

# Classic Medical Multi-Trip Annual Plan – Product Summary

Getting ready to travel? Classic Medical Multi-Trip Annual Plan will provide you with emergency medical coverage for trips outside your home province or territory. You can choose from a 9, 16, 30 or 60 day plan. We have summarized the most important things to consider as you decide whether this is the best travel insurance product to meet your needs:

1. Who can be insured?
2. What information will I need to provide?
3. How much will I pay for insurance?
4. What is covered?
5. What is not covered?
6. Can I cancel my insurance?
7. How do I submit a claim?
8. What can I do if my claim is not approved?
9. How do I file a complaint?
10. How do I contact the insurer?
11. How do I contact the distributor?

You will also find at the end of this Product Summary a **Fact Sheet** informing you of your rights and a **Rescission Notice**.

*This document is only a Product Summary. It is not part of the insurance contract. Please review the insurance document in its entirety for complete details of coverage:*

<https://www.rbcroyalbank.com/travel-insurance/pdf/rbc-classic-medical-multi-trip-annual-e.pdf>



## 1. Who can be insured?

You can buy Classic Medical Multi-Trip Annual Plan if:

- You are a client of the RBC Companies or a spouse or child(ren) of a client
- You are a Canadian resident
- You are under 65 years of age
- You are covered under your Government Health Insurance Plan (GHIP) during your whole trip. If you do not have valid GHIP, the insurance is subject to a maximum of \$20,000.
- You purchased your coverage before your effective date

In addition, 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.

## 2. What information will I need to provide?

When you buy the Classic Medical Multi-Trip Annual Plan, you will be asked specific details about your trip.

It is important to make sure you give complete and accurate information when purchasing your travel insurance. If any of the information is found to be incomplete or inaccurate, your coverage may be void and your claim may not be paid.

## 3. How much will I pay for insurance?

The amount you will pay for this insurance will be determined when you buy the product and will include any applicable taxes. This amount is fixed and will not change after purchase.

The amount you will pay will be based on your age and the chosen length for your annual plan (9, 16, 30 or 60 days).

## 4. What is covered?

Below are a few examples of what you can expect from this coverage. Refer to the [insurance document](#) for full details.

Situation	Examples of Coverages
Medical emergency during your trip	<ul style="list-style-type: none"><li>• Hospital costs</li><li>• Doctor fees</li><li>• Prescription drugs</li><li>• Cost of getting you and your travelling companion back home</li><li>• Cost for a bedside companion</li><li>• Ground ambulance</li><li>• Air ambulance</li><li>• Emergency transportation</li></ul>

## 5. What is not covered?

This insurance contains limitations, conditions and 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.

The above list summarizes some of the most common limitations, conditions and exclusions. Please refer to the Limitations, Conditions & Exclusions section for each coverage in the [insurance document](#) for full details.

## 6. Can I cancel my insurance?

You can cancel your insurance within 10 days of purchase for a full refund if you haven't left on your trip and have not submitted a claim by calling us at **1-800-565-3129**.

You can also send us a written request by completing the form (**Rescission Notice**) at the back of this Product Summary. This form must be sent by registered mail and received at the following address within 10 days of the purchase:

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

If more than 10 days have passed, call us to find out if you are eligible for a refund.

For more information on cancelling your insurance, please refer to the "Insurance Premium" section of the **insurance document**.

## 7. How do I submit a claim?

Dealing with an emergency medical issue while you are travelling or cancelling or interrupting a planned vacation can be stressful. We are here to help support you and make things as easy as possible.

### To file a claim:

1. Call our claims department as soon as possible at **1-800-387-2487**.
2. Complete and send in all required documentation. We will guide you through the claims process and the documentation you need. What you need to make a claim depends on the type of coverage you have. In general, you will need to provide:
  - A completed claim form (if you cannot access the form online, we will send you one)
  - Documentation from your treating physician in the event of a medical claim
  - Receipts for travel arrangements and supporting documents confirming the reason you had to cancel your trip or return early

### Here is more guidance to ensure you receive the maximum eligible reimbursement:

- If you need emergency medical treatment during your trip, you must call us first at **1-800-387-2487** so that we can confirm your coverage and pre-approve the treatment. If you can't call because it is medically impossible, you (or someone on your behalf) must call us as soon as possible or you will be responsible for 30% of the medical expenses covered under the Classic Medical Multi-Trip Annual Plan.

Visit our website at <https://www.rbcroyalbank.com/travel-insurance/claims-service.html> to access the claims forms and for a full list of information required for each type of claim.

### Time limits for making a claim:

You must file your claim within 90 days of your return to your departure point. In the event it is established that it was impossible to file the claim within 90 days, a claim filed up to one year after the event will be accepted.

### Time for Insurer to pay a claim:

If your claim is approved, payment will be issued within 60 days of receiving a completed claim package and necessary documents in support of your claim. If we deny your claim, we will explain our reason(s) to you in writing.

We will reimburse you in Canadian dollars.

## 8. What can I do if my claim is not approved?

If your claim is not approved and you disagree with our decision, you have the option to appeal. You can contact the RBC Insurance® Customer Care Assurance office for assistance at:

**1-888-728-6666** or [rbcinsurance.com/cgi-bin/contact\\_us.cgi?form=feedback](https://www.rbcinsurance.com/cgi-bin/contact_us.cgi?form=feedback)

In order to submit the appeal, you will need to outline your concerns and resolution expectations. You will also need to send us:

- A copy of the final decision/proposal letter that you received
- Any new information or documentation that has not already been submitted to support your position

There is a limitation period for commencing an action in the Province of Quebec. If you decide to commence an action in court, we recommend you seek independent legal advice on your rights and the applicable limitation period.

## 9. How do I file a complaint?

The complete process to file a complaint can be accessed at [rbc.com/customercare](http://rbc.com/customercare).

## 10. How do I contact the insurer?

Classic Medical Multi-Trip Annual Plan is underwritten by RBC Insurance Company of Canada.

<p><b>RBC Insurance Company of Canada</b> P.O. Box 97, Station A, Mississauga, Ontario, L5A 2Y9 Quebec Regional Office – C.P. 11472, Succursale Centre-ville Montreal (Quebec) H3C 5N2 Telephone: <b>1-800-387-4357</b> Website: <a href="http://rbcinsurance.com">rbcinsurance.com</a></p>
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**RBC Insurance Company of Canada** is an Insurer registered with the Autorité des marchés financiers (AMF) under client registration number 2000671765\*.

\* Link to Autorité des marchés financiers (AMF) Insurers Register: [lautorite.qc.ca/en/general-public/registers/register-insurers-deposit-institutions-and-trust-companies](http://lautorite.qc.ca/en/general-public/registers/register-insurers-deposit-institutions-and-trust-companies)

## 11. How do I contact the distributor?

<b>Name of distributor:</b>	<input type="text"/>
<b>Toll free phone number:</b>	<input type="text"/>
<b>Address:</b>	<input type="text"/>
<b>Website:</b>	<input type="text"/>



Royal Bank

The purpose of this fact sheet is to inform you of your rights.  
It does not relieve the insurer or the distributor of their obligations to you.

## LET'S TALK INSURANCE!

Name of distributor: \_\_\_\_\_

Name of insurer: \_\_\_\_\_

Name of insurance product: \_\_\_\_\_



### IT'S YOUR CHOICE

**You are never required to purchase insurance:**

- that is offered by your distributor;
- from a person who is assigned to you; or
- to obtain a better interest rate or any other benefit.

Even if you are required to be insured, **you do not have to** purchase the insurance that is being offered. **You can choose** your insurance product and your insurer.



### HOW TO CHOOSE

To choose the insurance product that's right for you, we recommend that you read the summary that describes the insurance product and that must be provided to you.



### DISTRIBUTOR REMUNERATION

A portion of the amount you pay for the insurance will be paid to the distributor as remuneration. The distributor **must** tell you when the remuneration exceeds 30% of that amount.



### RIGHT TO CANCEL

The Act allows you to rescind an insurance contract, **at no cost**, within 10 days after the purchase of your insurance. However, the insurer may grant you a longer period of time. After that time, fees may apply if you cancel the insurance. **Ask** your distributor about the period of time granted to cancel it **at no cost**.

If the cost of the insurance is added to the financing amount and you cancel the insurance, your monthly financing payments might not change. Instead, the refund could be used **to shorten the financing period**. **Ask your distributor for details**.

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The *Autorité des marchés financiers* can provide you with unbiased, objective information.  
Visit [www.lautorite.qc.ca](http://www.lautorite.qc.ca) or call the AMF at 1-877-525-0337.

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Reserved for use by the insurer:

## SCHEDULE 5

(s. 31)

### NOTICE OF RESCISSION OF AN INSURANCE CONTRACT NOTICE GIVEN BY A DISTRIBUTOR

Section 440 of the Act respecting the distribution of financial products and services (chapter D-9.2)

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

The Act allows you to rescind an insurance contract, without penalty, within 10 days of the date on which it is signed. However, the insurer may grant you a longer period.

To rescind the contract, you must give the insurer notice, within that time, by registered mail or any other means that allows you to obtain an acknowledgement of receipt.

Despite the rescission of the insurance contract, the first contract entered into will remain in force. Caution, it is possible that you may lose advantageous conditions as a result of this insurance contract; contact your distributor or consult your contract.

After the expiry of the applicable time, you may rescind the insurance contract at any time; however, penalties may apply.

For further information, contact the Autorité des marchés financiers at 1-877-525-0337 or visit [www.lautorite.qc.ca](http://www.lautorite.qc.ca).

#### NOTICE OF RESCISSION OF AN INSURANCE CONTRACT

To : RBC Insurance Company of Canada and Aviva General Insurance Company (if applicable)

(name of insurer)

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

(address of insurer)

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

Pursuant to section 441 of the Act respecting the distribution of financial products and services,  
I hereby rescind insurance contract No.: \_\_\_\_\_ (number of contract, if indicated)

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

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

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

**x** \_\_\_\_\_ (signature of client)