

# CERTIFICATE OF INSURANCE

## TRAVEL HEALTHPROTECTOR® INSURANCE FOR TRAVELLERS AGE 60 & OVER



Royal Bank

### INTRODUCTION

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

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

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

This Certificate of Insurance summarizes the provisions of the Policy.

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

All *italicized* terms have the specific meaning explained in the “Definitions” section of this Certificate of Insurance.

#### IMPORTANT NOTICE – PLEASE READ CAREFULLY

- Travel insurance is designed to cover losses arising from sudden and unforeseeable circumstances. It is important that you read and understand your certificate before you travel as your coverage may be subject to certain limitations or exclusions.
- A pre-existing exclusion applies to *medical conditions* and/or symptoms that existed prior to your trip. Check to see how this applies in your certificate and how it relates to your *departure date, date of purchase, or effective date.*
- In the event of an accident, injury or sickness, your prior medical history may be reviewed when a claim is reported.
- Your certificate provides travel assistance, you are required to notify Assured Assistance Inc. prior to emergency treatment. Your coverage limits benefits should you not contact Assured Assistance immediately.

**PLEASE READ YOUR CERTIFICATE CAREFULLY BEFORE YOU TRAVEL.**

### EMERGENCY MEDICAL ASSISTANCE

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

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

- 1-800-222-9978 (toll-free call from USA or Canada)
- 905-816-2562 (collect call from anywhere through a local operator)
- 1-888-298-6340 (toll-free fax from USA or Canada)
- 905-813-4719 (fax)

### CLAIMS ASSISTANCE

If you need a Claim & Authorization form, to submit a new claim, or you want status on an existing claim, please contact our Claims Department at:

- 1-800-464-3211 (toll-free from USA or Canada)
- 905-816-2573 (collect call from anywhere through a local operator)
- 905-813-4701 (fax)

Or you can visit our website at [www.rbcroyalbank.com/travelinsurance](http://www.rbcroyalbank.com/travelinsurance) to obtain an Emergency Medical claim form or a Trip Interruption claim form.

## COLLECTION AND USE OF PERSONAL INFORMATION

### COLLECTING YOUR PERSONAL INFORMATION

We (RBC Insurance Company of Canada) may collect information about you such as:

- information establishing your identity (for example, name, address, phone number, date of birth, etc.) and your personal background;
- information you provide through the application and claims process for any of our insurance products and services; and
- information for the provision of insurance products and services.

We may collect information from you, either directly or through our representatives. We may collect and confirm this information during the course of our relationship. We may also obtain this information from a variety of sources including hospitals, doctors and other health care providers, the government (including government health insurance plans) and governmental agencies, other insurance companies, travel suppliers, law enforcement authorities, private investigators, your family and friends, and any references you provide.

### USING YOUR PERSONAL INFORMATION

This information may be used for the following purposes:

- to verify your identity and investigate your personal background;
- to issue and maintain insurance products and services you may request;
- to evaluate insurance risk, manage and coordinate claims, re-price medical expenses and negotiate payment of claims expenses;
- to better understand your insurance situation;
- to determine your eligibility for insurance products and services we offer;
- to help us better understand the current and future needs of our clients;
- to communicate to you any benefit, feature and other information about products and services you have with us;
- to help us better manage our business and your relationship with us; and
- as required or permitted by law.

For these purposes, we may make this information available to our employees, our agents, service providers and other third parties, who are required to maintain the confidentiality of this information.

In the event our service provider is located outside of Canada, the service provider is bound by, and the information may be disclosed in accordance with, the laws of the jurisdiction in which the service provider is located. Third parties may include other insurance companies, other financial institutions, health organizations and the government (including government health insurance plans) and governmental agencies.

Upon your request, we may give this information to other persons.

We may also use this information and share it with RBC® companies (i) to manage our risks and operations and those of RBC companies, (ii) to comply with valid requests for information about you from regulators, government agencies, public bodies or other entities who have a right to issue such requests, and (iii) to let RBC companies know your choices under “Other uses of your personal information” for the sole purpose of honouring your choices.

### OTHER USES OF YOUR PERSONAL INFORMATION

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

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

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

### YOUR RIGHT TO ACCESS YOUR PERSONAL INFORMATION

You may obtain access to the information we hold about you at any time and review its content and accuracy, and have it amended as appropriate; however, access may be restricted as permitted or required by law. To request access to such information, to ask questions about our privacy policies or to request that the information not be used for any or all of the purposes outlined in “Other uses of your personal information,” you may do so now or at any time in the future by contacting us at:

RBC Insurance Company of Canada  
P.O. Box 97, Station A  
Mississauga, Ontario L5A 2Y9  
Phone: 1-800-464-3211  
Fax: 1-888-298-6262

## OUR PRIVACY POLICIES

You may obtain more information about our privacy policies by asking for a copy of our "Financial fraud prevention and privacy protection" brochure, by calling us at the toll free number shown above or by visiting our web site at [www.rbc.com/privacysecurity](http://www.rbc.com/privacysecurity).

## DEFINITIONS

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

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

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

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

Exceptions:

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

**Children** – unmarried persons:

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

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

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

**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* insurance application/confirmation of coverage. This date cannot be more than 120 days from the date of *your* insurance application/confirmation of coverage.
- 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* 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:

- a) ordered by or received from a licensed *physician* during *your* trip; or
- b) received in a *hospital* during *your* trip; or
- c) 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, as shown on *your* insurance application/confirmation of coverage. This date is 365 days from *your* start-up date under any Multi-Trip Annual Plan.

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

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

**Immediate family** – spouse, parent, legal guardian, legal ward, step-parent, grandparent, grandchild, in-law, natural or adopted child, step-child, brother, sister, step-brother, step-sister, aunt, uncle, niece, nephew.

**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), including disease, acute psychoses and complications of pregnancy occurring within the first 31 weeks of pregnancy.

**Medical questionnaire** – the form that contains questions that must be answered correctly at the time of *insurance application/confirmation of coverage*, and that, once completed, 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, carabiners and lead-rope or top-rope anchoring equipment.

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

**Passenger plane** – a certified multi-engine transportation aircraft provided by a regularly scheduled airline on any regularly scheduled *trip* operated between licensed airports and holding a valid Canadian Air Transport Board or Charter Air Carrier licence, or its foreign equivalent, and operated by a certified pilot.

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

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

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

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

**Return date** –

- a) 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.
- b) under Flight Accident: the return date and time shown on *your* transportation ticket.
- c) if *you* purchase *top-up* coverage *your* return date is 11:59 p.m. on the last day of *your* extended coverage. (Note: if *you* purchased a Multi-Trip annual plan as *top-up* to *your* travel insurance included with *your* credit card coverage, the duration of *your* *top-up* coverage cannot exceed *your* purchased option (9, 15, or 30 or 60 day option).)

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

**Stable** – any *medical condition* or related condition, including any heart condition or any lung condition (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, or *change in medication*; and
- no new symptom or finding, more frequent symptom or finding, or more severe symptom or finding experienced; and
- no new test results or test results showing a deterioration; and
- no investigations or future investigations initiated, or recommended for *your* symptoms; and
- no hospitalization or referral to a specialist (made or recommended).

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

- the date of *your* 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: 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 and/or the threat thereof, including hijacking or kidnapping, of an individual or group in order to intimidate or terrorize any government, group, association or the general public, for religious, political or ideological reasons or ends, and does not include any act of war (whether declared or not), act of foreign enemies or rebellion.

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

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

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

**Travelling companion** – the person who is sharing travel arrangements with you, to a maximum of three persons.

**Trip** – the period of time between leaving your departure point, up to and including your return date.

**Vehicle** – a private passenger automobile, motorcycle, minivan, mobile home, camper truck or trailer home which you use during your trip exclusively for the transportation of passengers other than for hire. It can be either owned by you or leased by you from a commercial rental agency.

**We, us and our** – RBC Insurance Company of Canada.

**You, yourself and your** – any eligible enrolled person who is named or referred to on the insurance application/confirmation of coverage and for whom the required premium has been paid before the effective date.

## GENERAL INSURANCE DETAILS

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

### WHO IS ELIGIBLE FOR COVERAGE?

To be eligible for any insurance coverage you must:

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

### WHAT OPTIONS ARE AVAILABLE?

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

#### a) Single Trip Plan

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

#### b) Multi-Trip Annual Plan

The Multi-Trip Annual Plan option is available under both Enhanced Coverage and Basic Coverage to an eligible person as described under "Who is eligible for coverage?" and coverage is limited to trips of 9, 15, 30 or 60 consecutive days, depending on the plan you have purchased.

#### While you travel outside Canada

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

- 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 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, you must top-up this coverage as outlined under "What if you want to top-up your coverage?" in this Certificate of Insurance. **If you do not top-up this coverage for a trip that is longer than your 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 within Canada

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

### HOW DO YOU BECOME INSURED?

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

You become insured and this Certificate of Insurance becomes part of an insurance contract:

- when you are named on your completed 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 the coverage Category (A, B, C, D or E) you are eligible to purchase.

#### 2. Enrolling through the Enrollment Centre:

You become insured and this Certificate of Insurance becomes part of an insurance contract:

- when you call the Enrollment Centre;
- upon payment of the required premium on or before your effective date; and
- upon answering each of the questions of the medical questionnaire, where applicable, to determine the coverage Category (A, B, C, D or E) you are eligible to purchase.

#### 3. Enrolling online at [www.rbcroyalbank.com/travelinsurance](http://www.rbcroyalbank.com/travelinsurance):

You become insured and this Certificate of Insurance becomes part of an insurance contract:

- when you apply online;
- upon payment of the required premium on or before your effective date; and
- upon answering each of the questions of the medical questionnaire, where applicable, to determine the coverage Category (A, B, C, D or E) you are eligible to purchase.

### WHEN DOES YOUR INSURANCE START AND END?

#### Insurance starts on:

- your effective date under any Single Trip Plan;
- your start-up date under any Multi-Trip Annual Plan.

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

#### Insurance ends on the earliest of:

- the date you return to your province, territory or country of residence, except in the circumstances outlined below\*;
- under any Multi-Trip Annual Plan: midnight on the 9th day, the 15th day, the 30th day or the 60th day (based on your purchased option) of your travel outside of Canada;
- midnight of your return date;
- midnight of your expiry date;
- 183 days after your date of departure from your departure point under any Single Trip Plan; or
- the day before the one-year anniversary of your start-up date under any Multi-Trip Annual Plan.

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

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

### WHEN DOES YOUR COVERAGE AUTOMATICALLY EXTEND?

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



## WHAT IF YOU DECIDE TO EXTEND YOUR TRIP?

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

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

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

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

If you are travelling for more than 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, you must top-up this coverage as outlined below.

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

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

If you do not top-up this coverage for a trip that is longer than your 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.

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

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

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

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

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

- a) You may contact the Enrollment Centre before your date of departure from your departure point.
- b) You must pay the required top-up premium for a 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 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.
- f) It is your responsibility to confirm top-up coverage is permitted on your existing travel insurance included with your credit card coverage.

## WHEN CAN YOUR PREMIUM BE REFUNDED?

1. All requests for premium refunds must be submitted to the Enrollment Centre.
2. Under any Multi-Trip Annual Plan: the premium you paid can be refunded only before your start-up date.
3. Under any Single Trip Plan: if you return to your departure point before your return date, the premium you paid for the unused days can be refunded (less a \$15 administrative charge) if you:
  - provide proof of your date of return; and
  - do not have a claim under the insurance.
4. No refund of premium will be made in the event that a claim has been paid, incurred or reported.

## EMERGENCY MEDICAL INSURANCE

### WHAT MUST YOU DO IN A MEDICAL EMERGENCY?

You must contact Assured Assistance Inc. before seeking emergency treatment. In addition, all surgery and heart procedures, including heart catheterization, must be approved in advance by the medical advisors of Assured Assistance Inc. When you contact Assured Assistance Inc., they will refer you or may transfer you, when medically appropriate, to one of the accredited medical service providers within the network. Assured Assistance Inc. will also request for the medical service provider within the network to bill the medical expenses covered under this insurance directly to us instead of to you. Failure to call may result in reduced benefits.

### WHAT COVERAGE LIMITATIONS APPLY?

1. If you do not contact Assured Assistance Inc. at the time of your medical emergency or you choose to receive treatment from a medical service provider outside the network, you will be responsible for 30% of your medical expenses covered under this insurance and in excess of your medical expenses paid by your government health insurance plan. If your medical condition prevents you from calling Assured Assistance Inc. before seeking emergency treatment, you must call Assured Assistance Inc. as soon as medically possible. As an alternative, someone else (family member, friend, hospital or physician's office staff, etc.) may call on your behalf.
2. This insurance does not cover expenses incurred within your home province or territory of residence.
3. This insurance is subject to a maximum of \$20,000 if you do not have valid government health insurance plan coverage at the time of claim.

### WHAT RISKS ARE INSURED?

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

### WHAT ARE THE BENEFITS?

1. **Unlimited emergency medical expenses**  
This insurance covers medical expenses related to the following when required as part of the emergency treatment and ordered by a licensed physician during your trip:
  - a) emergency treatment, other than dental treatment;
  - b) the services of a licensed private duty nurse while you are hospitalized;
  - c) the lesser of the rental or purchase of a hospital-type bed, a wheelchair, brace, crutches and other medical appliances;
  - d) diagnostic testing, when pre-authorized by Assured Assistance Inc.; and
  - e) prescription drugs.
2. **Hospital allowance**  
This insurance covers your reimbursement up to \$50 per day to a maximum of \$500 for your incidental hospital expenses (telephone calls, television rental) while you are hospitalized for at least 48 hours.
3. **Other emergency services**  
This insurance covers expenses for emergency treatment by a licensed physiotherapist, chiropractor, chiropodist, podiatrist or osteopath to a maximum of \$300 per profession.
4. **Ground ambulance**  
This insurance covers you for local ground ambulance service to a hospital, physician or medical service provider in an emergency. We will pay for local taxi fare in lieu of local ground ambulance service where an ambulance is medically required but not available.
5. **Repatriation of your remains**  
If, during your trip, you die from a medical condition covered under this insurance, the insurance covers:

- a) the transportation of *your* remains in the common carrier's standard transportation container to *your* province or territory of residence, and up to \$5,000 for the preparation of *your* remains and for the cost of the common carrier's standard transportation container; or
- b) the transportation of *your* remains to *your* province or territory of residence and up to \$5,000 for the cremation of *your* remains at the location where *your* death occurred; or
- c) up to \$5,000 for the preparation of *your* remains and the cost of a standard burial container and up to \$5,000 for the burial of *your* remains at the location where *your* death occurred.
- d) If someone is legally required to identify *your* remains, this insurance covers the cost of a return economy air fare on a commercial flight via the most cost effective route and up to \$500 for commercial accommodations and meals for that person. That person is covered under the terms of *your* insurance during the period in which he/ she is required to identify *your* remains, but for no longer than 3 business days.
- 6. Emergency Medical Evacuation/Return to your province or territory of residence**  
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 if 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 *you* for one or more of the following, when pre-authorized and arranged by Assured Assistance Inc., when medically essential:
- the extra cost of a one-way economy air fare on a commercial flight via the most cost effective route to *your* 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 cost of air ambulance transportation if it is medically essential.
- 7. Return to your trip destination**
- a) **This benefit is subject to the pre-authorization of Assured Assistance Inc.**
- b) This insurance covers *you* for a one-way economy airfare on a commercial flight via the most cost effective route to *your* scheduled *trip* destination after *you* are returned to *your* 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.
- c) This benefit can only be used once during *your* trip.
- d) Once *you* return to *your* trip destination, a recurrence of the initial *medical condition* or related condition will not be covered under the Certificate of Insurance.
- e) When this benefit is provided to *you*, *your* effective date under the Certificate of Insurance becomes the day *you* leave *your* province or territory of residence to return to *your* trip destination.
- 8. Subsistence allowance**
- a) **This benefit is subject to the pre-authorization of Assured Assistance Inc.**
- b) This insurance covers *your* reimbursement up to \$175 per day to a maximum of \$1,750 for *your* commercial accommodations and meals, essential telephone calls, Internet usage fees, and taxi fares (or rental car in lieu of taxi fares) if, upon *physician's* advice:
- you*, or *your* travelling companion, are relocated to receive medical attention; or
  - you* are delayed beyond *your* return date in order to receive *emergency* treatment, or because *your* travelling companion requires *emergency* treatment, for an *emergency* medical condition covered under this insurance.
- 9. Bedside companion's travel to your bedside**
- a) **This benefit is subject to the pre-authorization of Assured Assistance Inc.**
- b) If *you* are travelling alone and hospitalized (for more than 24 hours) during *your* trip, then in the event a bedside companion is required, this insurance covers:
- the cost of a return economy air fare on a commercial flight via the most cost effective route;
  - up to \$500 for commercial accommodations and meals for the bedside companion; and
  - your* bedside companion is insured under the terms of *your* insurance during the period in which this person is required as *your* bedside companion.
- c) If *you* are over age 20 and physically or mentally handicapped, or under age 21 and dependent on *your* bedside companion for support, this insurance provides this benefit to *you* as soon as *you* are admitted to a hospital.
- 10. Emergency dental treatment**  
This insurance covers the following dental expenses when required as *emergency* treatment and ordered by or received from a licensed dentist:
- if *you* need dental treatment to repair or replace *your* natural or permanently attached artificial teeth because of an accidental blow to *your* face, *you* are covered for the *emergency* dental expenses *you* incur during *your* trip and *you* are also covered up to a maximum of \$1,500 to continue necessary treatment after *your* return to Canada. However, this treatment must be completed within 180 days after the accident.
  - if *you* need other *emergency* dental treatment, *you* are covered for the *emergency* dental expenses *you* incur during *your* trip, up to a maximum of \$300, and the complete cost of prescription drugs.
- 11. Return of vehicle**  
If, as a result of a medical *emergency* during *your* trip, *you* are unable to return a vehicle to its point of origin, this insurance covers the reasonable costs for a commercial agency to return the vehicle to *your* residence or to a commercial rental agency when pre-authorized by Assured Assistance Inc.
- 12. Return of children and escort for children to their province or territory of residence**  
If *children* insured under one of our *emergency* medical insurances travel with *you* or join *you* during *your* trip and *you* are hospitalized for more than 24 hours or *you* must return to Canada because of *your* *emergency* medical condition covered under this insurance, this insurance covers:
- the extra cost of a one-way economy air fare on a commercial flight via the most cost effective route for the return of those *children* to their province or territory of residence; and
  - the cost of a return economy air fare via the most cost effective route on a commercial flight for an escort if the airline requires that the *children* be escorted.
- 13. Return of travelling companion**
- This benefit is subject to the pre-authorization of Assured Assistance Inc.**
  - If *you* are travelling with a travelling companion, this insurance covers one travelling companion, for the extra cost of a one-way economy air fare on a commercial flight via the most cost effective route to *your* 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.
- 14. Return of your dog or cat**
- This benefit is subject to the pre-authorization of Assured Assistance Inc.**
  - If *your* domestic dog(s) or cat(s) travel with *you* during *your* trip and *you* must return to Canada because of *your* *emergency* medical condition covered under this insurance, this insurance covers the cost of one-way transportation up to a maximum of \$500 to return *your* domestic dog(s) or cat(s) to *your* province or territory of residence.
- 15. Return of your excess baggage**
- This benefit is subject to the pre-authorization of Assured Assistance Inc.**
  - 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.
- 16. Domestic Services**
- This benefit is subject to the pre-authorization of Assured Assistance Inc.**
  - 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 insurance covers the cost of reasonable domestic services provided by a registered domestic service business up to a maximum of \$250. 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.
- 17. Physician visit to replace lost, stolen or damaged prescription medication**
- This benefit is subject to the pre-authorization of Assured Assistance Inc.**
  - 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.
- WHAT CONDITIONS APPLY?**
- By paying the premium for this insurance, *you* agree that *we* and Assured Assistance Inc. have:
- your* consent to verify *your* health card number and other information required to process *your* claim, with the relevant government and other authorities;
  - your* authorization to *physicians*, *hospitals* and other medical providers to provide to *us* and Assured Assistance Inc. any and all information they have regarding *you* while under observation or treatment, including *your* medical history, diagnoses and test results; and
  - your* agreement to the disclosure of the information available under a) and b) above to other sources, as may be required for the processing of *your* claim for benefits obtainable from other sources.

## WHAT IS NOT COVERED?

### PRE-EXISTING MEDICAL CONDITION EXCLUSIONS

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

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

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

#### EXCLUSION 1

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

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.

#### 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 of 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.

## GENERAL EXCLUSIONS

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

1. Any *medical condition* if any answer provided in your *medical questionnaire* is incorrect, in which case the coverage is void and the premium paid is refundable at our option.
2. The continued treatment, recurrence or complication of a *medical condition* or related condition, following *emergency treatment* of that condition during your trip, if the medical advisors of Assured Assistance Inc. or RBC Insurance Company of Canada determine that you are medically able to return to your home country and you choose not to return.
3. The treatment of any heart or lung condition, following *emergency treatment* for a related or unrelated heart or lung condition during your trip, if the medical advisors of Assured Assistance Inc. or RBC Insurance Company of Canada determine that you were medically able to return to your home country and you chose not to return.
4. Your intentional self-inflicted injury, suicide or attempt to commit suicide (whether sane or insane).
5. Your commission of a criminal act or your direct or indirect attempt to commit a criminal act.
6. Any *medical condition* arising from, or in any way related to, your chronic use of alcohol or drugs whether prior to or during your trip.
7. Any *medical condition* arising from, or in any way related to, the abuse of alcohol during your trip.
8. 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.
9. Your abuse of medication or deliberate non-compliance with prescribed medical therapy or treatment whether prior to or during your trip.
10. Your mental or emotional disorders.
11. 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.
12. Your participation as a professional athlete in a sporting event including training or practice for the same.
13. Your participation in rock climbing or mountain climbing.
14. Your participation in a motorized race or motorized speed contest including training or practice for the same.
15. 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.
16. A *medical condition* for which future investigation or treatment (except routine monitoring) is planned before your effective date.
17. A *medical condition* for which it was reasonable to expect treatment or hospitalization during your trip.
  - 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.
19. Symptoms which would have caused an ordinarily prudent person to seek treatment or medication in the 90 days before your effective date.
20. Treatment or surgery for a specific condition, or a related condition, which had caused your physician to advise you not to travel.
21. Any expenses incurred, if the reason for your *emergency* is associated in any way with a written formal travel warning issued before your effective date, by the Department of Foreign Affairs and International Trade of the Canadian government, advising Canadians not to travel to that country, region or city during the time of your insured trip.
22. 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.
23. 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.
24. War (declared or not), act of foreign enemies or rebellion.
25. 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.
26. a) 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.
  - b) 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.
27. Any expenses resulting from orbital space flights, sub-orbital space flights and space tourism.



## FLIGHT & TRAVEL ACCIDENT INSURANCE

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

### WHAT RISKS ARE INSURED?

*Your accidental bodily injuries* resulting in *your dismemberment, loss of sight, death or complete and irrecoverable loss of speech or hearing* within 365 days from the date of the accident that occurs during *your trip*.

### WHAT ARE THE BENEFITS?

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

1. \$50,000 for death, double *dismemberment, loss of sight* of both eyes, or complete and irrecoverable loss of speech or hearing; or
2. \$25,000 for single *dismemberment or loss of sight* in one eye.

### WHAT CONDITIONS APPLY?

#### CONDITIONS 1 TO 3 APPLY TO TRAVEL ACCIDENT. CONDITIONS 1 TO 7 APPLY TO FLIGHT ACCIDENT.

1. If after 1 year following the accident covered under this insurance, *your* body has not been found, it will be presumed that *you* died as a result of such injuries occurring at the time of such accident.
2. The total benefits payable for one or more accidents will not exceed the applicable principal sum as shown under "What are the benefits?"
3. 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.
4. 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.
5. If after 1 year following the forced landing or disappearance of the *passenger plane* on which *you* are riding, *your* body has not been found, it will be presumed that *you* died as a result of the *accidental bodily injuries* that occurred at the time of such forced landing or accident or, in the case of disappearance of such *passenger plane*, that *you* died at the time and place the *passenger plane* was last seen or heard from and as the result of an accident to such *passenger plane*.
6. This insurance starts on *your effective date*. It ends either upon completion of the airline *trip* or upon expiration of the transportation ticket or upon surrender of the transportation ticket for refund or credit.
7. *Your trip* must take place on a *passenger plane*, between the *departure point* shown on 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*. At the time *you* sustain the *accidental bodily injuries*, *you* must be travelling on a ticket or pass covering the whole airline *trip* issued to *you* for transportation on a *passenger plane* for 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 IS NOT COVERED?

#### EXCLUSIONS 1 TO 15 APPLY TO FLIGHT ACCIDENT EXCLUSIONS 1 TO 18 APPLY TO TRAVEL ACCIDENT

This insurance does not cover any loss, claim or expense of any kind caused directly or indirectly from:

1. War (declared or not), act of foreign enemies or rebellion.
2. *Your* intentional self-inflicted injury, suicide or attempt to commit suicide (whether sane or insane).
3. The commission of a criminal act or direct or indirect attempt to commit a criminal act by *you* or *your* beneficiary.
4. Participation in any military manoeuvre or training exercise.
5. Disease, even if the cause of its activation or reactivation is an accident.
6. Piloting, learning to pilot or acting as a member of a crew of an aircraft.
7. *Contamination* due to any *act of terrorism*.
8. 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.
9. *Terrorism*.

10. 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.
11. *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*.
12. *Accidental bodily injury* arising from, or in any way related to, the abuse of alcohol during *your trip*.
13. *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*.
14. *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*.
15. Any expenses resulting from orbital space flights, sub-orbital space flights and space tourism.
16. Participation as a *professional* athlete in a sporting event including training or practice for the same.
17. Participation in hang-gliding, rock climbing, *mountain climbing*, parachuting, skydiving or bungee jumping.
18. Participation in any kind of motorized race or motorized speed contest including training or practice for the same.

## BAGGAGE & PERSONAL EFFECTS INSURANCE

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

### WHAT RISKS ARE INSURED?

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

### WHAT ARE THE BENEFITS?

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 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*.

### WHAT CONDITIONS APPLY?

1. In the event of theft, burglary, robbery, malicious mischief, disappearance, loss or damage of an item covered under this insurance, *you* must:
  - during *your period of insurance*, immediately notify and obtain corroborating documentary evidence from the police or, if the police are not available, the hotel manager, tour guide or transportation authorities;
  - promptly take all reasonable precautions to protect, save and/or recover the property; and
  - notify *us* immediately upon *your* return to *your departure point*.Failure to comply with this condition will invalidate any claim under this insurance.
2. If the insured property is under check of a common carrier and delivery is delayed, this insurance will continue until such property is delivered by the common carrier.
3. a) We are not liable beyond the actual cash value (original cost less deduction for depreciation) of the property at the time of loss.  
b) We have the option to repair or replace any damaged or lost property with other of similar kind, quality and value and to require submission of the property for appraisal of damage.
4. If *you* are insured under other Baggage & Personal Effects insurance issued by *us*, then the maximum sum insured per person or per family will not exceed \$2,000 in total for all coverages.
5. 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.

### WHAT IS NOT COVERED?

1. Animals, perishables, bicycles except while checked as baggage with a common carrier, household effects and furnishings, artificial teeth and limbs, hearing aids, eye glasses, sunglasses, contact lenses, money, tickets, securities and documents, *professional* or occupational items, antiques and collector items, breakage of brittle or fragile articles, property illegally acquired, kept, stored or transported.
2. Any claim arising from loss:
  - a) caused by wear and tear, deterioration, defect or mechanical breakdown;
  - b) caused by *your* imprudent act or omission;

- c) of articles specifically insured on a valued basis by another insurer while this insurance is in effect;
  - d) directly in consequence of war (declared or not), act of foreign enemies or rebellion;
  - e) 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.
3. 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.
  4. 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.
  5. Any expenses resulting from orbital space flights, sub-orbital space flights and space tourism.

### TRIP INTERRUPTION/AFTER DEPARTURE INSURANCE

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

This insurance coverage provides benefits for:

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

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

### WHAT ARE THE RISKS INSURED?

Medical Condition
1. <i>Your emergency medical condition.</i>
2. <i>The emergency medical condition of a member of your immediate family (who is not at your destination).</i>
3. <i>The emergency medical condition of your travelling companion.</i>
4. <i>The emergency medical condition of your travelling companion's immediate family member.</i>
5. <i>The emergency medical condition of your immediate family member who is at your destination.</i>
Death
6. <i>Your death.</i>
7. <i>The death of your immediate family member (who is not at your destination).</i>
8. <i>The death of your travelling companion.</i>
9. <i>The death of your travelling companion's immediate family member.</i>
10. <i>The death of your immediate family member, who is at your destination.</i>

### WHAT ARE THE BENEFITS?

**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*.

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

- This option is subject to the pre-approval of Assured Assistance Inc.
- This option can only be used once during *your period of insurance*.
- If *you* choose this option, it will replace the Transportation costs benefit.
- The Subsistence Allowance benefit is not applicable if *you* choose this option.
- This benefit is up to \$1,500 per person to a maximum coverage of \$3,000 per family.

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

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

### WHAT CONDITIONS APPLY?

Any transportation and out-of-pocket expenses benefits under this insurance must be undertaken on the earliest of:

- the date when *your travel* is medically possible; and
- within 10 days following *your* originally scheduled *return date* if *your* delay is not the result of hospitalization; or
- within 30 days following *your* originally scheduled *return date* if *your* delay is the result of hospitalization, when the benefit is payable because of a *medical condition* covered under one of the insured risks.

### WHAT IS NOT COVERED?

#### PRE-EXISTING MEDICAL CONDITION EXCLUSIONS

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

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

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

#### EXCLUSION 1

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

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.

#### 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.

## GENERAL EXCLUSIONS

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

1. 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*.
2. 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.
3. *Your* intentional self-inflicted injury, suicide or attempt to commit suicide (whether sane or insane).
4. *Your* commission of a criminal act or *your* direct or indirect attempt to commit a criminal act.
5. 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*.
6. Any *medical condition* arising from, or in any way related to, the abuse of alcohol during *your trip*.
7. 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*.
8. *Your* abuse of medication or deliberate non-compliance with prescribed medical therapy or treatment whether prior to or during *your trip*.
9. *Your mental or emotional disorders*.
10. *Your* participation as a *professional* athlete in a sporting event including training or practice for the same.
11. *Your* participation in rock climbing or *mountain climbing*.
12. *Your* participation in a motorized race or motorized speed contest including training or practice for the same.
13. 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.
15. Symptoms which would have caused an ordinarily prudent person to seek treatment or medication in the 90 days before *your effective date*.
16. Treatment or surgery for a specific condition, or a related condition, which had caused *your physician* to advise *you* not to travel.
17. 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*.
18. War (declared or not), act of foreign enemies or rebellion.
19. 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.
20. Any expenses resulting from orbital space flights, sub-orbital space flights and space tourism.

## GENERAL CONDITIONS (APPLICABLE TO ALL INSURANCE COVERAGES)

1. If *you* fail to meet the eligibility conditions as outlined under “Who is eligible for coverage?” *your* insurance is void and *our* liability is limited to a refund of the premium paid.
2. When making a claim under this insurance, *you* must provide the applicable documents we require. Failure to provide the applicable documentation will invalidate *your* claim.
3. If *you* are eligible, from any other insurer, for benefits similar to the benefits provided under this insurance, the total benefits paid to *you* by all insurers cannot exceed the actual expense that *you* have incurred. *We* will coordinate the payment of benefits with all insurers from whom *you* are eligible for benefits similar to those provided under this insurance, to a maximum of the largest amount specified by each insurer. This condition is not applicable to benefits payable under Flight & Travel Accident Insurance.
4. In the case of out-of-province/country health care coverage:
  - a) if *you* are retired and *your* former employer provides to *you* under an extended health insurance plan, a lifetime maximum coverage of:
    - \$50,000 or less, *we* will not coordinate payment with such coverage;
    - more than \$50,000, *we* will coordinate payment with such coverage only in excess of \$50,000;

in accordance with the coordinating coverage guidelines issued by the Canadian Life and Health Insurance Association.

- b) if *you* are actively employed and *your* current employer provides to *you* under a group health insurance plan, a lifetime maximum coverage of:
  - \$50,000 or less, *we* will not coordinate payment with such coverage;
  - more than \$50,000, *we* will coordinate payment with such coverage only in excess of \$50,000.
5. If *you* are insured under more than one of *our* Policies, the total amount paid to *you* cannot exceed the actual expense which *you* have incurred, and the maximum *you* are entitled to is the largest amount specified for the benefit in any one Policy. This condition is not applicable to benefits payable under Flight & Travel Accident Insurance.
6. Any of *our* Coverages are excess insurance and are the last payors. All other sources of recovery, indemnity payments or insurance coverage must be exhausted before any payments will be made under any of *our* Coverages. This condition is not applicable to benefits payable under Flight & Travel Accident Insurance.
7. 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 certificate 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.
8. 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.
9. *We* will pay the expenses, other than for loss of life, covered under this insurance to *you* or to the provider of the service(s). Any sum payable for loss of life will be payable to *your* estate.
10. If the aggregate of all Flight Accident insurance Policies under which *we* cover *you* is in excess of \$50,000, *our* total liability will be limited to \$50,000 and any excess insurance will be void and the premiums paid will be refunded.
11. Payment, reimbursement and amounts shown throughout this contract are in Canadian dollars, unless otherwise stated. If currency conversion is necessary, *we* will use the exchange rate on the date the last service was rendered to *you*. This insurance will not pay for any interest.
12. During the processing of a claim under this insurance, *we* may require *you* to undergo a medical examination by one or more *physicians* selected by *us* and at *our* expense.
13. 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.
14. Throughout this document, any reference to age refers to *your* age on the date of *insurance application/confirmation of coverage*.
15. *We* and *our* agents, Assured Assistance Inc. and their agents are not responsible for the availability, quality or results of any medical treatment or of any transportation or of *your* failure to obtain medical treatment.
16. This document, including the *insurance application/confirmation of coverage* and, when applicable, the *medical questionnaire*, is the entire contract between *you* and *us*. Despite any other provision of this contract, this contract is subject to any applicable federal and provincial statutes concerning contracts of insurance.
17. *You* may only commence a legal action in the province or territory where the Certificate of Insurance was issued. *You*, or *your* heirs assign consent to the transfer of any legal action to the province or territory where the Certificate of Insurance was issued.
18. **This policy contains a provision removing or restricting the right of the group person insured to designate persons to whom or for whose benefit insurance money is to be payable.**
19. On request, *you* or a claimant under the contract will be provided with a copy of *your* application and any evidence of *your* insurability provided to the Insurer. On reasonable notice *you* or a claimant under the contract will be provided with a copy of the group contract.
20. Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act, or other applicable legislation.
21. This contract is void 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.

## HOW DO YOU SUBMIT A CLAIM?

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

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

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

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

2. We do not cover fees charged for completing a medical certificate.
3. You must notify the Claims Centre within 30 days of the date you incur a claim under Flight & Travel Accident Insurance, Baggage & Personal Effects Insurance or Trip Interruption/ After Departure Insurance.
4. You must file your claim with us within 90 days of your return to your departure point.
5. If you need a claim form, please contact the Claims Department at:  
**RBC Insurance Company of Canada**  
**Travel HealthProtector Insurance**  
**P.O. Box 97, Station A,**  
**Mississauga, Ontario L5A 2Y9**  
**1-800-464-3211** (toll-free from the USA & Canada)  
**905-816-2573** (collect from anywhere through a local operator)  
**905-813-4701** (fax)
6. Or you can visit our website at:  
[www.rbcroyalbank.com/travelinsurance](http://www.rbcroyalbank.com/travelinsurance) to obtain an *Emergency Medical* claim form or a *Trip Interruption* claim form.

## EMERGENCY MEDICAL INSURANCE

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

- documentary evidence of your effective date if you are insured under any Multi-Trip Annual Plan;
- the completed claim form (contact the Claims Department to obtain a claim form);
- original of all bills, invoices and receipts;
- proof of payment by your government health insurance plan and payment from any other insurer or benefit plan;
- the completed and signed Power of Attorney, and Régie de l'assurance maladie du Québec forms if you reside in the Province of Quebec;
- a complete diagnosis from the physician(s) and/or hospital(s) that 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.
- for Multi-Trip Annual Plans: 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).

## BAGGAGE & PERSONAL EFFECTS INSURANCE

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

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

## TRIP INTERRUPTION/AFTER DEPARTURE INSURANCE

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

- a medical document or claim form, fully completed by the legally qualified physician in active personal attendance and in the locality where the medical condition occurred stating the reason why travel was not recommended, the diagnosis and all dates of treatment;
- tour operator terms and conditions;
- complete original unused transportation tickets and vouchers;
- all receipts for the prepaid land arrangements and/or subsistence allowance expenses;
- original passenger receipts for new tickets;
- detailed invoices and/or receipts from the service provider(s); and
- original receipts for out-of-pocket expenses.

## FLIGHT & TRAVEL ACCIDENT INSURANCE

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

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

## WHAT ASSISTANCE SERVICES ARE AVAILABLE?

Under this Certificate of Insurance, the following assistance services are available to you:

### 1. Medical Assistance & Consultation

When you have a medical emergency and you call Assured Assistance Inc., whenever possible, you will be directed to one or more recommended medical service providers near you. In addition, whenever possible, Assured Assistance Inc. will:

- provide confirmation of coverage and pay your eligible medical expenses directly to the recommended medical service provider;
- 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 co-ordinated 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.

## IMPORTANT TELEPHONE NUMBERS

### ENROLLMENT CENTRE

- 1-800-565-3129** (toll-free call from USA or Canada),  
**905-816-2577** (collect call from anywhere through a local operator)  
**905-816-2498** (fax)
- Enrollment in Travel HealthProtector Insurance,
  - Extension of this Travel HealthProtector coverage,
  - Top-up of your RBC Royal Bank credit card coverage,
  - Travel HealthProtector cancellation request

### ASSURED ASSISTANCE INC.

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

- 1-800-222-9978** (toll-free call from USA or Canada),  
**905-816-2562** (collect call from anywhere through a local operator),  
**1-888-298-6340** (toll-free fax from USA or Canada),  
**905-813-4719** (fax)
- Medical assistance and consultation,
  - Payment assistance,
  - Emergency message centre

### CLAIMS CENTRE

- 1-800-464-3211** (toll-free call from USA or Canada),  
**905-816-2573** (collect call from anywhere through a local operator)  
**905-813-4701** (fax)
- Claim filing after your return,
  - Claim enquiry after your return

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