Classic Medical
Single Trip

About Your Travel Insurance:
This is your certificate of insurance, 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 # F-1999987-A (“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 outside your Canadian province or territory of residence.

This certificate of insurance contains the terms and conditions of your insurance coverage. Upon enrollment, this certificate, together with the **insurance application/confirmation of coverage** and **medical questionnaire** (if applicable), 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 interest to know) what your certificate of insurance includes, what it excludes, and what is limited (payable but with limits). Please take time to read through your certificate of insurance before you travel. Bolded and italicized terms are defined in your certificate of insurance. RBC Insurance Company of Canada has appointed AZGA Service Canada Inc. (operating as “Allianz Global Assistance”) as the provider of all assistance, and claims services under this certificate of insurance.

- 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 Allianz Global Assistance 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 certificate of insurance will be voidable.

**IT IS YOUR RESPONSIBILITY TO UNDERSTAND YOUR COVERAGE. IF YOU HAVE QUESTIONS, CALL 1-800-387-2487, visit our website at [www.rbcroyalbank.com/travelinsurance](http://www.rbcroyalbank.com/travelinsurance) or contact us at RBC Insurance Company of Canada Claims, c/o Allianz Global Assistance P O Box 277, Waterloo, ON N2J 4A4.**

**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 Allianz Global Assistance — 24/7 Help Wherever You Roam

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

Please call 1-800-387-2487 toll-free from the U.S. and Canada or (905) 816-2561 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.)

What Assistance Services are available?

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.
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:

905-816-2572 or 1-800-263-8944

Address:
RBC Insurance Company of Canada Claims
c/o Allianz Global Assistance
P O Box 277
Waterloo, ON N2J 4A4

Or you can visit our website at
https://www.rbcroyalbank.com/travel-insurance/claims-service.html#make-travel-claim to obtain an Emergency Medical claim form.
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 a Canadian resident;
▪ be under 65 years of age;
▪ purchase your coverage before your effective date;
▪ be covered under your government health insurance plan for the full duration of your trip;
▪ travel for a maximum duration of 365 days, if you are under 40 years of age;
▪ travel for a maximum duration of 183 days if you are 40 years of age or over. (For trip durations over 183 days and up to 365 days, please contact us to complete the medical questionnaire.)

IMPORTANT

Any requests for a trip duration over 365 days (applicable if you are under 40 years of age), must be pre-approved by us.

Please contact us directly.

Check with your government health insurance plan for regulations regarding extending your coverage when leaving your province or territory of residence for a specific length of time. All government health insurance plans have different maximum coverage limits on the number of days allowed outside of the province or territory before coverage will cease.

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?
Insurance starts on your effective date.

When does your coverage end?
Insurance ends on the earliest of:

a the date of the cause of cancellation if your trip is cancelled before your date of departure from your departure point;
b the date you return to your province, territory or country of residence;
c midnight of your return date;
d midnight of your expiry date.

Under Classic Medical, 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?
After you leave:
Emergency Medical – covers the reasonable and customary medical expenses you incur on your trip for necessary medical care or surgery, as part of the emergency treatment arising from a medical condition that is sudden and unexpected.

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.

IMPORTANT
If you have any questions about your travel insurance coverage, please visit our website or call us.
## Summary of Travel Insurance Coverage

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

² 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 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:

- 1-800-387-2487 (toll-free call from the USA or Canada)
- 905-816-2561 (collect call from anywhere through a local operator)
- 1-888-298-6340 (toll-free fax from the 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.

Underwritten by RBC Insurance Company of Canada.
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, chiropodist, 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 Allianz Global Assistance

Please call us:
1-800-387-2487 (toll-free call from the USA or Canada)
905-816-2561 (collect call from anywhere through a local operator)

- This insurance covers your reimbursement, up to $175 per day to a maximum of $1,750 for your commercial accommodations and meals, essential telephone calls, internet usage fees, and taxi fares (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 Allianz Global Assistance

Please call us:
1-800-387-2487 (toll-free call from the USA or Canada)
905-816-2561 (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.

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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:

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.
   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.

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.

**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 your 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 whether prior to or during your trip.

7 Any medical condition, including symptoms of withdrawal, arising from, or in any way related to, your chronic use of alcohol, drugs or other

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 treatment 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 before your effective date by the Canadian government stating “Avoid all non-essential travel” or “Avoid all travel” regarding the country, region or city of your destination.

**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 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.

**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 We will reimburse you up to a maximum of 100% of your eligible loss.

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?**

You become insured and this Insurance document becomes an insurance contract when:

- Your name is on the insurance application/confirmation of coverage.

- The required premium has been paid on or before your effective date.

**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

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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?

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.

2  You must pay the required additional premium before your original return date.

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.

4  Any extension of your coverage is subject to our approval and we reserve the right to decline the request.

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

Topping Up another travel insurance coverage

If you are covered under another travel insurance coverage, 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 (if you have travel insurance included with your credit card coverage, you can purchase an annual coverage as top-up).

d  Any top-up coverage is subject to our approval and we reserve the right to decline the request.
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. If you return to your departure point before your return date, the premium you paid for the unused days can be refunded, if you:
   - provide proof of your date of return; and
   - do not have a claim under the insurance.

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 “Eligibility”, 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.

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.
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 For an Emergency Medical Insurance claim you must provide notice of your claim within thirty (30) days of the date the claim arises. You must submit the information required for your claim within ninety (90) days of the date of the claim arises. If it is not reasonably possible to provide such information within ninety (90) days, you must do so within one (1) year of the date the claim arises or such other time period as may be permitted by your applicable provincial legislation or your claim may not be reviewed.

If your claim is approved, payment will be made within sixty (60) days of receipt of all of the required information.

- If you need a Claim & Authorization form, please contact our Claims Department at 1-800-387-2487 toll-free from the U.S. and Canada, or (905) 816-2561.
- Or you can visit our website at https://www.rbcroyalbank.com/travel-insurance/claims-service.html#make-travel-claim to obtain an Emergency Medical claim form.
- Our address:
  RBC Insurance Company of Canada Claims
c/o Allianz Global Assistance
P O Box 277
Waterloo, ON N2J 4A

How to file a Complaint

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.

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.

What can you do if your 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 Client Complaints Appeal Office for assistance at: ccao@rbc.com or 1-888-728-6666 or https://www.rbcinsurance.com/contact-us/personal-insurance/index.html.

In order to submit the appeal, you will need to outline your concerns and resolution expectations. You will also need to send us the following:
- 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. You may only commence a legal action in the province or territory where the insurance was issued.
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, Allianz Global Assistance and their agents are not responsible for the availability, quality or results of any medical treatment or of any transportation or of your failure to obtain medical treatment.

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 the statutory conditions in the Insurance Act respecting contracts of accident and sickness 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

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 be accurate and complete in your dealings with us at all times.

3 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.

1 In the case of out-of-country/province health care coverage:
   a if you are retired and your former employer provides to you, under an extended health insurance plan, a lifetime maximum coverage of:
      ■ $50,000 or less, we will not coordinate payment with such coverage;
      ■ more than $50,000, we will coordinate payment with such coverage only in excess of $50,000; in accordance with the coordinating coverage guidelines issued by the Canadian Life and Health Insurance Association.
   b if you are actively employed and your current employer provides to you, under a group health insurance plan, a lifetime maximum coverage of:
      ■ $50,000 or less, we will not coordinate payment with such coverage;
      ■ more than $50,000, we will coordinate payment with such coverage only in excess of $50,000.

2 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.

3 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.

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:

1 Immediately notify us of this claim and provide the name and address of the lawyer or firm pursuing this action on your behalf;

2 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;

3 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

4 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.

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

a under 21 years of age; or
b under 26 years of age if full-time students; or
c 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 – your effective date is shown on your insurance application/confirmation of coverage:

Classic Medical Plan – the date on which you are scheduled to leave your departure point.

Top-up coverage –

- 12:01 a.m. on the day following the date of expiry of your prior coverage; or
- if you purchase top-up coverage for the beginning portion of your intended travel period, your effective date is set out above based on the coverage you purchase as top-up.

Emergency – A sudden and unforeseen medical condition that requires immediate treatment. An emergency no longer exists when the evidence reviewed by Allianz Global Assistance 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.

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.


Insurance application/confirmation of coverage – the document provided by us or through your online application which confirms the insurance coverage you have purchased. The insurance application/confirmation of coverage forms part of the insurance contract.

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.

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 –
- The date on which you are scheduled to return to your departure point. This date is shown on your insurance application/confirmation of coverage.
- If you purchase top-up coverage for the beginning portion of your intended travel period, your return date is 11:59 p.m. on the day before the effective date of your subsequent coverage.

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.

Terrorism or act of terrorism – an act, including but not limited to the use of force or violence and/or the threat thereof, including hijacking or kidnapping, of an individual or group in order to intimidate or terrorize any government, group, association or the general public for religious, political or ideological reasons or ends, and does not include any act of war (whether declared or not), act of foreign enemies or rebellion.

Top-up – the coverage you purchase from us:
- to add to your insurance beyond the duration covered under your Multi-Trip Annual Coverage; or
- before your date of departure from your departure point to complement travel insurance coverage that is in effect through another program or certificate of insurance of insurance for a portion of your trip duration or 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 any services provided by Allianz Global Assistance.

**You, 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**.