the date on which *you* are scheduled to leave *your departure point*. For any Single Trip Plan *your effective date* is shown on *your application for insurance*.

### **b) under Flight Accident Insurance Coverage:**

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

### **c) 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 or Basic Coverage.

### **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  
Toll-free call from Mexico: ..... 001-800-514-1889  
Collect call from anywhere: ..... (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.

The items a) to o) below explain what expenses are covered and under which circumstances.

#### **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 to *your departure point*; **and**
- the preparation of *your* remains and the standard transportation container **up to a maximum of \$5,000**;

**OR**

- the transportation of *your* remains to *your departure point*; **and**
- the cremation of *your* remains at the location where *your* death occurred, **up to a maximum of \$5,000**;

**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**
- commercial accommodations and meals for that person, **up to a maximum of \$500.**

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) Return to your departure point**

This insurance covers certain expenses if:

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

This insurance covers 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 departure point* to receive immediate *emergency* medical attention;

**OR**

- the cost of a stretcher fare on a commercial flight via the most cost effective route to *your departure point*, if a stretcher is medically necessary;
- the cost of a return economy air fare on a commercial flight for a qualified medical attendant; **and**
- the usual fees and expenses required by such an attendant.

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**

- 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 departure point* to receive immediate medical attention, provided *your* attending *physician* determines that *you* require no further medical attention for *your medical condition.* *Your trip* to return to *your* scheduled *trip* destination must occur during *your period of insurance* originally provided by this benefit.
- This benefit can only be used once during *your trip.*
- Once *you* return to *your trip* destination, a recurrence of the initial *medical condition* or related condition will not be covered under this policy.
- When this benefit is provided to *you*, *your effective date* under this policy becomes the day *you* leave *your departure point* 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 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 departure point**

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

- b) travel with *you*; **or**
- c) 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 *departure point*; **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 departure point*, if *you* must return to Canada because of a *medical condition* covered under this insurance. This air fare must be on a commercial flight.

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

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

**Deductibles**

The table below indicates the deductible that *you* will have to pay with *you* Single Trip Plan, based on the type of Emergency Medical Insurance Coverage *you* have:

Type of Insurance	Deductible
Category A Category B Category C Category D	Options of: <ul style="list-style-type: none"><li>• \$0;</li><li>• \$200 USD; <b>or</b></li><li>• \$500 USD.</li></ul>
Category E	\$200 USD

The total amount of incurred expenses covered by this insurance and in excess of the expenses covered by *your government health insurance plan* will be reduced by the *deductible*. *You* will be responsible to pay *your deductible* directly to us.

**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:**

This insurance does not cover any expenses incurred directly or indirectly as a result of certain pre-existing conditions. This exclusion varies according to the type of insurance *you* have applied for. The table below indicates which exclusions are applicable to each type of insurance. The description of each exclusion can be found after the table.

<b>If <i>you</i> are covered under:</b>	<b>If <i>you</i> are age 60 or older</b>
<b>Category A*</b>	No Pre-existing Medical Exclusion applies
<b>Category B*</b>	Exclusion 1
<b>Category C*</b>	Exclusion 2
<b>Category D*</b>	
<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 any *medical condition*, any heart condition and/or any lung condition or any related condition (whether or not the diagnosis has been determined) if:

- *your medical condition* or related condition (whether or not the diagnosis has been determined) has not been *stable*;
- *you* have taken nitroglycerin more than once per week specifically for the relief of angina pain;
- *you* have been treated with home oxygen;  or
- taken oral steroids for any lung condition

at any time in the 90 days before *you* depart for *your trip*.

**Exclusion 2:**

This insurance does not pay for any expenses incurred directly or indirectly as a result of any *medical condition*, any heart condition and/or any lung condition or any related condition (whether or not the diagnosis has been determined) if:

- *your medical condition* or related condition (whether or not the diagnosis has been determined) has not been *stable*;
- *you* have taken nitroglycerin more than once per week specifically for the relief of angina pain;
- *you* have been treated with home oxygen;  or
- taken oral steroids for any lung condition

at any time in the 180 days before *you* depart for *your trip*.

## CAUTION (continued)

### **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 all *medical conditions*, any heart condition and/or any lung condition or any related condition (whether or not the diagnosis has been determined) if at any time in the 180 days before *you* depart on *your trip*:

- *you* have taken medication;
- *you* have been prescribed medication;
- *you* have been treated;
- *you* have experienced a deterioration;
- *you* have sought medical treatment

for *your medical conditions* or related 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,
- *you* choose to receive treatment from a medical service provider outside the network.

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;
- 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;

## CAUTION (continued)

- ***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;***
- ***your abuse of medication, drug or alcohol 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;***
- ***your participation as a professional athlete in a sporting event;***
- ***your participation in rock climbing or mountain climbing;***
- ***your participation in a motorized race or motorized speed contest;***
- ***a medical condition that arises during a trip you undertake with the prior knowledge that you will require treatment or surgery for that medical condition. This exclusion also applies to any related condition;***
- ***a medical condition that arises during a trip you undertake with the prior knowledge that you will seek treatment or surgery for that medical condition. This exclusion also applies to any related condition;***
- ***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:***
  - a) ***had caused your physician to advise you not to travel; or***
  - b) ***you contracted in a country during your trip when a written formal travel warning was issued advising Canadians not to travel to that country, region or city. This warning must have been issued in writing, before your effective date, by the Department of Foreign Affairs and International Trades of the Canadian government;***

### CAUTION (continued)

- 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;
- any portion of benefits up to the amount of *your deductible* per covered claim, if *you* have chosen a *deductible* option. *You* will be responsible for the *deductible* for each claim, and *we* will apply this *deductible* to any claim covered under this insurance in excess of *your government health insurance plan* coverage.

e) *If you:*

- are retired and *your* former employer provides *you* with an extended health insurance plan;  or
- 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.

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**

Certain expenses are reimbursed by this insurance when *you* must interrupt *your trip* due to a covered risk.

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

### **Covered Risks**

The **Trip Interruption** coverage includes events that may occur **during** *your trip*.

The **Trip Delay** coverage includes events that may occur **during** *your trip* and results in *your* being delayed, beyond *your* scheduled *return date*, from returning to *your departure point*.

The events for which expenses are reimbursed include:

- a medical *emergency*; **and**
- a death

involving:

- *you*;
- *your immediate family* member;
- *your travelling companion*; **or**
- *your travelling companion's immediate family* member

### **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 the insured risks for any unused, non-refundable prepaid land arrangements, excluding the cost of prepaid unused transportation back 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.

#### **Transportation costs:**

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

- 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**

- a) **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*.**
- b) **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.**
- c) **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.**
- d) **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.**
- e) **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.**

## ■ 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**.

### What are the benefits?

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

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**

**This insurance does not cover losses, claims or expenses of any kind caused directly or indirectly from:**

- **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;**
  - **terrorism.**
- a) **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.**
- b) **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.**
- c) **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.**

## ■ 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*.

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

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

**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;
- e) 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.
- f) 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.
- g) 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.

## ■ 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:

- **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.

**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 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 Policy offered by a company under RBC Royal Bank, *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 RBC 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 15-Day, 30-Day, or 60-Day option, before *your* date of departure from *your departure point*;
- c) *Your top-up* coverage cannot exceed 15 consecutive days under the 15-Day option, 30 consecutive days under the 30-Day option, or 60 consecutive days under the 60-Day option;
- d) The terms, conditions and exclusions of our policy issued as *top-up* apply to *you*.
- e) If the policy *you* are purchasing as *top-up* requires *you* to complete a *medical questionnaire*, *you* must complete the *medical questionnaire* for that *top-up* coverage; **and**
- f) If 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 38 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.

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

### ■ **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  
Toll-free from Mexico: ..... 001-800-514-1889  
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 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 Bureau des services 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)

#### Email

[renseignements-consommateur@lautorite.qc.ca](mailto:renseignements-consommateur@lautorite.qc.ca)

## V. NOTICE OF CANCELLATION 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 cancel 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 cancellation 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.
- Article 441 does not apply when the insurance contract is for a period of 10 days or less, and if it became effective at the time of the request for cancellation of the trip cancellation insurance.
- Article 441 does not apply when the trip cancellation insurance contract is purchased within 11 days prior to the trip.

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

#### **NOTICE OF CANCELLATION 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 cancel 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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-----  
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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"/>	_____





