

# CERTIFICATE OF INSURANCE

## TRAVEL HEALTHPROTECTOR® THE 4-DAY GETAWAY MULTI-TRIP ANNUAL MEDICAL PLAN OUT OF PROVINCE/COUNTRY EMERGENCY MEDICAL INSURANCE



RBC 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.

This Certificate of Insurance summarizes the provisions of the Policy.

Upon enrollment, this Certificate of Insurance and *insurance application/confirmation of coverage* 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.

## 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.

**Beside 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.

**Effective date** –

- a) subsequent to *your start-up date*, the date on which *you* are scheduled to leave *your departure point*.
- b) 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, chiropract, 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.

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

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

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

**Immediate family** – spouse, parent, 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.

**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 and signed, forms part of the insurance contract. *Your* *medical condition* at the time of completion of the *medical questionnaire* determines the terms of coverage and/or the premium that apply to *you*.

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

**Mountain climbing** – the ascent or descent of a mountain requiring the use of specialized equipment, including crampons, pick-axes, anchors, bolts, 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*.

**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) the date on which *you* are scheduled to return to *your* *departure point*.
- b) 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* 4-day plan duration.

**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** – 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*.

Note: coverage for each subsequent trip starts each date *you* leave *your* province or territory of residence and is based on *your* 4-Day plan duration.

**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** –

- a) the coverage *you* purchase from *us* to add to *your* insurance beyond the duration covered under *your* Multi-Trip Annual Plan; or
- b) the 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; and
- at the time the coverage is purchased, be under 75 years of age.

In addition, Coverage is limited when travelling outside of your province or territory of residence for any number of trips for a maximum of 4 consecutive days.

If you are travelling for more than 4 consecutive days, 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 your coverage for a trip that is longer than your 4-Day Getaway Multi-Trip Annual Medical Plan, you will not have coverage for any claim incurred outside of your period of insurance during that trip.**

### 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; and
  - upon payment of the required premium on or before your effective date.
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; and
  - upon payment of the required premium on or before your effective date.
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.

In addition, if you and your spouse are under 60 years of age and insured under 4-Day Getaway Multi-Trip Annual Medical Plan insurance, your children become insured under your emergency medical insurance contract when the required family coverage premium has been paid.

### WHEN DOES YOUR INSURANCE START AND END?

**Insurance starts on:**

- a) your start-up date;
- b) your start-up date cannot be more than 120 days from the date of your insurance application/confirmation of coverage.

**Insurance ends on the earliest of:**

- a) the date you return to your province, territory or country of residence, except in the circumstances outlined below;
- b) midnight on the 4th day;
- c) midnight of your return date;
- d) midnight of your expiry date;
- e) the day before the one-year anniversary of your start-up date.

### WHAT HAPPENS TO YOUR MULTI-TRIP ANNUAL PLAN AFTER THE ONE-YEAR ANNIVERSARY? (Your plan has an additional feature to provide a new policy upon the expiry date of this policy)

If you are under 75 years of age on the day of the one-year anniversary of your start-up date, and you have paid the premium for the 4-Day Getaway Multi-Trip Annual Medical Plan using your credit card, you will be issued a new policy for the next year, and the premium will be charged to your credit card unless:

- you notify the Enrollment Centre otherwise;
- you are no longer under 75 years of age;
- the 4-Day Getaway Multi-Trip Annual Medical Plan option is no longer available;
- your credit card information on file is no longer valid.

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

### WHEN DOES YOUR COVERAGE AUTOMATICALLY EXTEND?

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

### WHAT IF YOU WANT TO TOP-UP YOUR 4-DAY GETAWAY MULTI-TRIP ANNUAL MEDICAL PLAN?

If you are travelling for more than 4 consecutive days under the 4-Day Getaway Multi-Trip Annual Medical Plan, you must top-up this coverage as outlined below.

If 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 4-Day Getaway Multi-Trip Annual Medical Plan to a maximum of 183 days in total:

- a) Before your effective date, you may contact the Enrollment Centre, enroll online or visit your RBC Royal Bank branch to purchase top-up coverage.
- b) 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) 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:
  - Basic Coverage Single Trip Plan as top-up.

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.

If you do not top-up this coverage for a trip that is longer than your 4-Day Getaway Multi-Trip Annual Medical Plan 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 TRAVEL INSURANCE INCLUDED WITH YOUR CREDIT CARD COVERAGE BY PURCHASING THE 4-DAY GETAWAY MULTI-TRIP ANNUAL MEDICAL PLAN?

If you are covered under travel insurance included with your credit card coverage, you may purchase a 4-Day Getaway Multi-Trip Annual Medical 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, enroll online or visit your RBC Royal Bank branch before your date of departure from your departure point.
- b) You must pay the required top-up premium for the 4-Day Getaway Multi-Trip Annual Medical Plan, before your date of departure from your departure point.
- c) The terms, conditions and exclusions of our policy issued as top-up apply to you.
- d) 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. 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.

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. **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.

### 8. **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 are 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*.

### 9. **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*.

### 10. **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.

### 11. **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:

- a) 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
- b) 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.

### 12. **Return of travelling companion**

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

### 13. **Return of *your* dog or cat**

- a) **This benefit is subject to the pre-authorization of Assured Assistance Inc.**
- b) If *your* domestic dog(s) or cat(s) travels 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.

### 14. **Return of *your* excess baggage**

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

### 15. **Domestic Services**

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

## 16. Physician visit to replace lost, stolen or damaged prescription medication

- a) This benefit is subject to the pre-authorization of Assured Assistance Inc.
- b) 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:

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

In addition to the exclusions outlined below under "General Exclusions":

If you are under 60 years of age, this insurance does not pay for any expenses incurred directly or indirectly as a result of:

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

If you are 60 years of age or older, this insurance does not pay for any expenses incurred directly or indirectly as a result of:

- Your medical condition or related condition (whether or not the diagnosis has been determined) if at any time in the 180 days before you depart on your trip, your medical condition or related condition has not been stable.
- Your heart condition (whether or not the diagnosis has been determined) if at any time in the 180 days before you depart on your trip:
  - any heart condition has not been stable; or
  - you have taken nitroglycerin more than once per week specifically for the relief of angina pain.
- Your lung condition (whether or not the diagnosis has been determined) if at any time in the 180 days before you depart on your trip:
  - any lung condition has not been stable; or
  - you have been treated with 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.

### 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:

- Any medical condition if any answer provided in your medical questionnaire is incorrect, in which case the policy is void and the premium paid is refundable at our option.
- The continued treatment, recurrence or complication of a medical condition or related condition, following emergency treatment of that condition during your trip, if the medical advisors of Assured Assistance Inc. or RBC Insurance Company of Canada determine that you are medically able to return to your home country and you choose not to return.
- 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.

- Your intentional self-inflicted injury, suicide or attempt to commit suicide (whether sane or insane).
- Your commission of a criminal act or your direct or indirect attempt to commit a criminal act.
- Any medical condition arising from, or in any way related to, your chronic use of alcohol or drugs whether prior to or during your trip.
- Any medical condition arising from, or in any way related to, the abuse of alcohol during your trip.
- Any medical condition arising from, or in any way related to, the voluntary use, during your trip, of illegal drugs or prescription drugs not prescribed to you.
- Your abuse of medication or deliberate non-compliance with prescribed medical therapy or treatment whether prior to or during your trip.
- Your mental or emotional disorders.
- Any treatment that is not emergency treatment and/or any medical condition arising from or in any way related to treatment that is not emergency treatment.
- Your participation as a professional athlete in a sporting event including training or practice for the same.
- Your participation in rock climbing or mountain climbing.
- Your participation in a motorized race or motorized speed contest including training or practice for the same.
- Any medical condition, complication, emergency treatment, or expense incurred during your trip if you undertake your trip with the prior knowledge that you will require or seek treatment, surgery, investigations, palliative care or alternative therapy of any kind.
- A medical condition for which future investigation or treatment (except routine monitoring) is planned before your effective date.
- A medical condition for which it was reasonable to expect treatment or hospitalization during your trip.
  - Routine pre-natal care, or
  - a child born during your trip, or
  - in the 9 weeks before or after the expected date of delivery, complications of pregnancy and/or childbirth.
- Symptoms which would have caused an ordinarily prudent person to seek treatment or medication in the 90 days before your effective date.
- Treatment or surgery for a specific condition, or a related condition, which had caused your physician to advise you not to travel.
- Any expenses incurred, if you choose to travel to a country, region or city, if before your effective date, a formal travel advisory was issued by the Department of Foreign Affairs and International Trade of the Canadian government advising Canadians not to travel to that country, region or city during the time of your insured trip.
- Any portion of the benefits that require prior authorization and arrangement by Assured Assistance Inc. if such benefits were not pre-authorized and arranged by Assured Assistance Inc.
- Any medical condition if the medical advisors of Assured Assistance Inc. recommended that you return to your country of residence following your emergency treatment, and you chose not to return.
- War (declared or not), act of foreign enemies or rebellion.
- Ionising radiation or radioactive contamination from any nuclear fuel or waste which results from the burning of nuclear fuels; or, the radioactive, toxic, explosive or other dangerous properties of nuclear machinery or any part of it.
- applicable to optional policy extension – any medical condition which first appeared, was diagnosed or received emergency medical treatment prior to the effective date of the insurance extension if the extension was purchased after the contracted date of departure.
  - applicable to top-up coverage – any medical condition which first appeared, was diagnosed or received emergency medical treatment prior to the effective date of this insurance if this insurance was purchased as top-up.
- Any expenses resulting from orbital space flights, sub-orbital space flights and space tourism.

### GENERAL CONDITIONS

- 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.
- 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.
- 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.
- In the case of out-of-province/country health care coverage:
  - 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. 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.
6. *You* must repay to *us* any amount paid or authorized by *us* on *your* behalf if and when we determine that the amount is not payable under the terms of *your* coverage.
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 policy exclusion or term or condition, we have the right to collect from *you* any amount which we have paid on *your* behalf to medical providers or other parties.
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 policy.
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. 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.
11. 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.
12. 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.
13. Throughout this document, any reference to age refers to *your* age on the date of *insurance application/confirmation of coverage*.
14. 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.
15. 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.
16. *You* may only commence a legal action in the province or territory where the Policy was issued. *You* or *your* heirs assign consent to the transfer of any legal action to the province or territory where the Policy of Insurance was issued.
17. **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.**
18. 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.
19. 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.
20. 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 file *your* claim with *us* within 90 days of *your* return to *your* departure point.

4. If *you* need a claim form, or to submit a claim, 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 USA or Canada)  
**905-816-2573** (collect call from anywhere through a local operator)  
**905-813-4701** (fax)
5. Or *you* can visit *our* website at [www.rbcroyalbank.com/travelinsurance](http://www.rbcroyalbank.com/travelinsurance) to obtain an *Emergency* Medical 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;
- original of all bills, invoices and receipts;
- proof of both departure from and return to *your* province of residence. The type of proof depends on whether *you* travelled via airline or car (for example, copies of airline tickets, itinerary, boarding passes, gas receipts, hotel receipts, meal receipts, toll highway receipts, original duty-free shop receipts);
- proof of payment by *your* government health insurance plan and payment from any other insurer or benefit plan;
- the completed and signed Power of Attorney and Régie de l'assurance maladie du Québec forms if *you* reside in the Province of Quebec;
- a complete diagnosis from the *physician(s)* and/or *hospital(s)* who provided the treatment, including, where applicable, written verification from the *physician* who treated *you* during *your trip* that the expenses were medically necessary;
- for accidental dental expenses, we require proof of the accident.

## 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 the USA or Canada)  
**905-816-2577** (collect call from anywhere through a local operator)  
**905-816-2498** (fax)

- Enrollment in Travel HealthProtector Insurance
- *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 the 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 the 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

Underwritten by RBC Insurance Company of Canada.