

# CERTIFICATE OF INSURANCE

Travel HealthProtector®

Insurance for Travellers Age 60 & Over



Royal Bank

84910 (12/2019)

## ABOUT YOUR TRAVEL INSURANCE

This is **your** insurance certificate, a contract detailing the terms and conditions of the insurance coverage(s) available. Refer to the **insurance application/confirmation of coverage** to view the coverages purchased. 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 and the **insurance application/confirmation of coverage** form **your** insurance contract.

**You** have the right to request a copy of the application, a copy of the policy of group insurance and/or a written record as evidence of insurability of the group person insured under the contract.

## IMPORTANT NOTICE – READ CAREFULLY BEFORE YOU TRAVEL

**You** have purchased travel insurance – what's next? **We** want **you** to understand (and it is in **your** best interests to know) what **your** insurance includes, what it excludes, and what is limited (payable but with limits). Please take time to read through **your** certificate before **you** travel. **Bolded** and **italicized** terms are defined in **your** certificate.

- Travel insurance covers claims arising from sudden and unexpected situations (i.e. accidents and emergencies) and typically not follow-up or recurrent care.
- To qualify for this insurance, **you** must meet all of the eligibility requirements.
- This insurance contains limitations and/or exclusions; e.g., **medical conditions** that are not **stable**, pregnancy, child born on **trip**, excessive use of alcohol, high risk activities.
- This insurance may not cover claims related to **pre-existing medical conditions**, whether disclosed or not at time of purchase.
- Contact Assured Assistance Inc. before seeking **treatment** or **your** benefits may be limited or denied.
- In the event of a claim **your** prior medical history may be reviewed.
- If **you** have been asked to complete a **medical questionnaire** and any of **your** answers are not accurate or complete, **your** insurance will be voidable.

IT IS **YOUR** RESPONSIBILITY TO UNDERSTAND **YOUR** COVERAGE. IF **YOU** HAVE QUESTIONS, CALL 1-800-222-9978, visit **our** website at <http://www.rbcroyalbank.com/travelinsurance/> or contact us at P.O. Box 97, Station A, Mississauga, Ontario L5A 2Y9

## WHAT THE PROVINCIAL REGULATORS WANT **YOU** TO KNOW

This Certificate of insurance contains a provision removing or restricting the right of the insured to designate persons to whom or for whose benefit insurance money is to be payable.



## WHAT TO DO IF **YOU** NEED HELP ON **YOUR** TRIP

Call Assured Assistance Inc. (AAI) – 24/7 Help Wherever **You** Roam.

Assured Assistance Inc. (AAI) is the travel assistance company that operates on behalf of RBC Insurance®. They provide **our** world-class emergency travel assistance.

If **you** require **emergency treatment** during **your trip**, or for any other **emergency**, **you** must contact AAI immediately at one of these numbers:

**Please call 1-800-222-9978, toll-free from the U.S. and Canada, or (905) 816-2562 collect from anywhere in the world.**

(Note: If international operator assistance is required; please confirm how to call collect to Canada from **your** destination before leaving.)

Get the PATH App. Download the free RBC Insurance PATH app for quick, easy access to **emergency** medical assistance anywhere **you** travel.

Get it from the Apple Store or Google Play.

## WHAT ASSISTANCE SERVICES ARE AVAILABLE?

AAI provides **Emergency** Assistance leveraging **our** travel assistance coordinators, travel professionals and call centre infrastructure teams. Behind the scenes **our** medical assistance team is ready to provide their expertise if required.

## EMERGENCY ASSISTANCE SERVICES

The following assistance services are available to **you**:

### Medical Assistance & Consultation

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

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

### Pay Assistance

Whenever possible, the payment of the eligible medical services **you** receive will be co-ordinated through **us**, 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 **our** control. **You** may be required to make payment up-front or to leave a deposit. If **you** are required to make payment up-front or leave a deposit, call **us** immediately.

### Replacement Co-ordination

Whenever possible, **we** 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.

### 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 **us** 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.

## Legal and Bail Assistance

If **you** find **yourself** in need of legal counsel while away from home, **you** can call **us** for names of local attorneys, embassies and consulates who may be able to help. **We** 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.

## HOW DO I MAKE A CLAIM?

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:

**Our** website at <http://www.rbcroyalbank.com/travelinsurance/> to obtain an **Emergency** Medical claim form.

905-816-2573 or 1-800-464-3211

Address:  
P.O. Box 97  
Station A, Mississauga, Ontario, L5A 2Y9



## ELIGIBILITY

To be eligible for 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**;
- 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.

## IMPORTANT

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.

## WHEN DOES YOUR COVERAGE START?

- a **Your effective date** under any Single Trip Plan.
- b **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**.

## WHEN DOES YOUR COVERAGE END?

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 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;
  - c midnight of **your return date**;
  - d midnight of **your expiry date**;
  - e 183 days after **your** date of departure from **your departure point** under any Single Trip Plan; or
  - f 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**.



## 10 DAY FREE LOOK

If **you** are not completely satisfied with this travel insurance, **you** may cancel it within 10 days of purchase for a full refund, provided **you** have not left on **your trip** and have not experienced an event that would cause **you** to submit a claim. Refunds after the 10 day may not be permitted.

## WHAT IS COVERED?

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 for a single **trip** or as **top-up**, and coverage 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, 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 "Topping Up another travel insurance 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.

## WHAT IS NOT COVERED?

It is really important to read **your** insurance coverage before **you** travel. There are exclusions and limitations that apply to **your** coverage. Not every situation or loss is covered. **We** only cover claims that meet the terms and conditions as **we** outline in this document.



## SUMMARY OF TRAVEL INSURANCE COVERAGE

Benefits	Maximum Sums Available
<b>Emergency Medical Treatment</b>	Unlimited <sup>1</sup>
Incidental <b>Hospital</b> Expenses	\$500
Physiotherapist, chiropractor, chiropractist, podiatrist or osteopath	\$300
Return to <b>Trip</b> destination	One-way economy airfare
Out of Pocket Expenses	\$1,750
Repatriation of Remains *Please see certificate of insurance for limits on the transportation container, cremation and burial at location	Transportation cost: Unlimited*
Bedside Companion's travel to bedside	Economy Airfare & \$500 out of pocket expenses
<b>Emergency</b> Transportation	One-way Economy airfare, or stretcher, or qualified medical attendant or air ambulance
<b>Emergency Dental Treatment</b> <sup>2</sup>	\$300 and/or accidental blow ( <b>emergency</b> expenses)
Return of <b>Vehicle</b>	<b>Reasonable and customary</b> costs
Return of <b>children</b>	One-way economy Airfare & escort if necessary
Return of one <b>travelling companion</b>	One-way economy airfare
Return of dog or cat	\$500
Return of Excess Baggage	\$500
Domestic Services	\$250
<b>Physician</b> visit to replace lost, stolen or damaged prescription medication	One visit to a <b>physician</b> to obtain a written prescription
<b>Trip</b> Interruption – After you leave	Available with Enhanced Coverage only
Baggage Loss Baggage Delay	Available with Enhanced Coverage only
Flight & Travel Accident	Available with Enhanced Coverage only

<sup>1</sup> This insurance is subject to a maximum of \$20,000 if **you** do not have valid **government health insurance plan** coverage.

<sup>2</sup> Benefit is **emergency** dental expenses to repair or replace natural or permanently attached artificial teeth incurred during the **trip** and up to a maximum of \$1500 for continued necessary **treatment** after returning to Canada.



## DEFINITIONS

When reading **your** insurance coverage, **you** will notice that certain words are **bolded** and **italicized**. Please review the "Definitions" section located on the last few pages of this insurance document.

## GENERAL CONDITIONS

There are general conditions that apply to all coverages and they can be found on last few pages of this insurance document.

## EMERGENCY TRAVEL MEDICAL INSURANCE

### Description of Coverage

**Emergency** Travel medical coverage provides benefits to travellers in **emergency** medical situations.

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**, up to the maximum amounts outlined in the section titled "What is Covered".

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.

### Emergency Contact 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)

## IMPORTANT

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

- **You** must contact **us** before seeking **emergency treatment**.
- In addition, all surgery and heart procedures, including heart catheterization, must be approved in advance by **us**.
- When **you** contact **us**, **we** will refer **you** or may transfer **you**, when medically appropriate, to one of the accredited medical service providers within the **network**.
- **We** 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.
- If **your medical condition** prevents **you** from calling **us** before seeking **emergency treatment**, **you** must call **us** 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.
- **You** must repay **us** any amount paid or authorized by **us** on **your** behalf if **we** determine that the amount is not payable under **your** certificate of insurance.

## WHAT IS COVERED

### Emergency Medical Treatment

This insurance covers medical expenses related to the following when required as part of the **emergency treatment** during **your trip**:

- **emergency treatment**, other than dental **treatment**;
- services of a legally licensed **physician**, surgeon, anaesthetist or registered graduate nurse;
- **hospital** accommodation in a semi-private room when **you** are a resident inpatient;
- outpatient services provided by a **hospital**;
- the services of a licensed private duty nurse while **you** are hospitalized;
- the lesser of the rental or purchase of a **hospital**-type bed, a wheelchair, brace, crutches and other medical appliances;
- diagnostic testing, when pre-authorized by **us**;
- the services of the following legally licensed practitioners for **emergency treatment** of a covered injury up to a maximum of \$300 per profession: physiotherapist, chiropractor, chiropractist, podiatrist or osteopath; and
- **prescription drugs**.

### Emergency Dental

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**.

## Out of Pocket Expenses

### IMPORTANT

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

Please call us:

- 1-800-222-9978 (toll-free call from USA or Canada)
- 905-816-2562 (collect call from anywhere through a local operator)

- This insurance covers **your** reimbursement, up to \$175 per day to a maximum of \$1750, for **your** commercial accommodations and meals, essential telephone calls, internet usage fees, and taxi fares (ride sharing or rental car in lieu of taxi fares) if, upon **physician's** advice:
  - **you**, or **your travelling companion**, are relocated to receive medical attention for an **emergency medical condition** covered under this insurance; 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.
- Incidental **Hospital** Expenses: 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.

## TRANSPORTATION

### 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.

### Air Ambulance, Commercial Flight or Stretcher

### IMPORTANT

This benefit must be pre-authorized and arranged by Assured Assistance Inc.

Please call us:

- 1-800-222-9978 (toll-free call from USA or Canada)
- 905-816-2562 (collect call from anywhere through a local operator)

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 **our** medical advisors 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 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.

### IMPORTANT

The following benefits are subject to the pre-authorization of Assured Assistance Inc.

Please call us:

- 1-800-222-9978 (toll-free call from USA or Canada)
- 905-816-2562 (collect call from anywhere through a local operator)

### 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.

### Return of travelling companion

- If **you** are travelling with a **travelling companion**, this insurance covers one **travelling companion** for the extra cost of a one-way economy air fare 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.

### Return to your trip destination

- This insurance covers **you** for a one-way economy air fare on a commercial flight via the most cost effective route to **your** scheduled **trip** destination after **you** are returned to **your** province or territory of residence to receive immediate medical attention, provided **your** attending **physician** determines that **you** require no further medical attention for **your medical condition**. **Your trip** to return to **your** scheduled **trip** destination must occur during **your period of insurance** originally provided by this benefit.
- This benefit can only be used once during **your trip**.
- Once **you** return to **your trip** destination, a recurrence of the initial **medical condition** or related condition will not be covered under this insurance.
- When this benefit is provided to **you**, **your effective date** under this insurance becomes the day **you** leave **your** province or territory of residence to return to **your trip** destination.

### Return of your dog or cat

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

### Return of your excess baggage

- If **you** return to **your** province or territory of residence by air ambulance (pre-authorized by **us**) because of **your emergency medical condition**, this insurance covers the cost to return **your** excess baggage up to a maximum of \$500.

### 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 and customary charges** for a commercial agency to return the **vehicle** to **your** residence or to a **commercial rental agency**.

### Bedside companion's travel to your bedside

### IMPORTANT

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

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.

If **you** are over age 20 and physically or mentally disabled, or under age 21 and dependant on **your** bedside companion for support, this insurance provides this benefit to **you** as soon as **you** are admitted to a **hospital**.

#### Domestic Services

- If **you** return to **your** province or territory of residence by air ambulance because of **your emergency medical condition**, and **your medical condition** restricts **your** ability to perform domestic services, this insurance covers the cost of **reasonable and customary** 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.

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

- If **your** prescription medication (needed to stabilize **your medical condition**) is lost, stolen or damaged during **your trip**, and the medication is required for the balance of **your trip**, this insurance covers the cost of one visit to a **physician** to obtain a written prescription in order for **your** medication to be dispensed by a licensed pharmacist during **your trip**. Note: this benefit is only covered if the prescription medication requiring a written prescription must be dispensed during **your trip** and cannot be delayed until **your** return to **your** province or territory of residence.

#### Repatriation of **your** remains

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

- 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
- 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
- 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.

## LIMITATIONS, CONDITIONS & EXCLUSIONS

### What Coverage Limitations Apply:

- 1 This certificate of insurance is issued on the basis of information in **your** application or provided in connection with **your** application (including answers to the **medical questionnaire**, if required). When completing the application and answering the medical questions, **your** answers must be complete and accurate. In the event of a claim, **we** will review **your** medical history. If any of **your** answers are found to be incomplete or inaccurate:
  - **your** coverage will be void
  - which means **your** claim will not be paid
- 2 **You** must call **us** before obtaining **emergency treatment** so that **we** may:
  - confirm coverage
  - provide pre-approval of **treatment**.
 If it is medically impossible for **you** to call prior to obtaining **emergency treatment**, **we** ask **you** to call or have someone call on **your** behalf as soon as possible. Otherwise, if **you** do not call **us** before **you** obtain **emergency treatment**, **you** will be responsible for 30% of **your** medical expenses covered under this insurance.
- 3 This insurance does not cover expenses incurred within **your** home province or territory of residence.
- 4 **We** will not pay a benefit if **you** are not covered under the **government health insurance plan** (GHIP) of **your** province or territory of residence for the entire duration of the **trip**. It is **your** responsibility to check that **you** do have this coverage.  
If GHIP is not in force, this insurance is subject to a maximum of \$20,000.

## WHAT CONDITIONS APPLY

- 1 By paying the premium for this insurance, **you** agree that **we** have:
  - a **your** consent to verify **your** health card number and other information required to process **your** claim, with the relevant government and other authorities;
  - b **your** authorization to **physicians, hospitals** and other medical providers to provide to **us** 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.
- 2 This insurance is subject to the "**Terrorism Coverage**", "**General Conditions**" and "**How Do **You** Submit a Claim?**" sections outlined in this insurance.

## WHAT IS NOT COVERED

### Pre-existing Medical Condition Exclusions:

If <b>you</b> are covered under:	The following Pre-Existing Medical Condition Exclusion applies to <b>your</b> 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 – Category B

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 – Category C or D

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 – Category E

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 exclusion 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 The continued **treatment**, recurrence or complication of a **medical condition** or related condition, following **emergency treatment** during **your trip**, if **our** medical advisors determine that **your emergency** has ended.
- 2 The **treatment** of any heart or lung condition, following **emergency treatment** for a related or unrelated heart or lung condition during **your trip**, if **our** medical advisors determine that **you** were medically able to return to **our** home country and **you** chose not to return.
- 3 After **your medical emergency treatment** has started, **we** must assess and pre-approve additional medical **treatment**. If **you** undergo tests as part of a medical investigation, **treatment** or surgery, obtain **treatment** or undergo surgery that is not pre-approved, **your** claim will not be paid. This includes, but is not limited to, invasive testing, surgery, cardiac catheterization, other cardiac procedures, transplant, and MRI.
- 4 **Your** self-inflicted injury, suicide or attempt to commit suicide.
- 5 Any claim that results from or is related to **your** involvement in the commission or attempted commission of a criminal offence or illegal act.
- 6 Any **medical condition** arising during **your trip** from, or in any way related to, the abuse of alcohol, drugs or other intoxicants.
- 7 Any **medical condition**, including symptoms of withdrawal, arising from, or in any way related to, **your** chronic use of alcohol, drugs or other intoxicants whether prior to or during **your trip**.
- 8 Any **medical condition** that is the result of **you** not following **treatment** as prescribed to **you**, including prescribed or over-the-counter medication.
- 9 **We** will not pay a benefit with respect to non-**emergency**, experimental or elective **treatment** (e.g. cosmetic surgery, chronic care, rehabilitation including any expenses for directly or indirectly related complications).
- 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 A **trip** made for the purpose of obtaining a diagnosis, **treatment**, surgery, investigation, palliative care, or any alternative therapy, as well as any directly or indirectly-related complication.
- 14 A **medical condition** for which future investigation or **treatment** (except routine monitoring) is planned before **your effective date**.
- 15 Any **medical condition** or symptoms for which it is reasonable to believe or expect that **treatments** will be required during **your trip**.

- 16 a Any claim related to routine pre-natal or post-natal care, or
  - b Any claim related to **your** child born during the **trip**, or
  - c Any claim related to pregnancy, delivery, or complications of either, arising 9 weeks before the expected date of delivery or 9 weeks after.
- 17 Symptoms which would have caused an ordinarily prudent person to seek **treatment** or medication in the 90 days before **your effective date**.
- 18 Any claim incurred after a **physician** advised **you** not to travel.
- 19 Any expenses incurred if the reason for **your emergency** is associated in any way with an official travel advisory issued by the Canadian government stating "Avoid all non-essential travel" or "Avoid all travel" regarding the country, region or city of **your** destination before **your effective date**.
 

\*\* To view the travel advisories, visit the Government of Canada Travel site.

This exclusion does not apply to claims for an **emergency** or a **medical condition** unrelated to the travel advisory.
- 20 If **our** medical advisors determine that **you** should transfer to another facility or return to **your** home province/territory of residence for **treatment**, and **you** choose not to, benefits will not be paid for further medical **treatment** and contract will be terminated.
- 21 a Applicable to optional insurance certificate of insurance extension – Any **medical condition** which first appeared, was diagnosed or received **emergency 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 treatment** prior to the **effective date** of this insurance if this insurance was purchased as **top-up**.
- 22 Any claim related to:
  - an act of war whether declared or undeclared;
  - rebellion;
  - exposure to nuclear reaction or radiation;
  - radioactive, biological or chemical **contamination**.
- 23 Any expenses resulting from orbital space flights, sub-orbital space flights and space tourism.

### TRIP INTERRUPTION INSURANCE

**Trip** Interruption Insurance applies to **you** if **you** have purchased Enhanced Coverage.

#### Description of Coverage

This insurance covers **you** for losses incurred should a Covered Reason prevent **you** from travelling as planned.

#### Trip Interruption – After you Leave:

- (up to \$1,500 per person/\$3,000 maximum per family)
- when a covered reason occurs during **your trip** which causes an early return back to **your departure point** or results in **your** being delayed, beyond **your** scheduled **return date**, from returning to **your departure point**.

### COVERED REASONS

#### Emergency Medical Condition or Death

For Covered Reasons 1 to 3 "**you**" or "**your**" applies to **you** or **your travelling companion**.

- 1 **Your emergency medical condition** or death.
- 2 The **emergency medical condition** or death of:
  - a **Your immediate family** member,
  - b **Your travelling companion**.
- 3 The death or admission to a **hospital** of **your** host at destination, following an **emergency medical condition**.

### WHAT ARE THE BENEFITS?

**Trip** Interruption – After you Leave (up to \$1,500 per person/\$3,000 maximum per family)

#### Unused Portion of Pre-paid travel arrangements:

If **your trip** is interrupted after **you** leave as a result of a Covered Reason, benefits are payable for:

- The non-refundable unused portion of **your** prepaid travel arrangements, excluding partially used airline/transportation tickets back to **your departure point**.

### Transportation:

**Your** economy class transportation via the most cost effective route to **your departure point** or to rejoin a tour or group.

#### IMPORTANT

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 one-way economy class transportation via the most cost effective route back to **your departure point**. (applicable to covered reason #2)

- This option is subject to the pre-authorization 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 benefit.
- The Out of Pocket Expenses 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.

### Out of Pocket Expenses:

**Your** commercial accommodations and meals, essential telephone calls, internet usage fees, and taxi fares (ride sharing or rental car in lieu of taxi fares), up to a daily maximum of:

- \$100 per day per person, to a maximum of \$1,000 per person and \$3,000 per family.

## LIMITATIONS, CONDITIONS & EXCLUSIONS

### What Conditions Apply?

- 1 It is a condition of any transportation and out of pocket expense benefit under this insurance that travel must be undertaken on the earliest of:
  - a the date when **your** travel is medically possible; and
  - b within 10 days following **your** originally scheduled **return date** if **your** delay is not the result of hospitalization; or
  - c 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 covered reasons.

### Pre-existing Medical Condition Exclusions:

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 – Category B

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 – Category C or D

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 – Category E

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 exclusion 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:

- a Any known or 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 cancellation, interruption or delay of **your trip**.
- b A **trip** undertaken to visit or attend an ill person when the **medical condition** or death of that person is the cause of the claim.
- c Pre-paid travel arrangements for which an insurance premium was not paid.
- d **Your** self-inflicted injury, suicide or attempt to commit suicide.
- e Any claim that results from or is related to **your** involvement in the commission or attempted commission of a criminal offence or illegal act.
- f Any **medical condition**, including symptoms of withdrawal, arising from, or in any way related to, **your** chronic use of alcohol, drugs or other intoxicants whether prior to or during **your trip**.

- g Any **medical condition** arising during **your trip** from, or in any way related to, the abuse of alcohol, drugs or other intoxicants.
- h Any **medical condition** that is the result of **you** not following **treatment** as prescribed to **you**, including prescribed or over-the-counter medication.
- i Any claim related to routine pre-natal or post-natal care, or Any claim related to **your** child born during the **trip**, or Any claim related to pregnancy, delivery, or complications of either, arising 9 weeks before the expected date of delivery or 9 weeks after.
- j A **trip** made for the purpose of obtaining a diagnosis, **treatment**, surgery, investigation, palliative care, or any alternative therapy, as well as any directly or indirectly-related complication.
- k **Your** participation in rock climbing or **mountain climbing**.
- l **Your** participation in a motorized race or motorized speed contest including training or practice for the same.
- m The schedule change of a medical test or surgery that was originally scheduled before **your period of insurance**.
- n **Your medical condition** if any answer provided in the **medical questionnaire**, when applicable, is incorrect, in which case the insurance is void and the premium paid is refundable at **our** option.
- o Any claim related to:
  - an act of war whether declared or undeclared;
  - rebellion;
  - exposure to nuclear reaction or radiation;
  - radioactive, biological or chemical **contamination**.
- p Any expenses resulting from orbital space flights, sub-orbital space flights and space tourism.

## BAGGAGE LOSS, DELAY & DAMAGE INSURANCE

(Underwritten in Quebec by Aviva General Insurance Company)

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

### Description of Coverage

This insurance covers **you** for direct physical loss of, or damage to, the baggage and personal effects **you** own and use during **your trip**. It also covers baggage delay if **your** baggage is delayed for 12 hours or more while en route. This benefit is payable only when the delay happens before **your** return home.

### IMPORTANT

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.

## WHAT IS COVERED

### Loss of or Damage to Baggage & Personal Effects

- Reimbursement of **your** losses up to \$1000 maximum (\$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).

### 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.

### 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**.

## LIMITATIONS, CONDITIONS & EXCLUSIONS

### 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:
  - a 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;
  - b promptly take all reasonable precautions to protect, save and/or recover the property; and
  - c 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 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.
- 5 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.
- 6 This insurance is subject to the "**Terrorism** Coverage", "General Conditions" and "How Do **You** Submit a Claim?" sections outlined in this document.

### WHAT IS NOT COVERED

This insurance does not cover:

- 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 or damage to 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 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 A **trip** made for the purpose of obtaining a diagnosis, **treatment**, surgery, investigation, palliative care, or any alternative therapy, as well as any directly or indirectly-related complication.
- 4 Any claim related to:
  - an act of war whether declared or undeclared;
  - rebellion;
  - exposure to nuclear reaction or radiation;
  - radioactive, biological or chemical **contamination**.
- 5 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 Enhanced Coverage.

### DESCRIPTION OF COVERAGE

This insurance covers **your accidental bodily injury** sustained during **your trip**, 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.



## IMPORTANT

For Flight Accident Insurance, the following applies:

- **Your trip** must take place on a **passenger plane** between the **departure point** and the destination or 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 injury**, **you** must be travelling on a ticket or pass covering the whole airline **trip** issued to **you** for transportation on a **passenger plane** in which this insurance was purchased against. If the ticket is issued to **you** aboard such **passenger plane** after leaving the **departure point** but before reaching the first scheduled stop, it will be deemed to have been issued before leaving the **departure point**.

The **accidental bodily injury** must be sustained while **you** are:

- a passenger on the **trip** shown on 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.

## WHAT IS COVERED

	Principal Sum:
Flight & Travel Accident	\$50,000

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

- 1 100% of the principal sum for death, double **dismemberment** or **loss of sight** of both eyes; or
- 2 100% of the principal sum for complete and irrecoverable loss of speech or hearing; or
- 3 50% of the principal sum for single **dismemberment** or **loss of sight** of one eye.

## LIMITATIONS, CONDITIONS & EXCLUSIONS

### WHAT CONDITIONS APPLY?

Conditions 1 to 3 apply to Travel Accident.
Conditions 2 to 5 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 This insurance is subject to the “**Terrorism Coverage**”, “**General Conditions**” and “**How Do You Submit a Claim?**” sections outlined in this certificate of insurance.
- 3 Any expense incurred if the purpose of **your trip** is obtaining a diagnosis, **treatment**, surgery, investigation, palliative care, or any alternative therapy, as well as any directly or indirectly-related complication.
- 4 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 injury** 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**.

- 5 This insurance starts on **your effective date**. It ends either upon completion of the airline **trip** or upon expiration of the **passenger plane** ticket or upon surrender of the **passenger plane** ticket for refund or credit.

## WHAT IS NOT COVERED

Exclusions 1 to 13 apply to Flight Accident

Exclusions 1 to 16 apply to Travel Accident

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

- 1 Any claim related to:
  - an act of war whether declared or undeclared;
  - rebellion;
  - exposure to nuclear reaction or radiation;
  - radioactive, biological or chemical **contamination**.
- 2 **Your** self-inflicted injury, suicide or attempt to commit suicide.
- 3 Any claim that results from or is related to **you** or **your** beneficiary's involvement in the commission or attempted commission of a criminal offence or illegal act.
- 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 **Terrorism**.
- 9 A **trip** made for the purpose of obtaining a diagnosis, **treatment**, surgery, investigation, palliative care, or any alternative therapy, as well as any directly or indirectly-related complication.
- 10 **Accidental bodily injury**, including symptoms of withdrawal, arising from, or in any way related to, **your** chronic use of alcohol, drugs or other intoxicants whether prior to or during **your trip**.
- 11 **Accidental bodily injury** arising during **your trip** from, or in any way related to, the abuse of alcohol, drugs or other intoxicants.
- 12 **Accidental bodily injury** that is the result of **you** not following **treatment** as prescribed to **you**, including prescribed or over-the-counter medication.
- 13 Any expenses resulting from orbital space flights, sub-orbital space flights and space tourism.
- 14 Participation as a **professional** athlete in a sporting event including training or practice for the same.
- 15 Participation in hang-gliding, rock climbing, **mountain climbing**, parachuting, skydiving or bungee jumping.
- 16 Participation in any kind of motorized race or motorized speed contest including training or practice for the same.

## TERRORISM COVERAGE

Where an **act of terrorism** directly or indirectly causes a loss that would otherwise be payable under one of the covered reasons in accordance with the terms and conditions of this insurance, this insurance will provide coverage as follows:

- 1 **Terrorism** Coverage is not available under Flight and Travel Accident Insurance.
- 2 The benefits payable are in excess to all other potential sources of recovery, including but not limited to, alternative or replacement travel options offered by airlines, tour operators, cruise lines and other travel suppliers and other insurance coverage (even where such other coverage is described as excess) and will only respond after **you** have exhausted all such other sources.

## HOW TO BECOME INSURED, EXTEND OR MODIFY YOUR INSURANCE

### 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 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 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 DECIDE TO EXTEND YOUR TRIP?

##### IMPORTANT

**Your** request for extension received after **your effective date** is subject to a \$15 administrative charge.

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

- 1
  - a If **you** have not had a **medical condition** under **your** existing coverage under any of **our** insurances, **you** must request the extension by contacting **us** before **your return date**.
  - b If **you** have had a **medical condition** under **your** existing coverage under any of **our** insurances, **you** must request the extension by contacting **us** before **your return date**, and the extension is subject to **our** approval. **You** must pay the required additional premium before **your** original **return date**.
- 2 If **you** are covered under any Multi-Trip Annual Plan, extensions are not available. Instead, **you** may **top-up your** coverage.
- 3 If the insurance for which **you** require the extension is not available for the duration that includes the total number of days of **your trip** and any optional extension(s), **your** coverage cannot be extended. Instead, **you** may be able to purchase a new certificate of insurance under the 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 Certificate of insurance apply to **you** during the extension period.

#### TOPPING UP ANOTHER TRAVEL INSURANCE COVERAGE

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** 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**.

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.

**You** may purchase **top-up** coverage from **us** only 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 of insurance issued as **top-up** apply to **you**.
- c **You** cannot purchase an annual coverage to **top-up** a Single Trip Plan (if **you** have travel insurance included with **your** credit card coverage, **you** can purchase an annual coverage as **top-up**).
- d **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.



#### INSURANCE PREMIUM

##### ABOUT YOUR PREMIUM

- The required premium is due and payable at the time of purchase and will be determined according to the schedule of premium rates in effect.
- Premium rates and coverage terms and conditions are subject to change without prior notice.
- Coverage will be null and void if credit card charges are invalid, or if no proof of **your** payment exists.

##### WHEN CAN YOUR PREMIUM BE REFUNDED?

If **you** are not completely satisfied with this travel insurance, **you** may cancel it within 10 days of purchase for a full refund, provided **you** have not left on **your trip** and have not experienced an event that would cause **you** to submit a claim. Refunds after the 10 day will not be permitted unless:

- 1 **Your trip** is cancelled before **your** date of departure from **your departure point**;
- 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.

##### IMPORTANT

No refund of premium will be made in the event that a claim has been paid, incurred or reported, or if **you** have already departed on **your trip**.

#### CONTRACT OR COVERAGE TERMINATION BY US

- 1 This certificate of insurance is issued on the basis of information in **your** application or provided in connection with **your** application (including answers to the **medical questionnaire**, if required). When completing the application and answering the medical questions, **your** answers must be complete and accurate. In the event of a claim, **we** will review **your** medical history. If any of **your** answers are found to be incomplete or inaccurate:
  - **your** coverage will be void
  - which means **your** claim will not be paid.
- 2 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.
- 3 **You** must repay **us** any amount paid or authorized by **us** on **your** behalf if **we** determine that the amount is not payable under **your** certificate of insurance.
- 4 This contract is void if a **trip** is made for the purpose of obtaining a diagnosis, **treatment**, surgery, investigation, palliative care, or any alternative therapy, as well as any directly or indirectly-related complication.



## HOW TO SUBMIT A CLAIM

- 1 When **you** call **us** at the time of an **emergency**, **you** will be given all the information required to file a claim. Otherwise, please refer to the instructions below.
- 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.

If **you** need a Claim & Authorization form, please contact **our** Claims Department at 1-800-222-9978, toll-free from the U.S. and Canada, or (905) 816-2562 collect from anywhere in the world.

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.

**Our** address:

P.O. Box 97, Station A, Mississauga, Ontario, L5A 2Y9

## INFORMATION REQUIRED FOR EACH TYPE OF CLAIM

If **you** are making an **Emergency** Medical Insurance claim:

**We** require the fully completed Claim & Authorization form, and when applicable:

- **Our** medical questionnaire if applicable.
- 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) who provided the **treatment**, including, where applicable, written verification from the **physician** who **treated you** during **your** trip that the expenses were medically necessary.

In addition, for accidental dental expenses, **we** require proof of the accident.

**FAILURE TO COMPLETE THE REQUIRED CLAIM & AUTHORIZATION FORM IN FULL WILL DELAY THE ASSESSMENT OF YOUR CLAIM.**

If **you** are making a **Trip** Interruption Insurance claim:

**We** require the fully completed Claim & Authorization form, and when applicable:

- A medical document, 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**.
- Written evidence of the covered reason which was the cause of the interruption or delay.
- Tour operator terms and conditions.
- Complete original unused transportation tickets, vouchers, cruise shore excursions or special ticket events.
- All receipts for the prepaid land arrangements and/or out of pocket expenses.
- Original passenger receipts for new tickets.
- Detailed invoices and/or receipts from the service provider(s).

If **you** are making a **Baggage & Personal Effects** or **Baggage** Delay Insurance claim:

**We** require the fully completed Claim & Authorization form, and when applicable:

- Proof of loss/damage (copy of reports made to the authorities), proof of ownership and receipts for the items claimed in the event of loss or damage.
- Proof of delay and receipts for purchases of necessary toiletries and clothing in the event of a delay.

If **you** are making a **Flight and Travel Accident** Insurance claim:

**We** require the fully completed Claim & Authorization form, and when applicable:

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

**FAILURE TO COMPLETE THE REQUIRED CLAIM & AUTHORIZATION FORM IN FULL WILL DELAY THE ASSESSMENT OF YOUR CLAIM.**

## WHAT CAN YOU EXPECT FROM US WHEN MAKING A CLAIM

- 1 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.
- 2 **We** will pay the expenses, other than for loss of life, covered under this insurance to **you** or to the provider of the service(s). Any sum payable for loss of life will be payable to **your** estate unless otherwise specified in **your** insurance application/confirmation of coverage.
- 3 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.
- 4 **You** must repay **us** any amount paid or authorized by **us** on **your** behalf if **we** determine that the amount is not payable under **your** certificate of insurance.
- 5 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.

## OPTION TO APPEAL IF YOU DO NOT AGREE WITH PARTIAL PAYMENT OR DENIAL

If **you** have not been able to resolve **your** concern with **us** and **you** have received a letter stating **our** final decision/proposal, **you** can contact the RBC Insurance Customer Care Assurance office for assistance. This office can offer a fair and objective review of both parties' positions without bias and provide a final report of its findings/recommendations.

**What You Will Need:**

- Provide a written statement of **your** outstanding concerns and **your** resolution expectations.
- Provide a copy of the RBC Insurance business division final decision/proposal letter.
- Provide any new information or documentation not already submitted to support **your** position.

**Please contact:**

**RBC Insurance Services Inc.**  
Customer Care Assurance  
PO Box 213, Station A  
Mississauga, Ontario L5A 4N9

- **Contact us online** [https://www.rbcinsurance.com/cgi-bin/contact\\_us.cgi?form=feedback](https://www.rbcinsurance.com/cgi-bin/contact_us.cgi?form=feedback)
- **Call 1-888-728-6666**
- **Fax 1-888-844-3331**

## GENERAL CONDITIONS

- 1 Throughout this document, any reference to age refers to **your** age on the date of **insurance application/confirmation of coverage**.
- 2 **We** and **our** 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**.
- 3 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.
- 4 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 (for actions or proceedings governed by the laws of Alberta and British Columbia), The Insurance Act (for actions or proceedings governed by the laws of Manitoba), the Limitations Act, 2002 (for actions or proceedings governed by the laws of Ontario), or in other applicable legislation in **your** province of residence. For those actions or proceedings governed by the laws of Quebec, the prescriptive period is set out in the Quebec Civil Code.
- 5 **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.

## ACCESS TO CARE

**We** will assist **you** to access care whenever possible; however, **we** are not responsible for the quality of care **you** receive.

## MISREPRESENTATION

- This certificate of insurance is issued on the basis of information in **your** application or provided in connection with **your** application (including answers to the **medical questionnaire**, if required). When completing the application and answering the medical questions, **your** answers must be complete and accurate. In the event of a claim, **we** will review **your** medical history. If any of **your** answers are found to be incomplete or inaccurate:
  - your** coverage will be void;
  - which means **your** claim will not be paid.
- You** must be accurate and complete in **your** dealings with **us** at all times.
- We** will not pay a claim if **you**, any person insured under this certificate of insurance or anyone acting on **your** behalf attempt to deceive **us** or makes a fraudulent, false or exaggerated statement or claim.

## CO-ORDINATION OF BENEFITS

If **you** are eligible for benefits, similar to the benefits provided under this insurance, the total benefits paid to **you** by all insurers cannot exceed the actual incurred expense.

**We** will coordinate the payment of benefits from all insurers with whom **you** are eligible, to the maximum of the largest amount specified by each insurer.

- In the case of out-of-country/province 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.
  - 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.
- 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 certificate of insurance.
- Any of **our** policies 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** policies.
- These conditions are not applicable to benefits payable under Flight & Travel Accident Insurance.

## RIGHT TO BE REIMBURSED (SUBROGATION) AND THIRD PARTY RECOVERY

As a condition to receiving benefits under this certificate of insurance, **you** agree that if **you** have a claim or right of action against any person, company or organization for the loss or expenses for which under this certificate of insurance **we** have made payment, **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 **our** rights to recover, and **you** will cooperate fully with **us** and to allow **us**, at **our** own expense, to bring a law suit in **your** name against the third party.

In the event that **you** institute a demand or action in connection with the losses or expenses for which under this certificate of insurance **we** have made payment, **you** agree to:

- Immediately notify **us** of this claim and provide the name and address of the lawyer or firm pursuing this action on **your** behalf;
- Advise the lawyer or firm acting on **your** behalf about **our** right to be reimbursed under this certificate of insurance, and instruct any such lawyer or firm acting on **your** behalf to include as part of **your** action all amounts paid by **us** under this certificate of insurance;
- Keep **us** informed on the status of **your** legal action and to provide **us**, free of charge, with such reports as **we** may reasonably require and details of any settlement negotiations; and
- Reimburse **us** for all **emergency** medical, **hospital** and related costs paid under the certificate of insurance from any amounts **you** receive from a third party responsible (in whole or in part) for **your** injury or sickness whether such amounts are paid under a judgment or settlement agreement.



## DEFINITIONS

The following are **our** definitions and apply when **bolded** and 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.

**Children** – dependent unmarried persons who are **your** natural, adopted or step-children, and are:

- under 21 years of age; or
- under 26 years of age if full-time students; or
- your** child of any age who is mentally or physically disabled.

**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 of **your** intended travel period, as shown on **your trip** itinerary insured by **us**.

**Effective date** –

- 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**.
- under Flight Accident: the date and time shown on **your** transportation ticket.
- under **Top-up** coverage: 12:01 a.m. on the day following the date of expiry of **your** prior coverage.

**Emergency** – A sudden and unforeseen **medical condition** that requires immediate **treatment**. An **emergency** no longer exists when the evidence reviewed by Assured Assistance Inc. indicates that no further **treatment** is required at destination or **you** are able to return to **your** province/territory of residence for further **treatment**.

**Expiry date** – the date on which **your** coverage ends under this insurance, as shown on **your insurance application/confirmation of coverage**.

**Family coverage** – the coverage option that is available to **you** and **your children** when 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 institution that is licensed as an accredited **hospital** that is staffed and operated for the care and **treatment** of in-patients and out-patients. **Treatment** must be supervised by **physicians** and there must be registered nurses on duty 24 hours a day. Diagnostic and surgical capabilities must also exist on the premises or in facilities controlled by the establishment.

A **hospital** is not an 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 document provided by **us** or through **your** RBC Royal Bank Branch or **your** online application 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** – Any disease, illness or injury (including symptoms of undiagnosed conditions).

**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**.

**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** – A person who is not **you** or a member of **your immediate family** or **your traveling companion**, licensed in the jurisdiction where the services are provided to prescribe and administer medical **treatment**.

**Pre-existing Medical Condition** – Any **medical condition** that exists prior to **your effective date**.

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

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

**Reasonable and customary** – Charges incurred for goods and services that are comparable to what other providers charge for similar goods and services in the same geographical area.

**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 passenger plane** 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** – A **medical condition** is considered **stable** when all of the following statements are true:

- there has not been any new **treatment** prescribed or recommended, or change(s) to existing **treatment** (including a stoppage in **treatment**), and
- there has not been any change to any existing prescribed drug (including an increase, decrease, or stoppage to prescribed dosage), or any recommendation or starting of a new **prescription drug**, and
- the **medical condition** has not become worse, and
- there has not been any new, more frequent or more severe symptoms, and
- there has been no hospitalization or referral to a specialist, and
- there have not been any tests, investigation or **treatment** recommended, but not yet completed, nor any outstanding test results, and
- there is no planned or pending **treatment**.

All of the above conditions must be met for a **medical condition** to be considered **stable**.

**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**:

- a to add to **your** insurance beyond the duration covered under **your** Multi-Trip Annual Plan;
- b 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
- c 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.

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

**Treat, Treated, Treatment** – A procedure prescribed, performed or recommended by a **physician** for a **medical condition**. This includes but is not limited to prescribed medication, investigative testing and surgery.

**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** refer to RBC Insurance Company of Canada and Assured Assistance Inc.

**You, yourself** and **your** refer to the person named as the insured on the **insurance application/confirmation of coverage**, when the required insurance premium has been paid before the **effective date**, and **children**, when **family coverage** is applicable and in effect.

## 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).





**ASSURED  
ASSISTANCE INC.**



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



**Royal Bank**

Underwritten by RBC Insurance Company of Canada. In Quebec, certain coverages underwritten by Aviva General Insurance Company.  
© / ™ Trademark(s) of Royal Bank of Canada. RBC and Royal Bank are registered trademarks of Royal Bank of Canada. Used under licence.

‡ Registered trademark of Aetna. Used by permission. VPS105166

84910 (12/2019)