



Don't forget your
Wallet Card!



In the event of an emergency call the
Assistance Centre immediately

1-800-764-6539

toll-free from the USA and Canada

+1-519-251-7488

call collect where available

Our Assistance Centre is there to help you
24 hours a day, every day of the year



In the event of an emergency, call

Transat Travel Insurance

1-800-764-6539

toll-free from the USA and Canada

+1-519-251-7488

call collect where available

Policy Number

Name of Policy Holder



Travel Insurance

The perfect experience starts
with the perfect plan.

Effective August 30, 2018

This policy is underwritten by
The Manufacturers Life Insurance Company
and
First North American Insurance Company,
a wholly owned subsidiary of Manulife.

In the event of an emergency, call

Transat Travel Insurance

1-800-764-6539

toll-free from the USA and Canada

+1-519-251-7488

call collect where available

Policy Number

Name of Policy Holder

Accessible formats and communication supports
are available upon request.
Visit Manulife.com/accessibility for more information.

PO Box 670, Stn Waterloo, Waterloo, ON N2J 4B8

This policy is underwritten by The Manufacturers Life Insurance Company and
First North American Insurance Company, a wholly owned subsidiary of Manulife.

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Transat Travel Insurance is designed to protect you and your family in the event of an emergency sickness or accidental injury, damage or loss of personal property which can occur at anytime while you are travelling away from home.

Our travel insurance coverage is designed to give our valued customers maximum flexibility and choice in choosing the right coverage at a competitive price.

Because government health insurance plans pay only a small portion of the expenses incurred for emergency out-of-country hospital or medical services outside your province or territory of residence in Canada, it is important that you purchase additional emergency medical insurance before travelling to protect you and your family in the event you experience an unexpected sickness or accidental injury while travelling.

Transat Travel Insurance offers you financial security and more, whenever and wherever you travel.

**NOTICE REQUIRED BY
PROVINCIAL LEGISLATION**

This policy 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.

**Important Notice –
Please Read Carefully**

- Travel Insurance is designed to cover losses arising from sudden and unforeseeable circumstances. It is important that you read and understand your policy before you travel as your coverage may be subject to certain exclusions or limitations.
- Your policy may not provide coverage for medical condition and/or symptoms that existed before your trip. Check to see how this applies in your policy and how it relates to your departure date, date of purchase or effective date.
- In the event of an accident, injury or sickness, your prior medical history may be reviewed when a claim is reported.
- If your policy provides travel assistance, you may be required to notify the designated assistance company prior to treatment. Your policy may limit benefits should you not contact the assistance company within a specified time period.

**Please read your policy carefully
before you travel**

Travel assistance. Anywhere in the world.

Before you travel, be sure to download ACM's free assistance & claims app, **ACM TravelAid™**.

The GPS-enabled **ACM TravelAid™**, available from Google Play and App store, provides travellers with the following services, from anywhere in the world:

- Direct link to the assistance centre
- Healthcare provider information
- Directions to the nearest medical facility
- Official travel advisories
- Travel tips
- Claim submission support

The TravelAid mobile app can also provide *you* with local emergency telephone numbers (such as 911 in North America), and pre- and post-departure travel tips.

We recommend that *you* download the app before *you* travel to avoid incurring roaming charges that may apply at *your* destination.

Help is just a phone call away

Enjoying your trip should be the first thing on your mind. Our Assistance Centre is there to help you with the following and provide multilingual support 24 hours a day, every day of the year:

Pre-Trip Information

- Passport and Visa information
- Health hazards advisory
- Weather information
- Currency exchange information
- Consulate and Embassy locations

During a Medical Emergency

- Verify and explain coverage
- Refer you to a medical provider
- Arrange direct billing of covered expenses (where possible)
- Monitor the medical emergency and keep your family informed
- Emergency Medical Evacuation/Return Home

Other Services

- Assistance with lost, stolen or delayed baggage
- Assistance in obtaining emergency cash
- Translation and interpreter services
- Emergency message services
- Help to replace lost or stolen airline tickets
- Assistance in obtaining prescription drugs
- Assistance in obtaining legal help or bail bond

**IN THE EVENT OF AN EMERGENCY,
CALL THE ASSISTANCE CENTRE IMMEDIATELY
1 800 764-6539 toll-free from the USA and Canada
+1 (519) 251-7488 collect where available.**

Important Notice

Please note that if you do not call the Assistance Centre in an emergency or prior to treatment, you will have to pay 25% of the medical covered expenses we would normally pay under this policy. If it is medically impossible for you to call, please have someone call on your behalf.

Before you travel download the free assistance & claim mobile app, **ACM TravelAid™**.

Important Notice

Please note that if you do not call the Assistance Centre in an emergency or prior to treatment, you will have to pay 25% of the medical covered expenses we would normally pay under this policy. If it is medically impossible for you to call, please have someone call on your behalf.

Before you travel download the free assistance & claim mobile app, **ACM TravelAid™**.

TRANSAT TRAVEL INSURANCE POLICY

IMPORTANT INFORMATION ABOUT *YOUR* TRAVEL INSURANCE

**IN THE EVENT OF AN EMERGENCY, *YOU* MUST CALL
THE ASSISTANCE CENTRE IMMEDIATELY**

1-800-764-6539 toll-free from the USA and Canada

+1-519-251-7488 call collect where available

Our Assistance Centre is there to help you
24 hours a day, every day of the year.

Our Assistance Centre can also be contacted through the
ACM TravelAid™ mobile application.

Please note that if ***you do not call*** the Assistance Centre in an *emergency* or prior to *treatment*, ***you will have to pay 25% of the eligible medical expenses*** the *company* would normally pay under this *policy*. If it is medically impossible for *you* to call, please have someone call on *your* behalf.

ITALICIZED WORDS have a specific meaning. Please refer to the “Definitions” section of this *policy* to find the meaning of each italicized word.

IMPORTANT INFORMATION ABOUT *YOUR* INSURANCE:

This *policy* is underwritten by The Manufacturers Life Insurance Company (“Manulife”) and First North American Insurance Company (a wholly owned subsidiary of Manulife and hereinafter referred to collectively as “Manulife”). Manulife has appointed Active Claims Management (2018) Inc. (operating as “Active Care Management”) as the provider of all assistance and claims services under this *policy*.

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MEDICAL CONCIERGE SERVICES PROVIDED BY StandbyMD

Transat Travel Insurance is pleased to provide *you* with value-added medical concierge services when *you* have purchased Emergency Medical Insurance coverage under this *policy*.

What services are available? StandbyMD offers *you*:

- Anywhere *you* travel, telephone access to a qualified *physician* who can assess *your* symptoms and provide *treatment* options;
- In 86 countries and over 4000 cities, access to *physician* house call visits.

In addition, when *you* travel to the United States, StandbyMD offers the following services:

- Same-day co-ordination and delivery of lost/forgotten prescription maintenance medication, eye glasses or contact lenses and medical supplies;
- Referral to medical specialists, chiropractors, dentists, walk-in clinics, urgent care centres or more than 50,000 *hospitals* for evaluation and treatment;
- *Physician* co-ordination to an Emergency Room and, whenever possible in select cities, will “fast track” *you* through the Emergency Room.

How does this service work? The StandbyMD program will assist with co-ordinating payment of eligible expenses subject to the terms and conditions of the *policy*. To access this service, simply call the Assistance Centre using the phone numbers indicated on the wallet card.

MEDICAL CONCIERGE SERVICES PROVIDED BY THE Standby@MD PROGRAM.

Disclaimer, Waiver, and Limitation of Liability: StandbyMD is not a medical provider. Medical providers utilized by StandbyMD are not employees, agents, nor in any way affiliated with StandbyMD, beyond accepting StandbyMD's referrals. StandbyMD does not have any control, real or implied, over the medical judgment of participating medical providers, nor their actions or inactions. StandbyMD, upon making referrals under this *policy* does not assume any responsibility for:

- the availability,
- their quality,
- the results or outcome of any *treatment* or service.

Policyholders hereby specifically waive any and all rights to proceed legally against StandbyMD or anyone related to StandbyMD* in any and all claims, demands, actions, causes of action, and suits of any kind, nature, or amount which relate to, or in any way directly or indirectly flow from the medical concierge services that StandbyMD is offering. StandbyMD's liability under these medical concierge services, if any, is limited solely to the amount of payment made to participating medical providers for the services that a policyholder obtained after they received a referral from StandbyMD.

*Related persons include principals, parents, successors and assigns of StandbyMD.

The StandbyMD program is provided by Healthcare Concierge Services, Inc. Manulife and its agents are not responsible for the availability, quality, or results of services provided under the StandbyMD program.

Transat Travel Insurance

Underwritten by Manulife

SCHEDULE OF BENEFITS

Limitations apply, please see *policy* for full details

BENEFIT SECTION	CONCIERGE CLUB PLAN	NON-MEDICAL CONCIERGE CLUB PLAN	STANDARD PLAN	CANADA PLAN	STANDARD NON-MEDICAL PLAN
MEDICAL CONCIERGE SERVICES	INCLUDED	INCLUDED	INCLUDED	INCLUDED	
TRIP CANCELLATION / INTERRUPTION / DISRUPTION (PAGES 18-32)					
TRIP CANCELLATION	UP TO SUM INSURED	UP TO SUM INSURED	UP TO SUM INSURED	UP TO SUM INSURED	UP TO SUM INSURED
TRIP INTERRUPTION	SAME CLASS FARE	SAME CLASS FARE	ECONOMY FARE	ECONOMY FARE	ECONOMY FARE
CANCEL FOR ANY REASON	24 HOURS OR MORE PRIOR TO DEPARTURE 75% OF PREPAID NON-REFUNDABLE PORTION OF TRIP	24 HOURS OR MORE PRIOR TO DEPARTURE 75% OF PREPAID NON-REFUNDABLE PORTION OF TRIP	14 DAYS OR MORE PRIOR TO DEPARTURE 50% OF PREPAID NON-REFUNDABLE PORTION OF TRIP	14 DAYS OR MORE PRIOR TO DEPARTURE 50% OF PREPAID NON-REFUNDABLE PORTION OF TRIP	14 DAYS OR MORE PRIOR TO DEPARTURE 50% OF PREPAID NON-REFUNDABLE PORTION OF TRIP
TOUR CRUISE CANCELLATION	UP TO \$3,000	UP TO \$3,000	UP TO \$1,500	UP TO \$1,500	UP TO \$1,500
COMMON CARRIER SCHEDULE CHANGE	UP TO \$2,000	UP TO \$2,000	UP TO \$1,000	UP TO \$1,000	UP TO \$1,000
ACCOMMODATION & MEAL EXPENSES FOR TRIP INTERRUPTION	\$350 PER DAY/ MAXIMUM \$3,500	\$350 PER DAY/ MAXIMUM \$3,500	\$350 PER DAY/ MAXIMUM \$700	\$350 PER DAY/ MAXIMUM \$700	\$350 PER DAY/ MAXIMUM \$700
ACCOMMODATION & MEAL EXPENSES FOR TRIP DISRUPTION	\$350 PER DAY/ MAXIMUM \$3,500	\$350 PER DAY/ MAXIMUM \$3,500	\$350 PER DAY/ MAXIMUM \$700	\$350 PER DAY/ MAXIMUM \$700	\$350 PER DAY/ MAXIMUM \$700
ADDITIONAL EXPENSES RELATED TO AIR TRAVEL	\$100 FOR MEALS/ \$200 FOR OVERNIGHT STAY/ MAXIMUM \$300 PER PERSON OR \$600 PER FAMILY	\$100 FOR MEALS/ \$200 FOR OVERNIGHT STAY/ MAXIMUM \$300 PER PERSON OR \$600 PER FAMILY	\$50 FOR MEALS/ \$150 FOR OVERNIGHT STAY/ MAXIMUM \$200 PER PERSON OR \$400 PER FAMILY	\$50 FOR MEALS/ \$150 FOR OVERNIGHT STAY/ MAXIMUM \$200 PER PERSON OR \$400 PER FAMILY	\$50 FOR MEALS/ \$150 FOR OVERNIGHT STAY/ MAXIMUM \$200 PER PERSON OR \$400 PER FAMILY
TRAVEL DELAY / SPECIAL EVENTS (PAGE 32)					
TRAVEL DELAY	UP TO \$1,000	UP TO \$1,000	UP TO \$600	UP TO \$600	UP TO \$600
PERSONAL MONEY (PAGE 44)					
PERSONAL MONEY	UP TO \$200	UP TO \$200	UP TO \$100	UP TO \$100	UP TO \$100
CONCIERGE SERVICES (PAGE 54)					
TRAVEL ACCIDENT (PAGES 40-41)					
AIR FLIGHT ACCIDENT	\$250,000	\$250,000	\$250,000	\$250,000	\$250,000
WORLDWIDE ACCIDENT	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000

EMERGENCY MEDICAL (PAGES 33-39)

HOSPITAL & MEDICAL	UP TO \$10,000,000	N/A	UP TO \$10,000,000	UP TO \$10,000,000	N/A
ACCIDENTAL DENTAL	UP TO \$10,000,000	N/A	UP TO \$10,000,000	UP TO \$10,000,000	N/A
MEDICAL EVACUATION & RETURN HOME	UP TO \$10,000,000	N/A	UP TO \$10,000,000	UP TO \$10,000,000	N/A
ACCOMMODATION & MEAL EXPENSES	\$600 PER DAY/ OVERALL \$5,000	N/A	\$350 PER DAY/ OVERALL \$3,500	\$350 PER DAY/ OVERALL \$3,500	N/A
VISIT TO BESIDE	ROUND TRIP ECONOMY FARE + \$500 EXPENSES	N/A	ROUND TRIP ECONOMY FARE + \$500 EXPENSES	ROUND TRIP ECONOMY FARE + \$500 EXPENSES	N/A
RETURN & ESCORT OF CHILDREN	ESCORT ROUND TRIP + CHILDREN ONE WAY ECONOMY FARES	N/A	ESCORT ROUND TRIP + CHILDREN ONE WAY ECONOMY FARES	ESCORT ROUND TRIP + CHILDREN ONE WAY ECONOMY FARES	N/A
REPAIRATION OF REMAINS	REASONABLE EXPENSES UP TO \$10,000,000	N/A	REASONABLE EXPENSES UP TO \$10,000,000	REASONABLE EXPENSES UP TO \$10,000,000	N/A
CREMATION/BURIAL AT DESTINATION	UP TO \$10,000	N/A	UP TO \$10,000	UP TO \$10,000	N/A
VEHICLE RETURN	REASONABLE RETURN COST	N/A	REASONABLE RETURN COST	REASONABLE RETURN COST	N/A
HOSPITAL CONFINEMENT ALLOWANCE	UP TO \$500	N/A	UP TO \$500	UP TO \$500	N/A
CHILD CARE COST	UP TO \$500	N/A	UP TO \$500	UP TO \$500	N/A
MEDICAL CONCIERGE SERVICES	INCLUDED	N/A	INCLUDED	INCLUDED	N/A
BAGGAGE AND PERSONAL EFFECTS (PAGES 41-43)					
LOST/STOLEN/DAMAGED ITEMS	\$1,500 OVERALL/\$750 PER ITEM	\$1,500 OVERALL/\$750 PER ITEM	\$1,000 OVERALL/\$500 PER ITEM	\$1,000 OVERALL/\$500 PER ITEM	\$1,000 OVERALL/\$500 PER ITEM
PASSPORT/TRAVEL VISA REPLACEMENT - TRAVEL ACCOMMODATIONS	UP TO \$200	UP TO \$200	UP TO \$200	UP TO \$200	UP TO \$200
DELAYED LUGGAGE	UP TO \$750	UP TO \$750	UP TO \$400	UP TO \$400	UP TO \$400
DELAYED SPORT EQUIPMENT	UP TO \$500	UP TO \$500	UP TO \$400	UP TO \$400	UP TO \$400
RENTAL VEHICLE PHYSICAL DAMAGE					
RENTAL VEHICLE PHYSICAL DAMAGE	N/A	N/A	N/A	N/A	N/A
VISITORS TO CANADA MEDICAL					
VISITORS TO CANADA MEDICAL	N/A	N/A	N/A	N/A	N/A

Transat Travel Insurance

Underwritten by Manulife

SCHEDULE OF BENEFITS

Limitations apply, please see *policy* for full details

BENEFIT SECTION	ANNUAL NON-MEDICAL INCLUSIVE PLAN (OPTIONS SUM INSURED: \$1,500/\$2,500/\$3,500 OR \$5,000)	ANNUAL ALL-INCLUSIVE PLAY (OPTIONS SUM INSURED: \$1,500/\$2,500/\$3,500 OR \$5,000)	ANNUAL MEDICAL	SUMMER MEDICAL	EMERGENCY MEDICAL PLAN (INCLUDING QUICK TRIP EMERGENCY MEDICAL PLAN)
MEDICAL CONCERGE SERVICES	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED
TRIP CANCELLATION / INTERRUPTION / DISRUPTION (PAGES 18-32)					
TRIP CANCELLATION	UP TO SUM INSURED	UP TO SUM INSURED	N/A	N/A	N/A
TRIP INTERRUPTION	ECONOMY FARE	ECONOMY FARE	N/A	N/A	N/A
CANCEL FOR ANY REASON	14 DAYS OR MORE PRIOR TO DEPARTURE 50% OF PREPAID NON-REFUNDABLE PORTION OF TRIP	14 DAYS OR MORE PRIOR TO DEPARTURE 50% OF PREPAID NON-REFUNDABLE PORTION OF TRIP	N/A	N/A	N/A
TOUR CRUISE CANCELLATION	UP TO \$1,500	UP TO \$1,500	N/A	N/A	N/A
COMMON CARRIER SCHEDULE CHANGE	UP TO \$1,000	UP TO \$1,000	N/A	N/A	N/A
ACCOMMODATION & MEAL EXPENSES FOR TRIP INTERRUPTION	\$150 PER DAY/ MAXIMUM \$450	\$150 PER DAY/ MAXIMUM \$450	N/A	N/A	N/A
ACCOMMODATION & MEAL EXPENSES FOR TRIP DISRUPTION	\$150 PER DAY/ MAXIMUM \$450	\$150 PER DAY/ MAXIMUM \$450	N/A	N/A	N/A
ADDITIONAL EXPENSES RELATED TO AIR TRAVEL	N/A	N/A	N/A	N/A	N/A
TRAVEL DELAY / SPECIAL EVENTS (PAGE 32)	UP TO \$450	UP TO \$450	N/A	N/A	N/A
PERSONAL MONEY (PAGE 44)	N/A	N/A	N/A	N/A	N/A
CONCERGE SERVICES (PAGE 54)	N/A	N/A	N/A	N/A	N/A
TRAVEL ACCIDENT (PAGES 40-41)					
AIR FLIGHT ACCIDENT	\$100,000	\$100,000	N/A	N/A	N/A
WORLDWIDE ACCIDENT	\$25,000	\$25,000	N/A	N/A	N/A

EMERGENCY MEDICAL (PAGES 33-39)					
HOSPITAL & MEDICAL	N/A	UP TO \$5,000,000	UP TO \$10,000,000	UP TO \$10,000,000	UP TO \$10,000,000
ACCIDENTAL DENTAL	N/A	UP TO \$5,000,000	UP TO \$10,000,000	UP TO \$10,000,000	UP TO \$10,000,000
MEDICAL EVACUATION & RETURN HOME	N/A	UP TO \$5,000,000	UP TO \$10,000,000	UP TO \$10,000,000	UP TO \$10,000,000
ACCOMMODATION & MEAL EXPENSES	N/A	\$350 PER DAY/ OVERALL \$1,750	\$350 PER DAY/ MAXIMUM \$1,750	\$350 PER DAY/ MAXIMUM \$1,750	\$350 PER DAY/ MAXIMUM \$1,750
VISIT TO BEDSIDE	N/A	ROUND TRIP ECONOMY FARE + \$500 EXPENSES	ROUND TRIP ECONOMY FARE + \$500 EXPENSES	ROUND TRIP ECONOMY FARE + \$500 EXPENSES	ROUND TRIP ECONOMY FARE + \$500 EXPENSES
RETURN & ESCORT OF CHILDREN	N/A	ESCORT ROUND TRIP + CHILDREN ONE WAY ECONOMY FARES	ESCORT ROUND TRIP + CHILDREN ONE WAY ECONOMY FARES	ESCORT ROUND TRIP + CHILDREN ONE WAY ECONOMY FARES	ESCORT ROUND TRIP + CHILDREN ONE WAY ECONOMY FARES
REPAIRATION OF REMAINS	N/A	REASONABLE EXPENSES UP TO \$5,000,000	REASONABLE EXPENSES UP TO \$10,000,000	REASONABLE EXPENSES UP TO \$10,000,000	REASONABLE EXPENSES UP TO \$10,000,000
CREATION/BURIAL AT DESTINATION	N/A	UP TO \$3,000	UP TO \$3,000	UP TO \$3,000	UP TO \$3,000
VEHICLE RETURN	N/A	REASONABLE RETURN COST	REASONABLE RETURN COST	REASONABLE RETURN COST	REASONABLE RETURN COST
HOSPITAL CONFINEMENT ALLOWANCE	N/A	UP TO \$500	UP TO \$500	UP TO \$500	UP TO \$500
CHILD CARE COST	N/A	UP TO \$500	UP TO \$500	UP TO \$500	UP TO \$500
MEDICAL CONCERGE SERVICES	N/A	INCLUDED	INCLUDED	INCLUDED	INCLUDED
BAGGAGE AND PERSONAL EFFECTS (PAGES 41-43)					
LOST/STOLEN/DAMAGED ITEMS	\$1,000 OVERALL/\$200 PER ITEM - OPTIONAL RIDER FOR LOST GOLF CLUBS, LAPTOP, CELL PHONES (PAGES 55-56)	\$1,000 OVERALL/\$300 PER ITEM - OPTIONAL RIDER FOR LOST GOLF CLUBS, LAPTOP, CELL PHONES (PAGES 55-56)	N/A	N/A	N/A
PASSPORT/TRAVEL VISA REPLACEMENT - TRAVEL ACCOMMODATIONS	UP TO \$200	UP TO \$200	N/A	N/A	N/A
DELAYED LUGGAGE	UP TO \$300	UP TO \$300	N/A	N/A	N/A
DELAYED SPORT EQUIPMENT	UP TO \$300	UP TO \$300	N/A	N/A	N/A
RENTAL VEHICLE PHYSICAL DAMAGE	N/A	N/A	N/A	N/A	N/A
VISITORS TO CANADA MEDICAL	N/A	N/A	N/A	N/A	N/A

Transat Travel Insurance Underwritten by Manulife

SCHEDULE OF BENEFITS

Limitations apply, please see *policy* for full details

BENEFIT SECTION	TRIP CANCELLATION / DELAY	TRIP CANCELLATION ONLY PLAN	AIR FARE CANCELLATION PLAN (OPTIONS OF UP TO \$5,000 OR \$2,000/\$2,500/\$3,000 OR \$5,000)	TRIP CANCELLATION PLAN (OPTIONS OF UP TO \$3,000 OR \$100,000 OR \$150,000)	BAGGAGE & PERSONAL EFFECTS PLAN	TRAVEL ACCIDENT PLAN	RENTAL VEHICLE PHYSICAL DAMAGE PLAN
TRIP CANCELLATION / INTERRUPTION / DELAY	(PAGES 18-32)	(PAGES 46-50)	(PAGES 46-50)				
TRIP CANCELLATION	UP TO SUM INSURED	UP TO SUM INSURED	UP TO SUM INSURED	N/A	N/A	N/A	N/A
TRIP INTERRUPTION	ECONOMY FARE	ECONOMY FARE	ECONOMY FARE	N/A	N/A	N/A	N/A
CANCEL FOR ANY REASON	14 DAYS OR MORE PRIOR TO DEPARTURE 50% OF PREPAID NON-REFUNDABLE PORTION OF TRIP	N/A	N/A	N/A	N/A	N/A	N/A
TOUR CRUISE CANCELLATION	UP TO \$1,500	N/A	N/A	N/A	N/A	N/A	N/A
COMMON CARRIER SCHEDULE CHANGE	UP TO \$1,000	N/A	N/A	N/A	N/A	N/A	N/A
ACCOMMODATION & MEAL EXPENSES FOR TRIP INTERRUPTION	\$150 PER DAY/ MAXIMUM \$450	UP TO \$100	UP TO \$100	N/A	N/A	N/A	N/A
ACCOMMODATION & MEAL EXPENSES FOR TRIP DISRUPTION	\$150 PER DAY/ MAXIMUM \$450	UP TO \$300	UP TO \$300	N/A	N/A	N/A	N/A
ADDITIONAL EXPENSES RELATED TO AIR TRAVEL	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TRAVEL DELAY / SPECIAL EVENTS (PAGE 32)	UP TO \$450	N/A	N/A	N/A	N/A	N/A	N/A
PERSONAL MONEY (PAGE 44)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
CONCIERGE SERVICES (PAGE 54)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TRAVEL ACCIDENT (PAGE 40-41)							
AIR FLIGHT ACCIDENT	N/A	N/A	N/A	N/A	N/A	UP TO SELECTED SUM INSURED	N/A
WORLDWIDE ACCIDENT	N/A	N/A	N/A	N/A	N/A	UP TO SELECTED SUM INSURED	N/A

EMERGENCY MEDICAL (PAGES 33-39)							
HOSPITAL & MEDICAL	N/A	N/A	N/A	N/A	N/A	N/A	N/A
ACCOMMODATION & MEAL EXPENSES	N/A	N/A	N/A	N/A	N/A	N/A	N/A
VISIT TO BESIDE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
RETURN & ESCORT OF CHILDREN	N/A	N/A	N/A	N/A	N/A	N/A	N/A
VEHICLE RETURN	N/A	N/A	N/A	N/A	N/A	N/A	N/A
HOSPITAL CONFINEMENT ALLOWANCE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
CHILD CARE COST	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MEDICAL CONCIERGE SERVICES	N/A	N/A	N/A	N/A	N/A	N/A	N/A
BAGGAGE AND PERSONAL EFFECTS (PAGES 41-43)							
LOST/STOLEN/DAMAGED ITEMS	N/A	N/A	N/A	N/A	UP TO SELECTED SUM INSURED OVERALL \$300 PER ITEM	N/A	N/A
PASSPORT/TRAVEL VISA REPLACEMENT - TRAVEL ACCOMMODATIONS	N/A	N/A	N/A	N/A	UP TO \$200	N/A	N/A
DELAYED LUGGAGE	N/A	N/A	N/A	N/A	UP TO \$200	N/A	N/A
DELAYED SPORT EQUIPMENT	N/A	N/A	N/A	N/A	UP TO \$200	N/A	N/A
RENTAL VEHICLE PHYSICAL DAMAGE (PAGES 44-45)	N/A	N/A	N/A	N/A	N/A	N/A	UP TO \$50,000
VISITORS TO CANADA MEDICAL (PAGES 50-53)							
HOSPITAL & MEDICAL	N/A	N/A	N/A	UP TO SELECTED OPTION SUM INSURED	N/A	N/A	N/A
EMERGENCY RETURN HOME	N/A	N/A	N/A	SEE PAGES 51-52, #13	N/A	N/A	N/A
REPATRIATION OF REMAINS	N/A	N/A	N/A	UP TO SELECTED OPTION SUM INSURED	N/A	N/A	N/A
CREMATION/BURIAL AT DESTINATION	N/A	N/A	N/A	UP TO \$3,000	N/A	N/A	N/A

COVERAGE REQUIREMENTS

The Transat Travel Insurance Plans are available to persons who have made travel arrangements with Transat Distribution Canada or through a distributor of Transat Travel Insurance or through an internet site made available by Transat Distribution Canada.

Travel insurance must be purchased based upon *age*, length of travel and other restrictions set forth in this *policy*.

PLAN	AGE RESTRICTIONS	LENGTH OF TRAVEL
PACKAGE PLANS		
Concierge Club Plan, Standard Plan, Canada Plan (Canada Plan is for travel within Canada only)	Over 30 days old and up to <i>age</i> 59*	Trips up to 183 days**
	<i>Ages</i> 60+*	Trips up to 60 days
Non-Medical Concierge Club Plan, Standard Non-Medical Plan	All <i>ages</i> *	Trips up to 183 days**
ANNUAL PLANS <i>Top-up</i> coverage is mandatory for any trip exceeding the chosen coverage period.		
Annual All-Inclusive Plan	Over 30 days old and up to <i>age</i> 59*	Options: 9 days OR 16 days OR 30 days
Annual All-Inclusive Plans A+, A	<i>Age</i> 60+*	Options: 9 days OR 16 days OR 30 days
Annual Non-Medical Inclusive Plan	All <i>ages</i> *	Options: 9 days OR 16 days OR 30 days
Annual Medical Plan	Over 30 days old and up to <i>age</i> 59*	Options: 9 days OR 16 days OR 30 days OR 45 days OR 60 days
Annual Medical Plans A+, A	<i>Age</i> 60+*	Options: 9 days OR 16 days OR 30 days OR 45 days OR 60 days
Summer Plan	Over 30 days old and up to <i>age</i> 74*	Trips up to 17 days
SINGLE-TRIP MEDICAL PLANS		
Emergency Medical Plan	Over 30 days old and up to <i>age</i> 59*	Trips up to 183 days**
Emergency Medical Plans A+, A	<i>Age</i> 60+*	Trips up to 183 days**
Quick Trip Emergency Medical Plan	<i>Age</i> 60 to 74*	Trips up to 17 days

* Please check *pre-existing condition* exclusions for **Trip Cancellation/ Trip Interruption Coverage** (see page 31) and/or for **Emergency Medical Coverage** (see pages 37–38).

Travel Insurance Policy

Coverage for any benefit under this *policy* is subject to receipt of *your application* and payment of the required premium. In the event *you* incur eligible expenses and/or losses that are covered by the insurance plan *you* have purchased, the *company* will reimburse eligible expenses and/or pay benefits for covered losses, subject to the terms, conditions, limitations and exclusions stated in this *policy*.

OTHER CONDITIONS

Valid Canadian *government health insurance plan*. Coverage must be purchased for the full duration of the *insured trip* and the selected sum insured should be equal to the full value of *your* prepaid non-refundable travel arrangements. Trips over \$30,000 require a separate *application*.

Coverage must be purchased for the full duration of the *insured trip* and the selected sum insured should be equal to the full value of *your* prepaid non-refundable travel arrangements. Trips over \$30,000 require a separate *application*.

Valid Canadian *government health insurance plan*. Valid for **365 days of travel** with expiry date 365 days from the *first travel date*.

Valid Canadian *government health insurance plan*. Applicants must complete the *Transat Medical Questionnaire*. Valid for **365 days of travel** with expiry date 365 days from the *first travel date*.

Valid for **365 days of travel** with expiry date 365 days from the *first travel date*.

Valid Canadian *government health insurance plan*. Valid for **365 days of travel** with expiry date 365 days from the *first travel date*.

Valid Canadian *government health insurance plan*. Applicants must complete the *Transat Medical Questionnaire*. Valid for **365 days of travel** with expiry date 365 days from the *first travel date*.

Valid Canadian *government health insurance plan*. Applicants 60 years of *age* or more must meet eligibility requirements. Only valid from June 1 to Labour Day. No *Top-ups* available beyond Labour Day.

Valid Canadian *government health insurance plan*

Valid Canadian *government health insurance plan*. Applicants must complete the *Transat Medical Questionnaire*.

Valid Canadian *government health insurance plan*.
Cannot be used as a *top-up* to another plan.

** Unless permitted otherwise by *your* Canadian *government health insurance plan* provider.

PLAN	AGE RESTRICTIONS	LENGTH OF TRAVEL
STAND-ALONE PLANS		
Visitors to Canada Medical Plan	Over 30 days old and up to <i>age</i> 69*	Trips from 7 to 365 days
	<i>Ages</i> 70 to 84*	Trips from 7 to 365 days
Trip Cancellation Only Plan	All <i>ages</i> *	Trips up to 365 days
Air Fare Cancellation Plan	All <i>ages</i> *	Trips up to 365 days
Baggage & Personal Effects Plan	All <i>ages</i> *	Trips up to 365 days
Travel Accident Plan	All <i>ages</i> *	Trips up to 365 days
Rental Vehicle Physical Damage Plan	As required by the rental company	Rental period up to 50 days

* Please check *pre-existing condition* exclusions for **Trip Cancellation/ Trip Interruption Coverage** (see page 31) and/or **Emergency Medical Coverage** (see pages 37-38 or page 52-53 for **Visitors to Canada Medical**) and/or for **Air Fare Cancellation Coverage** (see page 49).

Family Coverage is available to *you* if all family members to be insured under one *policy* are:

- a. named in *your application*,
- b. *you* have purchased and paid for family coverage, and
- c. travelling together (**exception**: If *you* purchased family coverage under the Annual Medical Plan, family members DO NOT have to travel together.)

Family Coverage (a maximum of 2 adults) can include:

- i) *you* (either as a parent or grandparent) and *children* or grandchildren;
- ii) *you* and *your spouse* and *your children* or grandchildren; or
- iii) three generations of a single family (grandparent[s], parent[s] and their *children*).

Children and/or grandchildren must be over 30 days old to be insured under a plan that includes emergency medical insurance.

OTHER CONDITIONS
Plan I (sum insured \$10,000) or Plan II (sum insured \$25,000) or Plan III (sum insured \$50,000) or Plan IV (sum insured \$100,000) or Plan V (sum insured \$150,000).
Plan I (sum insured \$10,000) or Plan II (sum insured \$25,000) or Plan III (sum insured \$50,000) or Plan IV (sum insured \$100,000).
Coverage must be purchased for the full duration of the <i>insured trip</i> and the selected sum insured should be equal to the full value of <i>your</i> prepaid non-refundable travel arrangements. Trips over \$30,000 require a separate <i>application</i> .
Applies to prepaid airfare only.
Must be insured for the full duration of the <i>insured trip</i> and the plan must be purchased prior to departure.
Must be insured for the full duration of the <i>insured trip</i> and the plan must be purchased prior to departure.
Must meet licensing requirements as per the contract terms of the rental company.
Valid only for <i>rental vehicle</i> booked through Transat Distribution Canada.

Plans	Family Premium Calculation
Concierge Club Plan, Non-Medical Concierge Club Plan, Standard Plan, Standard Non-Medical Plan, Canada Plan, Annual All-Inclusive Plan (up to <i>age</i> 59) and Annual Non-Medical Inclusive Plan	2.75 times the eldest adult rate
Emergency Medical Plan (up to <i>age</i> 59), Visitors to Canada Medical Plan, Annual Medical Plan (up to <i>age</i> 59) and Summer Plan	2 times the eldest adult rate
Quick Trip Emergency Medical Plan, Emergency Medical Plan A+ and Plan A, Annual All-Inclusive Plan A+ and Plan A, Annual Medical Plan A+ and Plan A, Trip Cancellation Only Plan, Air Fare Cancellation Plan, Baggage & Personal Effects Plan, Travel Accident Plan and Rental Vehicle Physical Damage Plan.	Family coverage not available

Children Under 2 Years Old at No Extra Charge:

A child under 2 years old for the entire duration of *your insured trip* (but more than 30 days old) is covered under *our* Emergency Medical Insurance at no extra charge if travelling with an *immediate family member* or a *key-person* covered under a Concierge Club Plan, Standard Plan or Canada Plan.

SUMMER PLAN ELIGIBILITY REQUIREMENTS

With respect to the Summer Plan, if *you* are 60 years of *age* or over, *you* must meet each of the following eligibility requirements:

1. *You* are not travelling against the advice of a *physician*;
2. *You* do not require kidney dialysis;
3. *You* have never received a bone marrow and/or organ transplant (excluding corneal transplant);
4. *You* have not had a heart bypass and/or heart valve surgery more than 10 years ago;
5. In the last 5 years, *you* have not been diagnosed with and/or been prescribed or taken medication and/or had *treatment* for metastatic cancer;
6. In the last 6 months, *you* have not received chemotherapy and/or radiotherapy and/or other *treatment*, other than routine follow-up, for cancer (except basal cell and squamous cell skin cancer and breast cancer *treated* only with hormonal therapy);
7. In the last 12 months, *you* have not been prescribed or taken Prednisone or oxygen or been hospitalized (as an in-patient or seen in the emergency department) for a lung condition;
8. In the last 2 years, *you* have not had congestive heart failure;
9. In the last 12 months, *you* have not been hospitalized (as an in-patient or seen in the emergency department) for a *heart condition*;
10. In the last 4 months, *you* have not been prescribed or taken 6 or more prescription medications. **Do not count** the following medications: hormone replacement therapy (thyroid or menopausal); drugs used for osteoporosis, or traveller's diarrhea; or any form of immunization. **Do not count** topical medications that go in *your* ears or eyes or on *your* scalp or skin **except:** any form of nitroglycerine or any drug(s) for angina;
11. In the last 3 years, *you* have not been diagnosed with and/or had *treatment* for and/or been hospitalized (as an in-patient or seen in the emergency department) and/or been prescribed or taken medication for any **2** of the following conditions (if *you* only have 1 of the following conditions, answer No to this statement):
 - *heart condition*
 - lung condition (medication includes any puffer(s)/inhaler(s))
 - diabetes (*treated* with medication and/or insulin)
 - stroke/CVA (Cerebrovascular Accident) or mini-stroke/TIA (Transient Ischemic Attack) (including use of aspirin/Entrophen for this condition)
 - peripheral vascular disease (blocked or narrowed arteries).

IF YOU DO NOT MEET ALL OF THE ABOVE ELIGIBILITY REQUIREMENTS, YOU ARE NOT ELIGIBLE TO PURCHASE THE SUMMER PLAN.

PERIOD OF COVERAGE

THE DATE *YOUR* COVERAGE STARTS / *YOUR* EFFECTIVE DATE OF COVERAGE

The period of coverage under this *policy* shall not exceed 12 consecutive months for any one *insured trip*.

The *insured trip* must originate and terminate in Canada, except for benefits under Visitors to Canada Medical, Trip Cancellation/Trip Interruption/Trip Disruption and Air Fare Cancellation Insurance.

This insurance must be purchased prior to departure from *your* province or territory of residence in Canada and for the complete duration of the *insured trip*.

For **Trip Cancellation Insurance** included in all Package, Annual All-Inclusive, Annual Non-Medical Inclusive and Trip Cancellation Only Plans, coverage begins at the time and date *you* pay the premium for that coverage (the purchase date on *your application*). However,

in order for a claim to be payable if *you* cancel for any reason and decide not to travel, *you* will have had to have purchased any Package Plan (including Annual All-Inclusive and Annual Non-Medical Inclusive Plans) and Trip Cancellation Only Plan, **within 72 hours** of *your* initial trip booking, or before any cancellation penalties applied.

For **Trip Cancellation Insurance** included in the Air Fare Cancellation Plan, coverage begins at the time and date *you* pay the premium for that coverage (shown as the purchase date on *your application*).

Rental Vehicle Physical Damage Insurance starts when *you* legally assume control of the *rental vehicle*.

For Visitors to Canada Medical Insurance:

- a) if this insurance is purchased prior to *your* arrival date in Canada, coverage will start on the effective date stated on *your application*; or
- b) if this insurance is purchased after *your* arrival date in Canada, coverage will start immediately upon the effective date stated on *your application* for expenses related to accidental *injury*, or 48 hours after such start date with respect to expenses related to *sickness*.

For **Annual All Inclusive and Annual Non-Medical Inclusive Plans** coverage starts on the *effective date*. For **Annual Medical Plans** coverage starts on the *first travel date*. Coverage for each subsequent trip starts each date *you* leave *home*. With respect to the Summer Plan, the first trip must not take place earlier than June 1st. If a trip begins during the coverage period but extends beyond the number of days available under the option period selected under *your* Annual Plan, *you* can purchase *Top-up* coverage for any travel days beyond such option period, see **What If I Stay Longer Than Planned**, on page 17.

The Annual All Inclusive Plan and the Annual Medical Plan provide *you* with Emergency Medical Insurance coverage for unlimited travel within Canada but outside *your* province or territory of residence, without additional premium.

The Bounce Back Insurance starts on the departure date for this insurance as stated on *your application*.

For **Top-ups**, coverage starts after *you* leave *home*, on the start date of coverage specified in the *application* for *Top-Up* coverage and which must correspond to the first day after expiration of coverage under the other plan.

For all other benefits, coverage begins on *your departure date*.

THE DATE *YOUR* COVERAGE ENDS / *YOUR* COVERAGE EXPIRY DATE

Rental Vehicle Physical Damage Insurance ends the earlier of the agency reassuming control of the *rental vehicle*, the end of the rental contract or 50 days after the rental contract started.

Visitors to Canada Medical Insurance ends the earlier of:

- a) when *you* leave Canada to return *home*;
- b) the expiry date as shown in *your application*;
- c) no more than 365 days after the start date of insurance shown on *your application*; or
- d) the first day *you* become insured under a *government health insurance plan*.

For **Trip Cancellation Insurance** included in all Package, Annual All-Inclusive and Annual Non-Medical Inclusive Plans as well as the **Trip Cancellation Insurance** included in the Trip Cancellation Only Plan and the Air Fare Cancellation Plan, coverage ends on the earlier of:

- a) *your departure date*; or
- b) the date *you* cancel *your* trip.

For all **other benefits**, *your* coverage ends on the earlier of:

- a) the date *you* return *home*;*
- b) when the number of days of coverage *you* purchased (as shown on *your application*) ends; or

- c) the expiry date, as stated on *your application* (for Annual All-Inclusive, Annual Non-Medical Inclusive and Annual Medical Plans, the expiry date corresponds to the 365th day from the *first travel date*).

***Your insurance coverage will not end if you temporarily return to Your Province or Territory of Residence**

If *you* are covered under the Concierge Club Plan, the Non-Medical Concierge Club Plan, the Standard Plan, the Canada Plan or the Standard Non-Medical Plan, *your* insurance coverage will not end if *you* temporarily return to *your* province or territory of residence prior to *your return date* for the purpose of attending a funeral or to go to the *hospital* bedside of an *immediate family member* and then resume *your insured trip*. In such a case, *your policy* will remain in effect up to *your return date*. However, *you* will not be covered for any *pre-existing condition, sickness or injury* for which *you*, or any other person whose *medical condition* gives rise to a claim, had sought or received medical *treatment*, or for which medication had commenced, or been changed in type, usage or dosage during the 90-day period immediately prior to the date *you* resumed *your insured trip*.

If *your* plan includes Emergency Medical Insurance and *you* have requested and received prior approval from *our* Assistance Centre, *you* may return to *your* province or territory of residence to attend special events. *Your* medical coverage will not terminate but will be suspended for the duration of *your* temporary return. *Your* medical coverage will resume once *you* begin travel but, if *you* receive *treatment* in Canada for *sickness or injury* during *your* temporary return, then any *treatment* received on *your* return to *your* destination relating to the *medical conditions* previously *treated* in Canada will not be covered.

In all cases of such temporary returns, there will be no refund of premium for any of the days that *you* have returned to *your* province or territory of residence.

Automatic Extension

Under Trip Interruption Insurance, the *company* will extend *your* coverage beyond the date *you* were scheduled to return *home* as per *your application*.

- for up to 10 days, if *you* have a *medical condition* that prevents *you* from returning *home* on that date; or
- for up to 30 days, if *you* are in *hospital* and that hospitalization prevents *you* from returning *home* on that date.

However, if travel is medically possible before the 10 or 30 days have passed, the *company* will honour *your* claim for eligible expenses only until that earlier date.

Under all other types of insurance (except Visitors to Canada Medical, see below), the *company* will extend *your* coverage automatically beyond the date *you* were scheduled to return *home* as per *your application* if:

- your common carrier* is delayed. In this case, the *company* will extend *your* coverage for up to 72 hours; or
- you* or *your travel companion* is in *hospital* on that date. In this case, the *company* will extend *your* coverage while in *hospital* and for up to 5 days after discharge from the *hospital*; or
- you* or *your travel companion* has a *medical condition* that does not require admission to *hospital* but prevents travel. In this case, the *company* will extend *your* coverage for up to 5 days.

For Visitors to Canada Medical Insurance, the *company* will extend *your* coverage automatically beyond the expiry date of *your* plan as stated on *your application* if:

- you* are in *hospital* on that date. In this case, the *company* will extend *your* coverage while in *hospital* and for up to 5 days after discharge from the *hospital*; or
- you* have a *medical condition* that does not require admission to *hospital* but prevents travel. In this case, the *company* will extend *your* coverage for up to 5 days.

In all cases and for all plans, the *company* will not extend any coverage beyond 12 months after *your effective date* of insurance.

What If I Stay Longer Than Planned?

Extensions: If *you* have not left *home*, simply call *your* distributor of Transat Travel Insurance to ask for the extension. If, however, *you* are already on *your insured trip* and need to apply for an extension of *your* coverage before the expiry date of *your* existing coverage, simply call *your* distributor of Transat Travel Insurance. *You* may be able to extend *your* coverage, subject to an extra premium and subject to any applicable residency rules with respect to *your* Canadian *government health insurance plan*. If *you* have not had or expect to have a *medical condition* or claim since *your policy* was issued, the extension will be issued right away. Otherwise, the extension is subject to the approval of the Assistance Centre.

For the Concierge Club Plan, Standard Plan and Canada Plan, the maximum number of covered travel days is 60 for those *age* 60 and over.

For the Visitors to Canada Medical Plans, *you* must make *your* request before *your* expiry date or the date *you* were scheduled to return *home* as per *your application*. If *you* have not had or expect to have a *medical condition* and do not have a pending claim, the extension may be issued upon request. Otherwise, the extension is subject to the approval of the Assistance Centre.

Top-ups: The Single Trip Emergency Medical Plans can be used as a *top-up* to *your* Annual Medical Plan, Annual All-Inclusive Plan or another insurer's plan for trips longer than the number of coverage days *you* have. Simply call *your* distributor of Transat Travel Insurance before *you* leave *home* for the additional coverage days required. The Single Trip Emergency Medical Plans can also be used as a *top-up* to the Summer Plan provided the additional coverage days do not extend beyond Labour Day. The Quick Trip Emergency Medical Plan cannot be used as a *top-up* to another plan. The Standard Plan can be used as a *top-up* to the Annual All-Inclusive Plan and the Standard Non-Medical Plan can be used as a *top-up* to the Annual Non-Medical Inclusive Plan. It is *your* responsibility to confirm that a *top-up* is permitted on *your* existing plan with no loss of coverage.

To Apply for Cancellation of Your Policy

You may cancel *your policy* by contacting *your* distributor of Transat Travel Insurance before the *effective date* if *you* have purchased the Emergency Medical, Quick Trip Emergency Medical, Annual Medical, Summer, Visitors to Canada Medical, Bounce Back or Rental Vehicle Physical Damage Plans. Additionally, if the commercial rental agency declines *your* Transat Rental Vehicle Physical Damage Insurance, *we* will fully refund the premium of the Rental Vehicle Physical Damage Insurance. Refunds are not available on any other plans.

How Do I Get a Refund of Premium?

If *you* return *home* before the date *you* were scheduled to return *home* as per *your application*, and have not had a cause for a claim or started a claim, *you* may ask for a refund of the premium for the unused days (minimum 7 days for Visitors to Canada Medical Plans) of *your* Emergency Medical Insurance coverage purchased for *your insured trip*. Simply contact *your* distributor of Transat Travel Insurance to ask for the refund and provide proof of the date *you* actually returned *home*. Please note, all travellers insured under the same *policy* must return together to be eligible for a refund.

TRIP CANCELLATION, TRIP INTERRUPTION AND TRIP DISRUPTION INSURANCE

To be sure *you* have full coverage for *your insured trip*, *you* must have purchased Trip Cancellation, Trip Interruption and Trip Disruption coverage within seventy-two (72) hours of *your* initial trip booking OR before any cancellation penalties applied.

If *you* have used *your* AIR MILES® Dream Miles for AIR MILES Package Vacation or Cruise (PVC) bookings through Transat and have insured those travel arrangements under a Transat Travel Insurance plan that includes trip cancellation insurance, then, in the event *you* must cancel *your insured trip*, the AIR MILES Dream Miles used will be reinstated to *your* AIR MILES account.

If *you* have used an AIR MILES eVoucher or an AIR MILES Travel Certificate to pay for *your* travel arrangements and have insured those travel arrangements under a Transat Travel Insurance plan that includes trip cancellation insurance, then, in the event *you* must cancel *your insured trip*, *you* will be reimbursed up to the sum insured, the dollar value stated on the AIR MILES eVoucher or the dollar value stated on the AIR MILES Travel Certificate.

When Does Coverage Apply?

Trip Cancellation applies when a covered event occurs prior to *your departure date*.

Trip Interruption applies when a covered event occurs on or after *your departure date*.

Cancellation of Your Tour/Cruise applies when *your* Tour/Cruise is cancelled for reasons specified in the Tour/Cruise Cancellation Benefit section of the *policy*.

Trip Disruption applies when a covered event affects the course of *your* travel to and from *your departure point* and causes a delay of *your* departure or delay of *your* return back to *your departure point*.

IMPORTANT CONDITION TO YOUR TRIP CANCELLATION COVERAGE CANCEL FOR ANY REASON

If *you* need to cancel *your insured trip* for any reason and decide not to travel, but *you* do not qualify for cancellation benefits under Events Covered Under Trip Cancellation Insurance, consider submitting a claim under Cancel for any Reason.

Cancel for any Reason coverage is available only:

- a) If *you* purchased *your policy* within 72 hours of *your* initial trip booking, or
- b) Before any cancellation penalties applied.

If *you* cancel for any reason and decide not to travel before *you* leave home, we will provide coverage as follows:

- under the **Concierge Club Plan** and the **Non-Medical Concierge Club Plan**, *you* may cancel 24 hours or more before *your* scheduled departure date and time shown on the *application* and *you* will be reimbursed 75% of the non-refundable portion of *your* prepaid *insured travel arrangements*.
- under the **Standard, Canada, Standard Non-Medical, Annual All-Inclusive, Annual Non-Medical Inclusive and Trip Cancellation Only Plans**, *you* may cancel 14 days or more before *your* scheduled departure date shown on the *application* and *you* will be reimbursed 50% of the non-refundable portion of *your* prepaid *insured travel arrangements*.

Trip Cancellation - Prior to Departure

If *you* must cancel *your insured trip* prior to the departure date shown on the *application* as the result of the occurrence of any one of the Covered Events 1–33 (listed in the section Events Covered Under Trip Cancellation or Trip Interruption Insurance), *you* will be reimbursed up to the **sum insured** selected on *your application* for this insurance;

- a) the non-refundable portion of *your* prepaid *insured travel arrangements*, published Transat service fees, published Transat cancellation fees as well as other administrative handling fees and service fees specifically indicated on *your application*; or
- b) the next occupancy charge, if *your travel companion* with whom *you* have prepaid shared accommodation cancels and *you* elect to travel as originally planned; or
- c) the change fee charged for rebooking *your insured travel arrangements* when such an option is made available by a Transat Distribution Canada *Travel Supplier*.

To cancel a trip prior to *your* scheduled departure date shown on the *application*, *you* must cancel *your insured trip* with *your* travel agent or *travel supplier* immediately, or, at the latest, the business day following the cause of cancellation.

Trip Interruption - On or After Departure

If *your insured trip* is interrupted on or after the departure date shown on the *application*, as the result of the occurrence of any one of the Covered Events 1–33 (listed in the section Events Covered Under Trip Cancellation or Trip Interruption Insurance), *you* will be reimbursed:

1. For the Concierge Club Plan and Non-Medical Concierge Club Plan: the extra cost of one-way transportation in the same class seat fare as *your* originally ticketed travel arrangements via the most cost-effective itinerary; for all other plans the extra cost of one-way economy transportation via the most cost-effective itinerary to continue *your insured trip* as originally booked, or to return to the original *departure point*.

If *you* are required to interrupt *your insured trip* to attend a funeral or go to the bedside of a hospitalized *immediate family member*, *you* have the option to purchase a round-trip ticket in the same class seat fare as originally ticketed for the Concierge Club Plan and Non-Medical Concierge Club Plan; for all other plans, *you* have the option to purchase an economy round-trip ticket. For all plans, *you* will be reimbursed for the cost of the round-trip ticket, up to the amount of one-way transportation applicable to *your* plan back to the *departure point* of *your insured trip*.

2. a) The unused non-refundable prepaid portion of *your insured travel arrangements* (except the cost of prepaid unused transportation back to *your departure point*); or
- b) If applicable, the next occupancy charge if *your travel companion*, with whom *you* have prepaid shared accommodation, cancels and *you* elect to continue the *insured trip* as originally planned.
3. Published cancellation fees imposed for the early return of a *rental vehicle* prior to the contracted date of return and published cancellation fees imposed by hotels for unused accommodations.
4. Extra expenses incurred for commercial accommodation and meals, essential telephone calls, internet usage fees and taxi fares caused by the interruption of *your insured trip* due to the occurrence of any one of the Covered Events 1 to 33, up to:
 - a) **\$350 per day** to a maximum of **\$3,500** under the **Concierge Club Plan** and the **Non-Medical Concierge Club Plan**; or
 - b) **\$350 per day** to a maximum of **\$700** under the **Standard Plan**, the **Canada Plan** and the **Standard Non-Medical Plan**; or

EVENTS COVERED UNDER TRIP CANCELLATION OR TRIP INTERRUPTION INSURANCE

- c) **\$150 per day** to a maximum of **\$450** under the **Annual All-Inclusive Plan**, the **Annual Non-Medical Inclusive Plan** and the **Trip Cancellation Only Plan**.

Original receipts must be provided when claiming this benefit.

5. If *you* were not able to attend a land excursion, entertainment or sporting activities (includes green fees, ski lift tickets, amusement park passes) that *you* had booked while *you* were on *your insured trip*, *you* will be reimbursed up to **\$100** for each missed excursion or event up to an overall maximum of **\$500** if *you* were prevented from attending for these reasons:
- a) *you* interrupted *your insured trip* due to a Covered Event;
 - b) *you* were confined to *your* cruise ship cabin or other destination accommodation due to a Covered Event; or
 - c) *your* cruise ship did not reach the event destination as scheduled due to the *emergency medical condition* of another passenger.
6. **In the event of *your* death** resulting from a covered *injury* or *sickness* while on the *insured trip*:
- a) the reasonable costs incurred for preparing and transporting *your* remains back to *your departure point* in Canada; or
 - b) the cost of cremation and burial of *your* remains at the location where death occurs, to a maximum of:
 - i) **\$10,000** under the **Concierge Club Plan**, the **Non-Medical Concierge Club Plan**, the **Standard Plan**, the **Canada Plan** and the **Standard Non-Medical Plan**; or
 - ii) **\$3,000** under the **Annual All-Inclusive Plan**, the **Annual Non-Medical Inclusive Plan** and the **Trip Cancellation Only Plan**.

No benefit is payable for the cost of a headstone, casket, urn and/or funeral service expenses.

No benefit will be payable under item Trip Interruption – On or After Departure, if *you* are eligible and qualify to receive the payment for the same expenses under any other benefit section of this policy.

Trip Cancellation or Trip Interruption of *your insured trip* must result from any one of the **UNFORESEEN EVENTS** listed below occurring during the period of coverage:

Medical Related Events

1. The unexpected *sickness* or *injury* of *you*, *your travel companion*, or a member of *your* or *your travel companion's immediate family* or a *key-person travelling with you* on the *insured trip*.
 2. The unexpected *sickness* or *injury* of a member of *your* or *your travel companion's immediate family* or a *key-person, not travelling with you* on the *insured trip*.
 3. Admission to *hospital* of *your* friend or the person with whom *you* have arranged overnight accommodation for the majority of *your insured trip* at their usual place of residence, not including commercial facilities.
 4. An *injury* or *sickness* which, in the written opinion of the attending *physician*, prevents *you* or *your travel companion* from participating in a sporting event when the purpose of *your insured trip* was to participate in that sporting event.
 5. *You* or *your travel companion* are medically unable to receive an injection or medication that is suddenly required for entry into a country, region or city originally ticketed in *your insured travel arrangements*, provided this requirement was not mandatory on the date of *application* for insurance.
 6. The travel health clinic or *your* family *physician* with who *you* had booked an appointment to receive the travel vaccination(s) required for entry into a country, region or city originally ticketed in *your insured travel arrangements* is unable to administer the required vaccination(s) due to the manufacturer's shortage(s) of the vaccine(s).
 7. If *you* purchased the Concierge Club Plan, Non-Medical Concierge Club Plan, Standard Plan, Non-Medical Standard Plan, Canada Plan, Annual Non-Medical Plan or Annual All-Inclusive Plan and *you* miss **70%** of *your insured trip* because *you* had to interrupt *your* travel due to the admission to *hospital* or death of *your immediate family member* or a *key-person* not travelling with *you*, a **\$750** travel voucher will be issued to *you*. The voucher is non-transferable and must be used within 180 days of the early *return date* and must be used at the Transat Distribution Canada travel agency that originally booked the interrupted *insured trip*.
 8. The unexpected *sickness* or *injury* of *your* service dog, provided *you* are an individual with a disability (physical, psychiatric or mental disability), and travel arrangements have been made for the service dog to accompany *you* on *your insured trip*. For this benefit to apply, the travel arrangement cost for *your* service dog must be included in the covered amount insured under *your* selected plan.
 9. Quarantine of *you*, *your travel companion* or the *spouse* or *children* of either.
 10. Quarantine of the person with whom *you* have arranged overnight accommodation for the majority of *your insured trip* at their usual place of residence, not including commercial facilities.
- ### Pregnancy and Adoption
11. Complications of pregnancy which occur within the first 31 weeks of *your* or *your travel companion's*, or *your spouse's* or *travel companion's spouse's* pregnancy.

12. Pregnancy that is diagnosed after the date of *your application* for this insurance, if the *insured trip* is scheduled to take place within 9 weeks or less of *your, your spouse's, your travel companion's or your travel companion's spouse's* expected date of delivery, or if the *physician* advises against travel in the first trimester of the pregnancy.
13. The early and unexpected birth of a *child* to *your immediate family member* or a *key-person* not travelling with *you* during *your insured trip*.
14. The legal adoption of a child by *you* or *your travel companion*, when the actual date of the adoption is scheduled to take place during the *insured trip* and the actual notice of the adoption was received after the date of *application* for insurance.

Death

15. The unexpected death of *you, your travel companion*, or a member of *your* or *your travel companion's immediate family* or a *key-person* travelling with *you* on the *insured trip*.
16. The unexpected death of a member of *your* or *your travel companion's immediate family*, a *key-person* or of a friend, not travelling with you on the *insured trip*.
17. Death of a friend or the person with whom *you* have arranged overnight accommodation for the majority of *your insured trip* at their usual place of residence, not including commercial facilities.
18. The unexpected death of *your* service dog, provided *you* are an individual with a disability (physical, psychiatric or mental disability), and travel arrangements have been made for the service dog to accompany *you* on *your insured trip*. For this benefit to apply, the travel arrangement cost for *your* service dog must be included in the covered amount insured under *your* selected plan.

Work and Educational Obligations

19. *You, your spouse, your travel companion* or *your travel companion's spouse* being transferred by the employer with whom *you, your spouse, your travel companion* or *your travel companion's spouse* were employed at the time of *application* for this insurance, which requires a relocation of *your* or *your travel companion's* principal residence.
20. *You, your spouse, your travel companion* or *your travel companion's spouse* being called to emergency service as a member of a Police Force, Armed Forces, Reserves, Fire Fighting Unit or essential medical personnel.
21. *You, your spouse, your travel companion* or *your travel companion's spouse's* involuntary loss of permanent employment (excluding contract or self-employment), due to layoff or dismissal without just cause, provided that *you* had no knowledge of such action prior to the date of *application* for insurance.
22. The cancellation of a business meeting, conference or convention that is the main intent of *your insured trip* provided this was scheduled before *you* purchased this insurance and the cancellation is for a reason beyond *your* control or the control of *your* employer. This event must be between companies with unrelated ownership, and, in the case of a conference or convention, *you* must be a registered delegate. This benefit also includes a cancellation of a business meeting, conference or convention of *your travel companion* subject to these same conditions. Legal proceedings are not considered to be business meetings.
23. The requirement that *you* or *your travel companion* attend a registered professional career program examination or a university or college course examination on a date that occurs during *your insured trip*, provided the examination date which was published prior to the date of *application* for insurance was subsequently changed after *your* travel arrangements were made and after *you* purchased this insurance.

Government and Legal

24. The Government of Canada issues an "Avoid Non-Essential Travel" or an "Avoid All Travel" travel advisory after *you* purchase *your* insurance, advising or recommending that Canadian residents should not visit a destination included in *your insured trip*.
25. *You, your travel companion* or the *spouse* or children of either are, during *your* coverage period, a) called to jury duty; b) subpoenaed as a witness; or c) required to appear as a defendant in a civil suit.
26. The non-issuance of *your* and/or *your travel companion's* travel visa (excluding an immigration or employment visa), for reasons beyond *your* or *your travel companion's* control, other than due to late application or a subsequent attempt for a visa that had previously been refused provided *you* or *your travel companion* were eligible to make such an application.
27. The non-issuance of *your* or *your travel companion's* passport within the time confirmed in writing by Passport Canada after personally submitting the passport application to an authorized passport office and such application with supporting documentation had been reviewed and found satisfactory by Passport Canada authorized personnel.

Accommodations and Transportation

28. A disaster which renders *your* or *your travel companion's* principal residence uninhabitable or place of business unusable.
29. The burglary of *your* or *your travel companion's* principal residence or place of business within 7 days of *your* scheduled departure date shown on the *application* and as a result *you* or *your travel companion* must remain behind to make the burglarized location secure or to meet with the insurance company or police authorities.
30. A disaster which renders uninhabitable the residence of the person with whom *you* have arranged overnight accommodation for the majority of *your insured trip* or renders uninhabitable *your* pre-booked destination accommodations, which is not eligible for reimbursement from *your* tour operator.

Supplier Default

31. Complete cessation of operations by a contracted *travel supplier* (including *travel services* provided by a foreign *travel supplier* if such *travel services* are part of an inclusive package).

Hijacking

32. Hijacking of *you, your travel companion* or the *spouse* or children of either.

Forces of nature

33. Weather conditions, earthquakes or volcanic eruptions causing the scheduled *common carrier*, on which *you* or *your travel companion* is booked to travel, to be delayed for a period of at least **30%** of the duration of *your insured trip*.

If you do not qualify for cancellation benefits under "Events Covered Under Trip Cancellation and Trip Interruption Insurance" section, consider submitting a claim under the "Cancel for any Reason" coverage as described on Page 18.

Trip Disruption (Delays, Schedule Change, Cancellations and Other Covered Events)

Trip Disruption of *your insured trip* must result from any one of the **UNFORESEEN EVENTS** listed below occurring during the period of coverage:

Delays

1. If **weather conditions, earthquakes or volcanic eruptions** cause the scheduled *common carrier* on which *you* or *your travel*

companion are booked to travel for any portion of *your insured travel arrangements* to be delayed for a period of at least **30%** of the *insured trip* duration, and *you* choose not to continue with the *insured travel arrangements*, *you* will be reimbursed:

- a) the unused non-refundable prepaid portion of *your insured travel arrangements* (except the cost of prepaid unused transportation back to *your departure point*), published Transat service fees, published Transat cancellation fees and other administrative handling fees and service fees specifically indicated on *your application*;
 - b) for the Concierge Club Plan and Non-Medical Concierge Club Plan, the one-way transportation in the same class seat fare as *your* originally ticketed travel arrangements via the most cost-effective itinerary back to *your departure point*; for all other plans, the one-way economy transportation via the most cost-effective itinerary back to *your departure point*.
2. If **weather conditions, earthquakes or volcanic eruptions** cause the scheduled *common carrier* on which *your travel companion* is booked to travel to be delayed for a period of at least **30%** of the *insured trip* duration, and *your travel companion* cancels their travel arrangements, *you* will be reimbursed for the extra cost of the next occupancy charge, if *you* elect to continue *your insured trip* as originally planned.
3. Provided *you* had left enough travel time to comply with the *travel supplier's* normal check-in procedure, if *you* miss a connection (at any point in *your insured travel arrangements*) or are required to interrupt *your insured travel arrangements* as a direct cause of the following events:
- i) **delay** of the private automobile in which *you* or *your travel companion* are travelling, caused by mechanical failure of that automobile, weather conditions, earthquakes, volcanic eruptions or other natural disaster, unannounced strike, a traffic accident or emergency road closure by police; or
 - ii) **delay or cancellation** of *your* or *your travel companion's* connecting *common carrier*, such as a commercial airline, ferry, cruise ship, bus, limousine, taxi or train, caused by mechanical failure of that carrier, weather conditions, earthquakes, volcanic eruptions or other natural disaster, unannounced strike, a traffic accident or emergency road closure by police; or
 - iii) the loss or theft of *your* or *your travel companion's* passport or travel visa; or the loss or theft of *your* personal money during *your insured trip*; or
 - iv) *you* miss a connection because of the delay in clearing customs and security controls due to *your* or *your travel companion's* mistaken identity; or
 - v) *your* cruise ship is delayed or the itinerary is modified due to the *emergency medical condition* of another passenger;
- you* will be reimbursed for:
- a) the non-refundable unused portion of *your* prepaid *insured travel arrangements*, excluding the cost of prepaid unused transportation back to *your departure point*;
 - b) for the Concierge Club Plan and Non-Medical Concierge Club Plan, the extra cost of a one-way transportation in the same class seat fare as *your* originally ticketed travel arrangements; for all other plans, the extra cost of a one-way economy transportation via the most cost-effective itinerary to the next destination of *your insured trip*, inbound or outbound, including return to *your departure point*.

Common Carrier Schedule Change

Provided *you* had left enough travel time to comply with the *travel supplier's* normal check-in procedure, if *you* are prevented from travelling as shown on *your application* as a direct cause of the following events:

- i) *You* miss *your* next connecting *common carrier* because the *common carrier* that is providing transportation for a portion of *your insured trip* leaves later than originally scheduled as a result of a schedule change; or
- ii) The *common carrier* that is providing transportation for a portion of *your insured trip* leaves earlier than originally scheduled (as a result of a schedule change) and the ticket *you* have purchased for *your* prior connection via another *common carrier* becomes unusable; or
- iii) *You* miss *your* next connecting *common carrier* because the airline carrier with whom *you* have booked an earlier connecting flight (that is included in *your* prepaid *insured travel arrangements*) cancels such earlier flight; or
- iv) *Your* earlier connecting *common carrier* has been rendered unusable because the airline carrier with whom *you* have booked a subsequent connecting flight (that is included in *your* prepaid *insured travel arrangements*) cancelled the subsequent flight.

You will be reimbursed for *your* extra transportation cost via the most cost-effective itinerary to *your* next destination, inbound or outbound, including return to *your departure point*, being the lesser of:

- a) the change fee charged by the *common carrier* if this option is available or
- b) for the Concierge Club Plan and Non-Medical Concierge Club Plan up to **\$2,000** for the extra cost of a one-way transportation in the same class seat fare as *your* originally ticketed travel arrangements; for all other plans, up to **\$1,000** for the extra cost of *your* one-way economy transportation.

Cancellation of Connecting Airline Carrier

Alternatively to the benefit available under 'Common Carrier Schedule Change', in the event there is a cancellation of a flight by an airline carrier that is providing a portion of *your insured trip*, *you* will be reimbursed for the non-refundable prepaid airfare that is no longer useful for *your insured trip* up to a maximum of **\$1,000**.

Tour/Cruise Cancellation Benefit

If *your insured travel arrangements* include a Tour/Cruise and if such Tour/Cruise is cancelled for any reason other than *travel supplier* default and the cancellation occurs:

- a) **prior to your departure from your departure point:** *you* will be reimbursed for *your* non-refundable prepaid airfare and land arrangements (such as commercial accommodations, rental vehicle fees, commercial excursions) that were not part of *your* Tour/Cruise package up to a total of **\$1,500** (a total of **\$3,000** for the **Concierge Club** and **Non-Medical Concierge Club Plans**);
- b) **after your departure from your departure point** but prior to the departure of the tour/cruise ship: *you* will be reimbursed up to **\$1,500** (**\$3,000** for the **Concierge Club** and **Non-Medical Concierge Club Plans**) for the following:
 - the lesser of the change fee charged by the airline carrier(s) involved to return *you* to the *departure point* of *your insured trip* if such an option is available, or the extra cost of an economy one-way airfare on a commercial airline via the most cost-effective itinerary route to return to the *departure point* of *your insured trip* (or for the **Concierge Club** and **Non-Medical Concierge Club Plans**, the extra cost of a one-way airfare in the same class seat fare as originally ticketed); and

- *your* non-refundable prepaid unused land arrangements (such as commercial accommodations, rental vehicle fees, commercial excursions) that were not part of *your* Tour/ Cruise package.

Note: For this benefit to apply, the **sum insured** selected under *your* Trip Cancellation Insurance coverage must cover the full value of the prepaid non-refundable cost of the cruise (or tour as applicable), the airfare and the land arrangements.

Special Consideration for Side Trips Excursions Booked with Transat Distribution Canada Travel Agents

If *your insured travel arrangements* consist of a cruise but also include side trip excursions booked and prepaid through the same Transat Distribution travel agent, *we* will reimburse *you* the unused non-refundable prepaid cost of any such side trip excursion that *you* were unable to attend due to the inability of the cruise ship company to get *you* to the destination of the side trip excursion, up to a maximum of **\$200** for each missed side trip excursion and up to an overall maximum of **\$500**.

Note: For this benefit to apply, both the cruise and side trip excursions must be insured for the entire non-refundable amount under *your* trip cancellation coverage.

Cancellation of a Ticketed Commercial Event

If the primary reason for *your* trip was to attend a ticketed commercial event (sport, musical or other commercial entertainment) for which *you* had purchased and paid for tickets prior to booking *your* trip and purchasing this insurance, and such event is subsequently cancelled by the promoter of the event, *we* will pay, up to the covered amount under *your* selected plan, for the following:

- If the event is cancelled before *you* leave *home*: 50% of the prepaid unused portion of *your insured trip* that is non-refundable and non-transferable to another travel date.
- If the event is cancelled after *you* leave *home*:
 - the prepaid unused portion of *your insured trip* that is non-refundable and non-transferable to another travel date (less prepaid unused transportation *home*); and
 - up to \$1,000 for the additional cost of one-way transportation via the most cost-effective itinerary (being the lesser of a one-way economy transportation or the change fee charged by the airline on existing tickets if this option is available) to return *you home*.

Pet Care Expenses

The *company* will reimburse *you* up to **\$100** for additional animal boarding fees (with a licensed boarding kennel, cattery or animal shelter) if *you* were unable to return on *your* scheduled *return date* due to:

- the unexpected admission to *hospital* of *you* or *your travel companion* or *your accompanying immediate family member*; or
- the cessation of operations of the *common carrier* on which *you* were scheduled to travel due to unannounced strike or unforeseen natural disaster.

This benefit is payable only if *your* pet care charge exceeds the quoted cost for the pre-booked period of accommodation with a licensed boarding kennel, cattery or animal shelter, in which case the *company* will reimburse *you* for the actual boarding charges incurred after the **first 24 hours** of *your* delayed return subject to the **\$100** maximum. This will not cover any veterinary fees.

Replacement Tour Guide Expenses

The *company* will reimburse *you* the fee charged by a replacement tour guide if the tour guide that was part of *your insured trip* booking is not available and the tour operator does not make available a replacement guide.

Special Travel Protection for Involuntary Bumping

If *you* purchased the **Concierge Club Plan**, the **Non-Medical Concierge Club Plan**, the **Standard Plan**, the **Standard Non-Medical Plan**, the **Canada Plan**, the **Annual Non-Medical Inclusive Plan** or the **Annual All-Inclusive Plan**, *you* will be reimbursed *your* unused land costs if *you* are involuntarily declined boarding of *your* commercial airline flight due to the airline overbooking the flight up to a maximum of **\$1,000**.

Accommodation and Meals

If *your insured trip* is disrupted as a result of any of the events covered under sub-sections of the Trip Disruption Section of this *policy* and *you* necessarily incur extra expenses for commercial accommodation and meals, essential telephone calls, internet usage fees and taxi fares, *you* will be reimbursed for such expenses up to:

- \$350 per day** to a maximum of **\$3,500** under the **Concierge Club Plan** or the **Non-Medical Concierge Club Plan**; or
- \$350 per day** to a maximum of **\$700** under the **Standard Plan**, the **Canada Plan** or the **Standard Non-Medical Plan**; or
- \$150 per day** to a maximum of **\$450** under the **Annual All-Inclusive Plan**, the **Annual Non-Medical Inclusive Plan** or the **Trip Cancellation Only Plan**.

Original receipts must be provided when claiming this benefit.

If the hotel room that is part of *your insured travel arrangements* is rendered uninhabitable due to a flood or natural disaster during *your insured trip*, *you* will be reimbursed up to a maximum of **\$250**.

In the event that the hotel room that is part of *your insured travel arrangements* is no longer available due to overbooking and *your* tour operator provides *you* with a lesser-quality hotel, *you* will be reimbursed up to a maximum of **\$250**.

Original receipts must be provided when claiming these benefits.

Benefits available under this sub-section of Trip Disruption will apply provided that all travel arrangements were booked prior to or concurrently with the *insured trip*.

Additional Expenses Related to Air Travel

If *you* purchased the **Concierge Club Plan** or the **Non-Medical Concierge Club Plan**, *you* will be reimbursed the following expenses related to air travel:

If an airline carrier that is providing a portion of *your insured travel arrangements* is delayed by more than **4 hours**, *you* will be reimbursed for necessary and reasonable expenses incurred for meals, essential telephone calls, internet usage fees and taxi fares, up to a maximum amount of **\$100**. If such airline carrier is delayed more than **6 hours** and the delay occurs overnight, then an additional **\$200** can be claimed for the incurred overnight commercial accommodation.

The maximum amount reimbursable by the *company* in respect of this benefit is limited to **\$300** per person per *insured trip* and can only be claimed if no other claim is presented under the Trip Disruption and no other compensation was provided or offered by the delayed airline carrier. The overall maximum sum insured per family for this benefit is **\$600** per *insured trip*.

If you purchased the **Standard Plan**, the **Standard Non-Medical Plan** or the **Canada Plan**, you will be reimbursed the following expenses related to air travel:

If an airline carrier that is providing a portion of your *insured travel arrangements* is delayed by more than **4 hours**, you will be reimbursed for necessary and reasonable expenses incurred for meals, essential telephone calls, internet usage fees and taxi fares, up to a maximum amount of **\$50**. If such airline carrier is delayed more than **6 hours** and the delay occurs overnight, then an additional **\$150** can be claimed for the incurred overnight commercial accommodation.

The maximum amount reimbursable by the *company* in respect of this benefit is limited to **\$200** per person per *insured trip* and can only be claimed if no other claim is presented under the Trip Disruption and no other compensation was provided or offered by the delayed airline carrier. The overall maximum sum insured per family for this benefit is **\$400** per *insured trip*.

FOR TRIP CANCELLATION INSURANCE FOR SUM INSURED IN EXCESS OF \$30,000

Written *application* for coverage for trips with a sum insured in excess of \$30,000 must be made by completing and returning the "Application For Trips in Excess of \$30,000". The form is available from the *company* through the claims office identified in this *policy* or directly from your distributor of Transat Travel Insurance. The form must be completed and signed by the applicant and returned to the *company*. The *company* will advise within the next business day if the *application* is approved and the approved *application* will be returned to the applicant once the premium is received by the *company*. Coverage in excess of \$30,000 may not be issued through an electronic booking and any *policy* issued through this means will be null and void and the premium paid will be returned to the applicant.

In the event the *company* declines your "Application For Trips in Excess of \$30,000", any premium paid in advance for excess coverage will be refunded.

Claims for *insured trips* with a sum insured in excess of \$30,000 will be subject to exclusions 9 and 10 set forth in the Exclusions: Trip Cancellation, Trip Interruption and Trip Disruption Section in addition to all other terms, conditions, limitations and exclusions set forth in this *policy*.

CONDITIONS & LIMITATIONS: TRIP CANCELLATION, TRIP INTERRUPTION AND TRIP DISRUPTION INSURANCE

1. The sum insured under the Trip Cancellation coverage should be for the full value of prepaid *insured travel arrangements* that are subject to cancellation penalties or restrictions.
2. If before your *departure date* you are prescribed any *change in medication or treatment* that would make your *medical condition not stable and controlled* and therefore ineligible for coverage under the Emergency Medical Insurance coverage, you may apply for our special consideration of your particular medical circumstance through the Transat Travel Insurance Customer Service.

To apply, you must provide us with:

- copies of the clinical notes from your treating *physician*, for the period starting when you booked your *insured trip* to the date of your request for consideration;
- authorization to *physicians* and *hospitals* signed by you;

- complete itinerary for your *insured trip*, including prepaid amounts, insured amounts, and cancellation penalties.

Once this information is received, we will, within one business day at our discretion either:

- accept your claim under our Trip Cancellation & Trip Interruption Insurance; or
 - waive the change in your *medical condition* that would otherwise make you ineligible for benefits under our Emergency Medical Insurance.
3. You must cancel your scheduled trip with the agent or *travel supplier* on the day the cause of cancellation occurs or on the next business day at the latest. Claim payment will be limited to the cancellation penalties specified in the trip contracts which are in effect on the next business day following the time the cause of cancellation occurs.
 4. Cancellation or interruption of your *insured trip* as the result of *sickness or injury* requires written verification from the attending *physician* in the locality where the *sickness or injury* occurred, complete with the diagnosis and the medical reason for cancellation or interruption (or for delay beyond the scheduled date of return) of your *insured trip*. A "Physician's Statement" is included on the Travel Insurance Trip Cancellation/Interruption Claim Form. The information required on the Physician's Statement must be completed by the attending *physician* in order for the claim to be processed. If a *physician* was not consulted as required by these conditions or if the information required in the Physician's Statement is not completed by the attending *physician*, your claim will be denied. Settlement is limited to the amount of penalty that would have been levied by the *travel supplier* on the next business day following the date the *physician* first recommends cancellation.
 5. If travel is delayed for more than 10 days beyond the scheduled *return date*, benefits will be payable only upon satisfactory proof that the delay resulted from the *hospital* confinement of you, your *travel companion*, an *immediate family member*, or a *key-person* who is accompanying you on the *insured trip*.
 6. In the event a contracted *travel supplier* or carrier ceases operations, the amount payable under this *policy* for actual financial loss is limited to the amount in excess of the amount recoverable from a provincial compensation fund, up to the sum insured to a maximum of **\$10,000**. This *policy* will not pay any other amounts with respect to such loss, and will in no circumstances provide or be deemed to provide primary coverage in respect of such loss.

The *company's* maximum aggregate liability under this *policy* and all other policies issued by the *company*, as a result of the financial default of any one contracted *travel supplier*, is **\$1,000,000** regardless of the number of claims. Where the aggregate eligible claims exceed this limit, the eligible claims will be reduced on a pro rata basis. The *company's* maximum aggregate liability under this *policy* and all other policies issued by the *company* under this benefit is limited to **\$5,000,000** per calendar year regardless of the number of incidents of default of contracted *travel suppliers*. Where the aggregate eligible claims in a calendar year exceed this limit, the eligible claims will be reduced on a pro rata basis and will be paid after the end of the calendar year. In the event the bankruptcy or insolvency occurs prior to departure, the maximum payable to you will be the non-refundable prepaid travel expenses; after departure, the maximum payable to you will be the unused portion of prepaid non-refundable travel expenses.

EXCLUSIONS: TRIP CANCELLATION, TRIP INTERRUPTION AND TRIP DISRUPTION INSURANCE

This *policy* does not cover and no benefit is payable for any claim arising from:

7. The benefits under Delay and Common Carrier Schedule Change will apply provided *your* booked travel arrangements comply with the *travel supplier's* check-in procedure.
 8. *Your* claim for non-refundable prepaid travel arrangements or extra cost incurred as a result of Trip Cancellation, Trip Interruption or Trip Disruption must be substantiated with the following documentation (delay in providing the required information may delay the settlement of the claim and failure to provide the required documentation may invalidate or reduce the amount of *your* claim):
 - a) in the case of Delay or Common Carrier Schedule Change or Additional Expenses Related to Air Travel, written confirmation from the delayed connecting carrier or the connecting carrier affecting the schedule change stating the reason for the delay/schedule change and the period of the delay;
You must also provide *your* detailed itinerary of the travel arrangements originally booked which must confirm that ample connection times were allowed for each leg of the travel;
 - b) confirmation from the connecting *common carrier*, cruise line or tour operator of their cancellation;
 - c) confirmation from *your* tour operator or cruise ship company of their cancellation or schedule change;
 - d) confirmation from *your* cruise ship company (or on-ship Travel Representative) that they were unable to get *you* to the destination of the side trip excursion;
 - e) confirmation from the airline carrier that *you* were involuntarily bumped from their flight due to such flight being oversold and that no additional compensation was offered by the airline carrier to cover the cost of *your* unused prepaid land arrangements;
 - f) originals of unused transportation tickets, original invoice from the travel provider, official receipts for the return transportation and receipts for hotel and accommodation expenses;
 - g) for claims for pet care expenses, in addition to providing substantiation of *your* delayed return (medical certificate, documentation from connecting carrier confirming cessations of operations due to strike or unforeseen natural disaster), *you* must provide an itemized invoice from the licensed boarding kennel, cattery or animal shelter and accompanying receipt of payment. Fees for the first 24 hours of the delay are excluded;
 - h) in all other cases *you* must provide to the *company* documentary evidence of the risk that is the cause of *your* cancellation, interruption or disruption, such as a death certificate, medical report, police report, court documents or other such corroborating documents;
 - i) if *your* cancellation/interruption coverage was purchased as *Top-up* coverage to complement travel insurance coverage that is in effect through another insurer, *you* must first claim under the other insurer's plan before making a claim under this insurance.
 9. Any amount payable under this section will be reduced by any amount recoverable from another source (including but not limited to alternatives or replacement travel options offered by airlines, tour operators, cruise lines and other *travel suppliers*) for the same cause.
 10. Any liability under this benefit is subject to *you* not being aware, at the time of purchasing this *policy*, of any event that could reasonably prevent *you* from making the *insured trip* as booked.
1. *Your* knowledge at time of booking or *application* for this insurance of any reason why the *insured trip* might be cancelled or abandoned.
 2. Cancellation/interruption claims caused by a *medical condition* that arises during *your* period of coverage and:
 - a) for which a *physician* had advised against travel; or
 - b) for which *you* had travelled with the intention of obtaining *medical treatment*; or
 - c) for which *you* had received a notice of a *terminal* prognosis prior to travel; or
 - d) which had produced medical symptoms which would have caused an ordinarily prudent person to seek medical advice.
 3. Travel for the purpose of visiting a person suffering from a *medical condition* and the *medical condition* (or ensuing death) of that person is the cause of Cancellation or Interruption of the *insured trip*.
 4. Travel arrangements and expenses or losses related to travel arrangements not insured by this *policy*.
 5. Losses that arise from missed connections or travel delay if there was insufficient connection time allowed under the originally booked travel arrangements.
 6. Expenses incurred as the result of inadequate or invalid passport, visa or other documentation required by countries included in *your* travel arrangements.
 7. *Your* inability to obtain the accommodations desired or *your* aversion to the trip or to the transportation.
 8. Any pet care expenses incurred in the first **24 hours** of *your* scheduled date of return or included in the original pre-booked duration of *your* pet care and any fee charged for veterinary or related services.
 9. Cancellation or Interruption claims for an *insured trip* with a sum insured in excess of **\$30,000** arising from any *pre-existing condition* or related *medical condition* of *you* or *your spouse* which were **not stable and controlled** during the **90-day** period before the date that *you* paid the premium for this coverage. This exclusion applies to the total sum insured.
 10. Cancellation or Interruption claims for an *insured trip* with a sum insured in excess of **\$30,000** when any material misrepresentation or evasion is made of *your* or *your spouse's* *medical condition* on *your* or *your spouse's* "Application for Trips In Excess of \$30,000". This exclusion applies to the total sum insured.
 11. If *your* insurance is purchased as *Top-up* coverage to another insurance coverage, any expenses related to a claim that occurred when the other insurance was in force.

12. Default by *your travel supplier* where:

- i) at the time of booking the *travel supplier* was in receivership, insolvent or bankrupt or had sought protection from creditors under any bankruptcy, insolvency or similar legislation;
 - ii) the default is by a travel agency, agent or broker;
 - iii) the loss *you* incur is recoverable from any compensation plan or fund covering default by a *travel supplier* in *your* province or territory of residence in Canada; or
 - iv) loss arising as a result of the complete cessation of operations of a foreign *travel supplier* if the *travel services* to be provided by such foreign *travel supplier* are not part of an inclusive package.
13. *Your* cancelling for any reason and deciding not to travel for any reason, if *you* did not purchase this insurance within 72 hours of *your* initial trip booking or before any cancellation penalties applied.
14. Expenses and/or losses related to AIR MILES Package Vacation or Cruise(PVC) bookings through Transat that:
- i) were not booked through the AIR MILES Reward Program; and/or
 - ii) that have not been insured with a Transat Travel Insurance plan that includes trip cancellation insurance.

TRAVEL DELAY – SPECIAL EVENTS INSURANCE

If *your* travel from or to Canada is interrupted and the planned time of arrival is delayed for any reason beyond *your* control, the *company* will reimburse *you* for the reasonable additional cost of taking an alternate route to the planned destination, up to the maximum amount shown in the Schedule of Benefits for the plan *you* purchased, provided that:

1. The primary reason for *your insured trip* was to be present at a school graduation, wedding, funeral, sporting, theatrical, musical or other commercial entertainment event or conference, and such event cannot be delayed as a result of *your* late arrival.
2. The alternate route uses scheduled transportation services to facilitate arrival in time for the occasion mentioned above.
3. Documentary evidence is submitted to substantiate the claim.

EXCLUSIONS: TRAVEL DELAY – SPECIAL EVENTS INSURANCE

This *policy* does not cover and no benefit is payable for any claim arising from:

1. *Your* failure to comply with the normal check-in procedure of the *travel supplier*.
2. Strike, hijack, riot or civil commotion.
3. Any extra costs incurred due to a missed connection as a result of the travel delay.

EMERGENCY MEDICAL INSURANCE

If *you* incur eligible expenses during the period of coverage as the result of an *emergency sickness or injury*, the *company* will pay the *reasonable and customary* charges in excess of any amount payable under *your* Canadian *government health insurance plan* for such expenses, up to the amount specified for any service subject to the overall maximum amount stated in the Schedule of Benefits for *your* selected plan. Benefit payments under this *policy* will be coordinated with benefits available to *you* under any other type of insurance or prepaid plan, so that reimbursement from all sources will not exceed 100% of the eligible expenses incurred. In any event, coverage and benefits will cease immediately upon *your* arrival back to *your* province or territory of residence in Canada.

Eligible expenses shall consist of charges for:

1. **Emergency Hospital Services:** *Hospital* room and board charges or charges for an intensive care room. Alternatively the services of private duty nursing, performed by a registered nurse (R.N.) other than a relative, when ordered in writing by the attending *physician* expressly in lieu of hospitalization and arranged by the Assistance Centre. If *you* are on a cruise ship and are unable to pay directly as required by the cruise ship medical provider, the Assistance Centre will make arrangements for direct billing of covered expenses, where possible, on *your* behalf.
2. **Emergency Medical Services:** Services by a *physician* or surgeon when necessary to *treat an emergency*.
3. **Medical Procedures and Diagnostic Services:** All medical and diagnostic procedures and/or tests (including but not limited to MRI, MRCP, CAT Scan, CT Angiogram, Nuclear Stress Test, Angiogram or Cardiac Catheterization or any surgery) **provided prior approval is obtained by the Assistance Centre.**
4. **Prescription Drugs:** Drugs and/or medications that are required to *treat an emergency*, provided they are obtained on the written prescription of a *physician* and dispensed by a licensed pharmacist. This includes the replacement cost of *your* drugs or medications that are lost, stolen or damaged during *your insured trip* to the lesser of **\$50** or the amount of medication required for the balance of *your insured trip*. Charges for vitamins, vitamin preparations, over-the-counter drugs or medications, contraception or birth control are not covered.
5. **Medical Equipment:** Rental or purchase of durable medical equipment for therapeutic purposes only, when necessitated by a medical *emergency*, provided prior approval is obtained by contacting the Assistance Centre.
6. **Emergency Dental Treatment:** Services of a licensed dentist or dental surgeon at *your* destination, when required to repair natural or permanently attached artificial teeth which are damaged due to an accidental blow to the head or mouth. Up to **\$1,500** will be reimbursed for continuing dental *treatment* following *your* return to Canada, provided the *treatment* is related to the accidental blow to the head or mouth and the expenses are incurred within 180 days after the date of the accident.

In the event that *you* require *emergency* dental *treatment* to relieve acute pain and suffering that is unrelated to an accidental blow to the head or mouth, up to a maximum of **\$300** will be payable.
7. **Emergency Paramedical Services:** Services of a chiropractor, chiropodist, physiotherapist, osteopath or podiatrist when *medically necessary* as the result of an *emergency*, up to a maximum of **\$300** per category of practitioner. Excluded are charges for general examinations for “checkup” purposes, cosmetic treatments, or services performed by an *immediate family member*.

8. **Ground Ambulance:** Ground ambulance services to the nearest appropriate *hospital* or medical service provider when necessary due to a medical *emergency*. If an ambulance was *medically necessary* but not available, expenses will be reimbursed for local taxi fares. If local taxi services are required to get to and from the nearest medical service provider for a minor *emergency*, expenses will be reimbursed up to a maximum of **\$100**.
9. **Emergency Medical Evacuation/Return Home:** If, in the event of a medical *emergency*, the medical advisors of the *company* and/or the Assistance Centre in consultation with *your* local attending *physician* determine that *you* should be transported to another *hospital* or back to *your* province or territory of residence in Canada for necessary medical *treatment*, the Assistance Centre will arrange for transportation under proper medical supervision and the *company* will pay expenses for the following:
- for the Concierge Club Plan, the extra cost of one-way transportation in the same class seat fare as *your* originally ticketed travel arrangements via the most cost-effective itinerary back to *your* province or territory of residence in Canada; for all other plans, the extra cost of one-way economy transportation via the most cost-effective itinerary back to *your* province or territory of residence in Canada. This benefit will extend to cover the cost of an airline seat upgrade if determined *medically necessary* and arranged by the Assistance Centre; or
 - a stretcher fare on a commercial flight via the most cost-effective itinerary back to *your* province or territory of residence in Canada, if a stretcher is *medically necessary*, and the round-trip economy class airfare via the most cost-effective itinerary, plus the reasonable fees and expenses for a qualified medical attendant to accompany *you*, when an attendant is *medically necessary* or required by the airline; or
 - air ambulance transportation, if this is *medically necessary*, is appropriate and consistent with the diagnosis and could not be omitted without adversely affecting *your* condition or quality of medical care.

Emergency Medical Evacuation/Return Home Services under this section must be approved and arranged in advance by contacting the Assistance Centre.

10. **Accommodation and Meals:** Up to **\$500 per day** (24 hours) to the maximum of **\$5,000** under the **Concierge Club Plan** or up to **\$350 per day** (24 hours) to the maximum amount shown in the Schedule of Benefits under any other plan which provides coverage for *emergency* medical expenses for commercial accommodation and meals, essential telephone calls, internet usage fees and taxi fares or rental vehicle charges in the event *you* are relocated to receive *emergency* medical *treatment* or delayed beyond the scheduled *return date* shown on the *application* for insurance due to a *sickness* or *injury* to *you*, *your travel companion*, an *immediate family member* or a *key-person* who is accompanying *you* on the *insured trip*. The claim must be supported by original receipts and the attending *physician's* written diagnosis of the *sickness* or *injury*.
11. **Visit To Bedside:** Travel and accommodation expenses incurred for one relative or close friend to visit at *your* bedside due to a critical *sickness* or *injury*, or when the attending *physician* states in writing that it is necessary for someone to travel to, remain with, and/or escort *you* back to *your* province or territory of residence in Canada, provided prior written approval is obtained by contacting the Assistance Centre; *you* will be reimbursed for:
- the round-trip economy transportation via the most cost-effective itinerary for someone to be with *you*, plus
 - up to **\$500** for commercial accommodation and meals.
- If the Assistance Centre must arrange for a visit to bedside, Emergency Medical Insurance will be automatically extended under the same terms and limitations of this *policy* (subject to meeting the eligibility requirements of the *policy*) to cover such relative or close friend until *you* are medically fit to return *home*.
12. **Return & Escort of Children:** If *you* are admitted to *hospital* for more than 24 hours due to an *emergency*, or *you* must return to Canada due to an *emergency medical condition* covered by this *policy*, or in the event of *your* death, *children* (includes grandchildren), travelling with *you* during *your insured trip* or who had joined *you* during *your insured trip* will be returned to Canada and reimbursement will be made for:
- the extra cost of one-way economy transportation via the most cost-effective itinerary to return the *children* back to their province or territory of residence in Canada; and
 - the round-trip economy transportation and overnight hotel accommodation for the services of an escort, if required.
13. **Return of Travel Companion:** If *your travel companion* is prevented from returning by means of originally scheduled transportation due to *your* death or medical evacuation, expenses will be reimbursed for the extra cost of one-way economy transportation via the most cost-effective itinerary to return *your travel companion* back to his/her province or territory of residence.
14. **Travel Expenses Due to Repatriation of Travel Companion:** If *you* are prevented from returning by means of *your* originally scheduled transportation due to the death or medical evacuation of *your travel companion*, *you* will be reimbursed for the extra cost of one-way economy transportation via the most cost-effective itinerary back to *your* province or territory of residence.
15. **Repatriation:** The reasonable costs actually incurred for preparing and returning *your* body or ashes to *your* province or territory of residence in Canada; or up to the maximum amount specified in the Schedule of Benefits for burial or cremation in the place where the death occurs. Expenses for a headstone, casket and/or funeral service charges are not covered.
16. **Identification of Remains:** The round-trip economy transportation via the most cost-effective itinerary to transport one relative or close friend to the place where *your* remains are located, plus up to **\$500** for commercial accommodation and meals, when someone is legally required to identify *your* remains before the body is released; provided prior written approval is obtained by contacting the Assistance Centre. Emergency Medical Insurance will be automatically extended under the same terms and limitations of this *policy* (subject to meeting the eligibility requirements of the *policy*) to cover such relative or close friend during the period required to identify *your* remains but for not more than 3 business days.
17. **Vehicle Return:** The reasonable costs incurred for returning *your vehicle* to *your* residence or the nearest appropriate rental depot when *you* are unable to do so due to an *emergency*.
18. **Hospital Confinement Allowance:** **\$50** for each full 24-hour period in excess of the first 48 hours of *hospital* confinement, when *you* are confined as an inpatient for *treatment* in a *hospital* outside *your* province or territory of residence in Canada, subject to the maximum amount specified in the Schedule of Benefits.

19. **Baggage Repatriation:** In the event of an *emergency*, and the Assistance Centre is arranging to return *you* to *your* province or territory of residence in Canada, if there is insufficient space to accommodate *your* baggage and/or personal effects aboard the transport provided, the *company* will reimburse *you* up to **\$200** to cover the cost of shipping *your* baggage and/or personal effects to the original *departure point* of *your insured trip*.
 20. **Child Care Cost:** The *company* will reimburse *you* up to **\$50** per day to a maximum of **\$500** for professional *child* care costs in the event *you* are relocated to receive *emergency* medical *treatment* or delayed beyond the scheduled *return date* shown on the *application* for insurance due to *your sickness* or *injury*. Receipts from the professional *child* care provider will be required.
 21. **Pet Return Benefit:** Temporary kennel accommodation (with a licensed boarding kennel) and/or air transportation expenses, up to an overall maximum of **\$850** to return *your* pet dog or cat to *your* province or territory of residence in Canada, if *you* are admitted to *hospital* for at least **48 hours** due to an *emergency sickness* or *injury*, or when *you* must return to Canada for immediate medical *treatment* following an *emergency*. To be eligible for reimbursement of this expense, *you* must be the owner of the dog or cat prior to *your* departure from Canada and the animal must have accompanied *you* on the outbound trip from Canada. No benefit shall be payable if the dog or cat was purchased or acquired during the same trip on which the claim for benefits occurred.
 22. **Eyeglass or Hearing Aid Expenses:** In the event *your* hearing aid or eyeglasses are stolen or damaged during *your insured trip*, *you* will be reimbursed up to **\$200** for *your* hearing aid and up to **\$200** for *your* eyeglasses if these are replaced at your destination during *your insured trip*.
 23. **Trauma Counselling:** In the event *you* have suffered trauma due to a covered medical benefit or been a victim of an accident or a violent event during the period of coverage, *you* will be reimbursed for up to six sessions of trauma counselling at destination.
 24. **Return to Destination:** When approved in advance by the Assistance Centre, *you* will be reimbursed the extra cost of one-way economy transportation for *you* to be returned to *your* scheduled *insured trip* destination after *you* are returned to *your* province or territory of residence for immediate medical *treatment* provided *your* attending *physician* in Canada determines that *you* require no further *treatment* for *your* medical *emergency*. Once *you* return to *your insured trip* destination, a *recurrence* of the *sickness* or *injury* which caused the initial medical *emergency*, or any problems or complications related thereto, will not be covered under this *policy*. This benefit can only be used once and only if the return is possible within the originally scheduled trip dates.
2. If *you* experience a medical *emergency* during *your insured trip*, the Assistance Centre must be notified and, in consultation with its medical advisors and the local attending *physician*, reserves the right to return *you* to Canada prior to any *treatment* or following *emergency treatment* or *your* admission to *hospital* for a *sickness* or *injury*, if on medical evidence *you* are able to return to Canada without endangering *your* life or health. If *you* elect not to return to Canada following the medical advisor's recommendation to do so, any expenses incurred for continuing *treatment* performed outside Canada with respect to such *emergency* will not be covered and all coverage and benefits under this *policy* will cease.
 3. If *you* are not covered under a Canadian *government health insurance plan* on the date the claim is incurred, reimbursement for eligible expenses incurred under this Emergency Medical Insurance Section will be limited to a maximum of **\$25,000**.

EXCLUSIONS: EMERGENCY MEDICAL INSURANCE

This insurance does not cover and no benefits will be payable for:

1. Exclusions related to your pre-existing condition: When reading this section, please take the time to review the definitions of "pre-existing condition" and "stable and controlled" at the end of this booklet. The *pre-existing condition* exclusion which applies to *you* depends on the plan *you* purchased and *your age* at the time *you* purchased this *policy* as outlined below.

If you have coverage under:	Age	Applicable pre-existing condition exclusion
Concierge Club Plan	Up to age 74	Exclusion 1
	Age 75 +	Exclusion 3
Standard Plan	Up to age 74	Exclusion 1
	Age 75 +	Exclusion 3
Canada Plan	Up to age 74	Exclusion 1
	Age 75 +	Exclusion 3
Annual All-Inclusive Plan	Up to age 59	Exclusion 1
Annual All-Inclusive Plan A+	Age 60+	Not Applicable
Annual All-Inclusive Plan A	Age 60+	Exclusion 1
Annual Medical Plan	Up to age 59	Exclusion 1
Annual Medical Plan A+	Age 60+	Not Applicable
Annual Medical Plan A	Age 60+	Exclusion 1
	Age 60+	Exclusion 1
Summer Plan	Up to age 59	Exclusion 1
	Age 60 to 74	Exclusion 3
Emergency Medical Plan	Up to age 59	Exclusion 1
Emergency Medical Plan A+	Age 60+	Not Applicable
Emergency Medical Plan A	Age 60+	Exclusion 1
Quick Trip Emergency Medical Plan	Age 60 to 74	Exclusion 2

CONDITIONS & LIMITATIONS: EMERGENCY MEDICAL INSURANCE

1. In the event of an *emergency* which requires assistance, medical *treatment* or admission to *hospital*, *you* must immediately contact the Assistance Centre at the telephone numbers indicated on the back cover of this *policy* prior to *treatment* or admission to *hospital* or within 24 hours after a life or organ threatening *emergency*, unless *you* are unconscious or physically unable. If faced with such inability, as an alternative, someone else (family member, *travel companion*, *hospital* or medical staff) must call on *your* behalf. If *you* do not contact the Assistance Centre within the time specified, *you* will be responsible for paying 25% of any eligible expenses incurred.

Pre-existing condition exclusion 1: Any *pre-existing condition* or related *medical condition* which was not **stable and controlled** during the **3-month** period before *your effective date*.

Pre-existing condition exclusion 2: Any *pre-existing condition* or related *medical condition* which was not **stable and controlled** during the **6-month** period before *your effective date*.

Pre-existing condition exclusion 3: Any *pre-existing condition* or related *medical condition* which was not **stable and controlled** during the **12-month** period before *your effective date*.

2. Any *medical condition* for which it was reasonable to expect, before *you left home*, that *you* would need *treatment* during *your insured trip*.
3. Any *emergency* when, prior to the purchase date, *you* had not met all of the eligibility requirements (if applicable) or truthfully and accurately answered all the questions in the *Transat Medical Questionnaire* (if applicable).
4. **25%** of the eligible expenses incurred under this Emergency Medical Insurance Section if *you* do not contact the Assistance Centre within the time period provided in this *policy* for giving notification, unless *you* were unconscious or physically unable to call. This exclusion will not apply if *you* (or *your* beneficiary) demonstrate that numerous and repeated attempts were made (telephone, fax) to contact the Assistance Centre but were unsuccessful through no fault of the Insured.
5. *Your* participation in organized professional sporting activities, motorized racing or other speed contests, mountain-climbing which involves the ascent or descent of a mountain requiring the use of specialized equipment, including crampons, pick-axes, anchors, bolts, carabiners and lead or top-rope anchoring equipment, rock-climbing, underwater activities involving the use of self-contained underwater breathing apparatus (unless *you* hold an open water diving certificate), motorcycling (unless *you* hold a valid Canadian motorcycle driver's licence), mopeds (unless *you* hold a valid Canadian driver's licence), hang-gliding, spelunking, hunting, bungee jumping, or piloting an aircraft.
6. Expenses incurred for medical care or services where the *insured trip* was undertaken contrary to medical advice or after receiving notice of a *terminal* prognosis.
7. Any *treatment*:
 - a) not required for the immediate relief of acute pain and suffering;
 - b) which can reasonably be delayed until *you* return to *your* province or territory of residence in Canada;
 - c) which *you* elect to have rendered or performed outside *your* province or territory of residence in Canada following *emergency treatment* for unexpected *sickness* or *injury*, and which on medical evidence would not prevent *you* from returning to *your departure point* prior to such *treatment* being performed; or
 - d) for follow-up *treatment*, *recurrence* of a *medical condition* or subsequent *emergency treatment* or hospitalization for a *medical condition* or related *medical conditions* for which *you* had received *emergency treatment* during *your insured trip*.
8. Transplants, including but not limited to, organ transplants or bone marrow transplants.
9. Expenses incurred whereby this *policy* was purchased specifically to obtain *hospital* or medical *treatment* outside *your* province or territory of residence in Canada whether or not recommended by a *physician*.

10. Any cosmetic, investigative and/or elective surgery or *treatment*, and/or any expenses that arise as a result of complications from such surgery or *treatment*.
11. The cost of replenishing any drugs or medications that were in use on *your departure date* or for the maintenance of any course of *treatment* that commenced prior to *your departure date* unless the replacement is required to replace *your* eligible drugs or medications that were damaged, lost or stolen during *your insured trip*.
12. Preventive medicines, inoculations, birth control pills or devices, vitamins, vitamin preparations and over-the-counter drugs or medications.
13. Any person who is less than 30 days old on *your effective date*.
14. Unless prior approval is provided the Assistance Centre, any *emergency* air transportation, any medical procedures or diagnostic services or tests (including MRI, MRCP, CAT Scan, CT Angiogram, Nuclear Stress Test, Angiogram or Cardiac Catheterization). All surgery must be authorized by the Assistance Centre prior to being performed except in extreme circumstances where surgery is performed on an *emergency* basis.
15. Any portion of benefits up to the amount of *your deductible* (in US\$) per covered claim if *you* selected a plan with a *deductible*. *You* will be responsible for the *deductible* for each claim, and the *company* will apply this *deductible* to any such claim covered under this insurance in excess of *your government health insurance plan* coverage.
16. If *your* insurance is purchased as *Top-up* coverage to another insurance coverage, expenses related to a *sickness* or *injury* that occurred when the other insurance was in force.

If *you* are not eligible for coverage in accordance with the eligibility requirements on the date of *your application*, the *company* will declare *your* coverage null and void from inception and no benefits will be payable.

Limitation on Assistance Centre Services

The *company* and/or the Assistance Centre reserve the right to suspend, curtail or limit services in any area or country in the event of:

- a) rebellion, riot, military uprising, war; or
- b) labour disturbances, strikes; or
- c) nuclear accident(s), act(s) of God, or refusal by the authorities in the country where assistance is required, to permit the delivery of such services.

The Assistance Centre will use its best efforts to provide services to the best of its ability during any such occurrence.

The Assistance Centre's obligation to provide services described in this *policy* is subject to the terms, conditions, limitations and exclusions set out in this *policy*. The medical professional(s) suggested or designated by the *company* or the Assistance Centre to provide services in accordance with the benefits and terms of this *policy* are not employees of the *company* or the Assistance Centre.

Therefore, neither the *company* nor the Assistance Centre shall be held responsible or liable for any negligence or other acts or omissions on their part, nor for the availability, quality, quantity or results of any *treatment* or service *you* may receive or *your* failure to obtain or receive any *treatment* or service.

TRAVEL ACCIDENT INSURANCE

If *you* sustain a covered *injury*, during the period of coverage, which results in a covered loss described herein within 12 consecutive months of a covered accident, the *company* will pay the applicable benefit. The liability of the *company* shall not exceed the sum insured selected and paid for on the *application* for insurance, subject to the Schedule of Benefits in this *policy*.

1. **Air Flight Accident:** Death, loss of limb(s) or sight resulting from an accidental bodily *injury* sustained while riding as a passenger, boarding or alighting from a flight of an aircraft for which tickets have been issued prior to departure and operated by a licensed airline maintaining published schedules, or chartered airline, or airport limousine or bus or surface vehicle substituted by the airlines. Aircraft must be properly licensed, fixed-wing, and multi-engined, having an authorized take-off weight of not less than 4,536 kg (10,000 lbs.).

This benefit covers only air travel for a single *insured trip* for which tickets were issued and/or purchased prior to the date of *application* for this insurance. No coverage is provided for travel on any flight that is purchased after the date of *application* for this insurance, unless a separate *application* is made and the appropriate premium paid. For the purposes of this benefit, a single *insured trip* means air travel arrangements which were booked and paid for on or prior to the date of *your application* and which form part of *your* travel itinerary as of such date.

Death, loss of limb(s) or sight resulting from an accidental bodily *injury* sustained while riding as a passenger, boarding or alighting from a conveyance provided by a *common carrier* used primarily for passenger service, such as a taxi, train or boat while making a connection with a covered flight.

2. **Worldwide Accidents:** Death, loss of limb(s) or sight resulting from an accidental bodily *injury* sustained during the period of coverage not resulting from incidents described in item 1 above.

Covered Loss:

- Accidental Death
- Loss of Limb(s) must be a complete and permanent physical separation of a hand at or above the wrist or of a foot at or above the ankle.
- Loss of Sight must be an irrecoverable loss of the entire sight of one or both eyes.

Benefit Payable:

- a) **100%** of the sum insured in the event of death or loss of limbs (two or more) or loss of sight of both eyes.
- b) **50%** of the sum insured in the event of loss of a limb or sight in one eye.

If *you* suffer more than one of the above stated losses as the result of one accidental bodily *injury*, the *company's* liability shall be limited to the amount payable for one loss.

Disappearance: If *your* body is not found within one year after the date of disappearance as a result of the sinking or destruction of the conveyance in which *you* were riding at the time of the covered accident and under such circumstances as would be covered, then it will be presumed that *you* have died as the result of *your* accidental bodily *injury* and the *company* will pay the applicable benefit.

Limitation of Liability and Aggregate Limit: The maximum aggregate amount of Travel Accident Insurance for which *you* can be covered under this *policy* and all other Travel Accident Insurance policies issued by the *company* is limited to **\$1,000,000**. Any amount purchased in excess of this amount will be void and the premiums paid for it will be refunded.

The *company's* maximum aggregate liability under this *policy* and all other Travel Accident Insurance policies issued by the *company* with respect to any one aircraft accident is limited to **\$25,000,000**, which will be shared proportionately among all claimants entitled to claim. In addition, the *company's* maximum aggregate liability under this *policy* and all other Travel Accident Insurance policies issued by the *company* under this benefit with respect to more than one aircraft accident occurring during a calendar year is limited to **\$25,000,000**.

EXCLUSIONS: TRAVEL ACCIDENT INSURANCE

This insurance does not cover and no benefit is payable for any death, loss or disablement arising from:

1. Disease or any physical defect, infirmity or *sickness* which existed prior to the commencement of the *insured trip*.
2. Accidental bodily *injury(ies)* sustained during the *insured trip* as the result of *your* participation in organized professional sporting activities, motorized racing or other speed contests, or as the result of mountain-climbing which involves the ascent or descent of a mountain requiring the use of specialized equipment, including crampons, pick-axes, anchors, bolts, carabiners and lead or top-rope anchoring equipment, rock-climbing, underwater activities involving the use of self-contained underwater breathing apparatus (unless *you* hold an open water diving certificate), motorcycling (unless *you* hold a valid Canadian motorcycle driver's licence), mopeds (unless *you* hold a valid Canadian driver's licence), parachuting, sky-diving, hang-gliding, spelunking, hunting, bungee jumping, or piloting an aircraft.

BAGGAGE AND PERSONAL EFFECTS INSURANCE

If *your* baggage and/or personal effects are lost, stolen or damaged during *your insured trip*, the *company* will, at its option, reimburse *you* by payment, replacement or repair, after making proper allowance for wear and tear or depreciation, up to the sum insured as shown in the Schedule of Benefits for the plan *you* purchased.

The maximum amount payable under this benefit for any one item shall not exceed the original purchase price made for the item or the maximum amount per item shown in the Schedule of Benefits for the plan purchased.

In addition, if *your* driver's licence and/or birth certificate is lost or stolen, up to an aggregate total of **\$50** will be reimbursed to replace these items.

The maximum sum insured per person or per family under this *policy* and any other *policy* issued by the *company* for this coverage is limited to **\$2,000 per insured trip (\$3,000** for the Concierge Club Plan and the Non-Medical Concierge Club Plan).

Passport & Travel Visa Replacement

If your passport and/or travel visa is lost or stolen during *your insured trip*, you will be reimbursed for the *reasonable and customary* cost for a replacement passport and/or travel visa, and up to the amount shown in the Schedule of Benefits for the plan purchased, with respect to travel and commercial accommodation expenses actually incurred while waiting to receive the replacement passport and/or travel visa during *your insured trip* or after you return home.

Delayed Luggage

Notwithstanding Exclusion (6) of this Section, if you are deprived of your checked luggage for at least **10 hours** due to delay or misdirection while in transit and before returning to *your departure point of your insured trip*, the company will reimburse you up to the maximum amount specified in the Schedule of Benefits for the emergency purchase of essential items of personal clothing, necessary toiletries and for the rental cost of sporting equipment if the purpose of *your insured trip* was to participate in a sporting event and *your sporting equipment* was included in the delayed checked baggage. Written proof from the travel company or airline of the delay or misdirection must be submitted with any claim along with original receipts for such purchases.

Delayed Wheelchair

If there is a delay or misdirection of *your wheelchair* for at least **10 hours** by the *common carrier* while en route and before returning to *your departure point of your insured trip*, you will be reimbursed up to **\$100** for the rental of a like device for use during *your insured trip*. Written confirmation of the delay or misdirection must be obtained from the carrier or airline and submitted along with original receipts when claiming under this benefit.

CONDITIONS & LIMITATIONS: BAGGAGE AND PERSONAL EFFECTS INSURANCE

In order for a claim to be eligible under this benefit:

1. *Your* period of coverage must not be less than the total period commencing from the date of departure from Canada and ending with the date of *your* return to Canada.
2. *You* must not leave property unattended in a public place or in an unlocked and unattended vehicle or building.
3. *You* must act in a prudent manner and exercise all reasonable care for the safety, security and supervision of the property at all times.
4. *You* must endeavour to minimize any loss and not abandon any damaged property.
5. *You* must notify the police promptly, or if the police are not available, the hotel manager, tour guide or transportation authorities of any loss due to theft, burglary, robbery, malicious mischief, disappearance or loss, and obtain written confirmation of the loss.
6. *You* must provide a police report showing forcible entry when loss is due to break-in of a vehicle.
7. *You* must provide proof of ownership and receipts for each item being claimed.

Failure to comply with these requirements may result in the loss of *your* right to claim for property lost, stolen or damaged.

EXCLUSIONS: BAGGAGE AND PERSONAL EFFECTS INSURANCE

This insurance does not cover and no benefit is payable for any loss arising from:

1. Theft or loss not reported immediately to the police or carriers and failure to obtain a written report from the police or carriers to substantiate the loss.
2. Baggage or personal effects left unaccompanied or left in an unattended vehicle which was not locked in the trunk, or baggage or personal effects shipped under a freight contract.
3. Wear and tear, depreciation, mechanical or electrical breakdown or deterioration, pre-existing defect or flaw, dampness of atmosphere or extremities of temperature.
4. Breaking or scratching of fragile articles (other than cameras or binoculars) unless caused by fire or accident to the vehicle in which they are being carried.
5. Lost, damaged or stolen bonds, coupons, stamps, negotiable instruments, deeds, manuscripts, securities of any kind, bullion, precious metals, traveller's samples, tools of trade, or any containers used to transport such items or parts thereof.
6. Confiscation, detention, requisition or destruction by Customs or other authorities, or delay except as covered under Delayed Luggage.
7. Depreciation in value of money or shortage of money due to error or omission.
8. Any amount in excess of the maximum specified in the Schedule of Benefits for any one item.
9. Animals, self-propelled conveyances of any kind or their equipment, bicycles unless checked as baggage with a *common carrier*, household effects, retainers, artificial teeth and limbs, non-prescription eyeglasses or contact lenses, cigarettes, alcohol, food, professional or occupational equipment or property, antiques and collectors' items, property illegally acquired, kept, stored or transported; sporting equipment, where such loss or damage is due to the use thereof.
10. Jewellery and cameras (including camera equipment) which is placed in the custody of a *common carrier*.
11. Loss in respect of articles specifically or otherwise insured on a valued basis by another insurer while this insurance is in effect.
12. Articles purchased while on the *insured trip* for personal use unless receipts are provided with *your* claim.
13. Any computer software or the restoration of any lost or corrupted data.

PERSONAL MONEY INSURANCE

If *your* personal money is lost or stolen during *your insured trip*, you will be reimbursed by the *company*, up to the maximum amount specified for *your* selected plan in the Schedule of Benefits for:

1. Theft or loss of *your* personal money;
2. Financial loss or legal liability for payment following theft or fraudulent use of *your* travellers cheques, letters of credit, travel tickets, passport, prepaid accommodation vouchers and entertainment tickets.

Provided that:

1. *You* have complied with each condition applied by the issuing authority within the prescribed time period; and
2. *You* have reported the loss to the police promptly and within 24 hours of the theft or loss and obtained their written report.
3. *You* must have acted in a prudent manner and exercised all reasonable care for the safety, security and supervision of the property at all times.

EXCLUSIONS: PERSONAL MONEY INSURANCE

This *policy* does not cover and no benefit is payable for any claim arising from:

1. **THE FIRST \$25 OF EACH AND EVERY CLAIM.**
2. Delay, detention or confiscation by Customs officers or officials.
3. Shortages due to error, omission, depreciation, or fluctuations in value.
4. Money that was not in *your* possession at the time the loss occurred.

RENTAL VEHICLE PHYSICAL DAMAGE INSURANCE

Insurance under this section applies when *you* book a *rental vehicle* from a licensed commercial car rental agency through the travel agent from whom *you* have purchased *your insured travel arrangements*. Coverage is for physical loss or damage to the *rental vehicle* only while the *rental vehicle* is under *your* care and custody or under the care and custody of a person permitted to operate the *rental vehicle* under the terms and conditions of the rental agreement.

Coverage under this section may be purchased for up to **50 days** per *insured trip*. The aggregate maximum liability under this *policy* for all damages or loss of the *rental vehicle* is **\$50,000**, subject to the following conditions:

1. The liability was imposed upon *you* by law or assumed by *you* under the rental agreement, if there was physical damage to the *rental vehicle*.
2. When condition 1 above has been met, the *company* will perform the following services on *your* behalf:
 - a) investigate, negotiate or settle any claim as deemed appropriate by the *company*;

- b) defend in *your* name and on *your* behalf and at cost to the *company*, any civil action which may be brought against *you* on account of such loss or damage;
 - c) pay all costs assessed against *you* in any civil action defended by the *company*, plus any interest accruing after judgment on that part of the judgment which is within the limit of the *company's* liability; and
 - d) pay the reasonable towing costs, salvage, fire department charges, custom duties and the reasonable loss of use charges for the *rental vehicle* for which *you* are responsible.
3. Coverage is valid only if *you* book the *rental vehicle* with the travel agent with whom *you* have booked *your insured trip*.
 4. The terms and conditions of the rental agreement or contract have not been violated.
 5. Not more than one *rental vehicle* is in *your* care and custody at any one time.
 6. The *rental vehicle* is rented from a duly authorized and licensed commercial car rental agency, and is not used for hire or commercial delivery.
 7. *You* must examine the *rental vehicle* prior to acceptance for any existing damages, and request and retain a copy of the written record of any pre-existing damages for submission to the *company* in the event of a claim.
 8. No repairs must be undertaken other than those which are immediately necessary for the protection of the *rental vehicle* from further loss or damage, and no evidence of the physical damage or the loss shall be removed or altered without the *company's* consent.
 9. Notice of the loss or physical damage to the *rental vehicle* must be reported immediately to the Assistance Centre, and furthermore, written notice of the loss, along with a copy of the police report, must be submitted to the *company* within 30 days after the date the loss or damage was incurred.

EXCLUSIONS: RENTAL VEHICLE PHYSICAL DAMAGE INSURANCE

This insurance does not cover and no benefit is payable for any claim arising from:

1. Liability other than for loss or damage to the *rental vehicle*.
2. Expenses assumed, waived by or paid for by the commercial rental agency or its insurers, or any other insurance.
3. Contents of the *rental vehicle*.
4. Loss or damage arising from, caused by or contributed to by driving or operating the *rental vehicle* while under the influence of intoxicating substances, or while participating in a speed contest.
5. Use of the *rental vehicle* for illegal trade or purposes, or transporting contraband.
6. Mechanical defect or breakdown, rusting, corrosion, wear and tear and other deterioration.
7. Failure to protect or preserve the *rental vehicle*, or neglect and abuse thereof; or contamination however caused.

An official police report and other documented evidence satisfactory to the *company* must support a claim for this benefit.

AIR FARE CANCELLATION INSURANCE

AIR FARE CANCELLATION - PRIOR TO DEPARTURE

If *you* must cancel *your insured trip* prior to the departure date shown on the *application* due to the occurrence of any one of the Covered Events 1–7 (as listed below in the section Events Covered Under Air Fare Cancellation), *you* will be reimbursed, up to the **sum insured** selected on *your application* for this insurance, for either i) the non-refundable portion of *your insured travel arrangements*; or ii) the change fee charged by the airline on existing tickets if this option is available.

To cancel prior to *your* scheduled departure date shown on the *application* *you* must cancel *your* air fare with *your* travel agent or *travel supplier* immediately, or, at the latest, the business day following the cause of cancellation.

AIR FARE CANCELLATION - ON OR AFTER DEPARTURE

If *your insured trip* is interrupted **on or after the departure date** shown on the *application*, due to the occurrence of any one of the Covered Events 1–7 (as listed below in the section Events Covered Under Air Fare Cancellation), *you* will be reimbursed for:

1. The extra cost of one-way transportation by the most cost effective itinerary (being the lesser of a one-way economy fare or change fee charged by the airline on existing tickets if this option is available) to return to the original *departure point*; and
2. The extra expenses incurred for commercial accommodation and meals, essential telephone calls, internet usage fees and taxi fares to a maximum of **\$100**. Original receipts must be provided when claiming this benefit.

In addition to benefits under Air Fare Cancellation - On or After Departure, in the event of *your* death due to a covered *injury* or *sickness* while on the *insured trip*, *you* will also be reimbursed to a maximum of **\$5,000**, for the reasonable costs incurred for either i) the preparation and transportation of *your* remains back to *your departure point* in Canada or ii) the cost of cremation and burial of *your* remains at the location where death occurs.

No benefit is payable for the cost of a headstone, casket, urn and/or funeral service expenses.

No benefit will be payable under Air Fare Cancellation - On or After Departure, if *you* are eligible and qualify to receive the payment for the same expenses under any other benefit section of this *policy*.

EVENTS COVERED UNDER AIR FARE CANCELLATION

The cancellation of *your* air fare must result from any one of the **UNFORESEEN EVENTS** listed below occurring during the period of coverage:

1. a) The unexpected death, *sickness* or *injury* of *you*, *your travel companion*, or a member of *your* or *your travel companion's immediate family* or a *key-person* travelling with *you* on the *insured trip*.
b) The unexpected death, *sickness* or *injury* of a member of *your* or *your travel companion's immediate family* or a *key person*, not travelling with *you* on the *insured trip*.
2. *You*, *your travel companion* or the *spouse* or children of either are, during *your* coverage period, a) called to jury duty; b) subpoenaed as a witness; or c) required to appear as a defendant in a civil suit.

3. Death, admission to *hospital* or quarantine of the person with whom *you* have arranged overnight accommodation for the majority of *your insured trip* at their usual place of residence, not including commercial facilities.
4. Quarantine or hijacking of *you*, *your travel companion* or the *spouse* or children of either.
5. A disaster which renders *your* or *your travel companion's* principal residence uninhabitable or place of business unusable.
6. Complete cessation of operations by a contracted *travel supplier* (including *travel services* provided by a foreign *travel supplier* if such *travel services* are part of an inclusive package).
7. The unexpected death, *sickness* or *injury* of *your* service dog, provided *you* are an individual with a disability (physical, psychiatric or mental disability), and travel arrangements have been made for the service dog to accompany *you* on *your insured trip*. For this benefit to apply, the travel arrangement cost for *your* service dog must be included in the covered amount insured under *your* selected plan.

TRIP DELAY COVERAGE OFFERED WITH AIR FARE CANCELLATION INSURANCE

If *you* are delayed **on or after the departure date** shown on the *application*, due to the occurrence of any one of the Covered Events 1–3 (listed below in the section Events Covered Under Trip Delay), *you* will be reimbursed for:

1. The extra cost of one-way transportation by the most cost effective itinerary (being the lesser of a one-way economy fare or change fee charged by the airline on existing tickets if this option is available) to continue *your insured trip*, or to return to the original *departure point*; and
2. The extra expenses incurred for commercial accommodation and meals, essential telephone calls, internet usage fees and taxi fares up to **\$150 per day** to a maximum of **\$300**. Original receipts must be provided when claiming this benefit.

EVENTS COVERED UNDER TRIP DELAY

Trip Delay must result from any one of the **UNFORESEEN EVENTS** listed below occurring **on or after the departure date** shown on the *application*:

1. a) The unexpected death, *sickness* or *injury* of *you*, *your travel companion*, or a member of *your* or *your travel companion's immediate family* or a *key-person* travelling with *you* on the *insured trip*;
b) The unexpected death, *sickness* or *injury* of a member of *your* or *your travel companion's immediate family* or a *key-person* not travelling with *you* on the *insured trip*.
2. Death, admission to *hospital* or quarantine of the person with whom *you* have arranged overnight accommodation for the majority of *your insured trip* at their usual place of residence, not including commercial facilities.
3. Provided *you* had left enough travel time to comply with the *travel supplier's* normal check-in procedure, if *you* are delayed as a direct cause of the following events:
 - a) **delay** of the private automobile in which *you* or *your travel companion* are travelling, caused by mechanical failure of that automobile, weather conditions, earthquakes or volcanic eruptions, a traffic accident or emergency road closure by police; or

- b) **delay or cancellation** of *your* or *your travel companion's* connecting *common carrier*, such as a commercial airline, ferry, cruise ship, bus, limousine, taxi or train, caused by mechanical failure of that carrier, weather conditions, earthquakes or volcanic eruptions, unannounced strike, a traffic accident or emergency road closure by police.

CONDITIONS

1. *You* must cancel *your* scheduled trip with the agent or *travel supplier* on the day the cause of cancellation occurs or on the next business day at the latest. Claim payment will be limited to the cancellation penalties specified in the trip contracts which are in effect on the next business day following the time the cause of cancellation occurs.
2. Cancellation, interruption or delay of *your insured trip* as the result of *sickness* or *injury* requires written verification from the attending *physician* in the locality where the *sickness* or *injury* occurred, complete with the diagnosis and the medical reason for cancellation or interruption (or for delay beyond the scheduled date of return) of *your insured trip*. A "Physician's Statement" is included on the Transat Travel Insurance Trip Cancellation/Interruption Claim Form. The information required on the Physician's Statement must be completed by the attending *physician* in order for the claim to be processed. If a *physician* was not consulted as required by these conditions or if the information required in the Physician's Statement is not completed by the attending *physician*, *your* claim will be denied. Settlement is limited to the amount of penalty that would have been levied by the *travel supplier* on the next business day following the date the *physician* first recommends cancellation.
3. If travel is delayed for more than 10 days beyond the scheduled *return date*, benefits will be payable only upon satisfactory proof that the delay resulted from the *hospital* confinement of *you*, *your travel companion*, an *immediate family member* or a *key-person* who is accompanying *you* on the *insured trip*.
4. In the event a contracted *travel supplier* or carrier ceases operations, the amount payable under this *policy* for actual financial loss is limited to the amount in excess of the amount recoverable from a provincial compensation fund, up to the sum insured to a maximum of **\$5,000**. This *policy* will not pay any other amounts with respect to such loss, and will in no circumstances provide or be deemed to provide primary coverage in respect of such loss.

The *company's* maximum aggregate liability under this *policy* and all other policies issued by the *company*, as a result of the financial default of any one contracted *travel supplier*, is \$1,000,000 regardless of the number of claims. Where the aggregate eligible claims exceed this limit, the eligible claims will be reduced on a pro rata basis. The *company's* maximum aggregate liability under this *policy* and all other policies issued by the *company* under this benefit is limited to \$5,000,000 per calendar year regardless of the number of incidents of default of contracted *travel suppliers*. Where the aggregate eligible claims in a calendar year exceed this limit, the eligible claims will be reduced on a pro rata basis and will be paid after the end of the calendar year. In the event the bankruptcy or insolvency occurs prior to departure, the maximum payable to *you* will be the non-refundable prepaid travel expenses; after departure, the maximum payable to *you* will be the unused portion of prepaid non-refundable travel expenses.

5. The benefits under Trip Delay will apply provided *your* booked travel arrangements comply with the *travel supplier's* check-in procedure.
6. *Your* claim for non-refundable prepaid travel arrangements or extra cost incurred as a result of Trip Cancellation, Trip Interruption or Trip Delay must be substantiated with the following documentation (delay in providing the required information may delay the settlement of the claim and failure to provide the required documentation may invalidate or reduce the amount of *your* claim):
 - a) in the case of delay or cancellation, written confirmation from the delayed connecting *common carrier* stating the reason for the delay and the period of the delay;

You must also provide *your* detailed itinerary of the travel arrangements originally booked which must confirm that ample connection times were allowed for each leg of the travel.
 - b) in all other cases *you* must provide to the *company* documentary evidence of the risk that is the cause of *your* cancellation, interruption or delay, such as a death certificate, medical report, police report, court documents or other such corroborating documents.
7. Any amount payable under this section will be reduced by any amount recoverable from another source (including but not limited to alternatives or replacement travel options offered by airlines, tour operators, cruise lines and other *travel suppliers*) for the same cause.
8. Any liability under this benefit is subject to *you* not being aware, at the time of purchasing this *policy*, of any event that could reasonably prevent *you* from making the *insured trip* as booked.

EXCLUSIONS

This *policy* does not cover and no benefit is payable for any claim arising from:

1. *Your* knowledge at time of booking or *application* for this insurance of any reason why the *insured trip* might be cancelled or abandoned.
2. *Your*, *your spouse's*, *your travel companion's* or a *key-person's* *pre-existing condition* or related *medical condition* which was not **stable and controlled** during the **3-month** period before *your effective date*.
3. Cancellation/interruption/delay claims caused by a *medical condition* that arises during *your* period of coverage and:
 - a) for which a *physician* had advised against travel; or
 - b) for which *you* had travelled with the intention of obtaining *medical treatment*; or
 - c) for which *you* had received a notice of a *terminal* prognosis prior to travel; or
 - d) which had produced medical symptoms which would have caused an ordinarily prudent person to seek medical advice.
4. Travel for the purpose of visiting a person suffering from a *medical condition* and the *medical condition* (or ensuing death) of that person is the cause of cancellation, interruption or delay of the *insured trip*.
5. Travel arrangements and expenses or losses related to travel arrangements not insured by this *policy*.

6. Losses that arise from missed connections or travel delay if there was insufficient connection time allowed under the originally booked travel arrangements.
7. Default by *your travel supplier* where:
 - i) at the time of booking the *travel supplier* was in receivership, insolvent or bankrupt or had sought protection from creditors under any bankruptcy, insolvency or similar legislation;
 - ii) the default is by a travel agency, agent or broker;
 - iii) the loss *you* incur is recoverable from any compensation plan or fund covering default by a *travel supplier* in *your* province or territory of residence in Canada; or
 - iv) loss arising as a result of the complete cessation of operations of a foreign *travel supplier* if the *travel services* to be provided by such foreign *travel supplier* are **not part** of an inclusive package.
8. **Ground Ambulance:** Services for transportation to the nearest appropriate *hospital, physician* or medical service provider as the result of a medical *emergency*. If an ambulance was *medically necessary* but not available, expenses will be reimbursed for local taxi fares.
9. **Visit To Bedside:** Travel and accommodation expenses incurred for one relative or close friend to visit *you* at *your* bedside, in the event *you* suffer a critical *sickness* or *injury*, or when the attending *physician* states in writing that it is necessary for someone to visit *you* at *your* bedside, provided prior written approval is obtained by contacting the Assistance Centre; *you* will be reimbursed for:
 - a) the round-trip economy transportation via the most cost-effective itinerary for someone to be with *you*; plus
 - b) up to **\$500** for commercial accommodation and meals.
10. **Accommodation and Meals:** Up to **\$150 per day** (24 hours) and up to a maximum of **\$1,500** for commercial accommodation and meals, essential telephone calls, internet usage fees and taxi fares in the event *you* are relocated to receive *emergency* medical *treatment* or delayed beyond the scheduled *return date* shown on the *application* for insurance due to a *sickness* or *injury* to *you*, *your travel companion*, an *immediate family member* or a *key-person* who is accompanying *you* on the *insured trip*. The claim must be supported by original receipts and the attending *physician's* written diagnosis of the *sickness* or *injury*.

VISITORS TO CANADA MEDICAL INSURANCE

If, during the period of coverage, *you* incur eligible expenses due to an *emergency sickness* or *injury*, the *company* will reimburse the *reasonable and customary* charges for the services described below. The liability of the *company* shall not exceed the sum insured selected and paid for as indicated on *your application* for this insurance, subject to the Schedule of Benefits and all the applicable terms, conditions, limitations and exclusions of this *policy*.

Eligible expenses shall consist of charges for:

1. **Emergency Hospital:** *Hospital* room and board charges, up to the semi-private room rate, or charges for the use of an intensive care room, if *medically necessary*.
2. **Emergency Medical:** Services by a *physician* or surgeon for medical *treatment* or surgical procedures for *treatment* of an *emergency*.
3. **Medical Procedures and Diagnostic Services:** All medical and diagnostic services or procedures and/or tests (including but not limited to MRI, MRCP, CAT Scan, CT Angiogram, Nuclear Stress Test, Angiogram or Cardiac Catheterization or any surgery) **provided prior approval is obtained by the Assistance Centre**.
4. **Prescription Drugs:** The cost of drugs requiring a prescription which are necessary to *treat* an *emergency medical condition* or *injury*, when obtained on the written prescription of a *physician* and dispensed by a licensed pharmacist, excluding vitamins, vitamin preparations and over-the-counter drugs or medications.
5. **Medical Equipment:** Charges for rental or purchase of durable medical equipment for therapeutic purposes only when necessitated by a medical *emergency*, subject to obtaining prior approval by contacting the Assistance Centre.
6. **Emergency Dental Treatment:** Services of a licensed dentist or dental surgeon when required to repair natural or permanently attached artificial teeth as the result of an accidental blow to the head or mouth. Expenses will be reimbursed on a *reasonable and customary* basis, up to a maximum of **\$1,500** for any one accident. In the event *emergency* dental *treatment* is required to relieve acute pain and suffering not related to an accidental blow to the head or mouth, up to **\$300** will be payable.
7. **Emergency Paramedical Services:** Services of a chiropractor, chiropodist, physiotherapist, osteopath or podiatrist when *medically necessary* as the result of an *emergency*, up to a maximum of **\$300** for each category of practitioner. Charges for general examinations for checkup purposes, cosmetic treatments, or services performed by an *immediate family member* are excluded.
11. **Repatriation:** The reasonable costs actually incurred for the preparation and repatriation of *your* body or ashes to *your* country of permanent residence up to the maximum amount specified in the Schedule of Benefits or up to **\$3,000** for cremation or burial at the place of death. Expenses for a headstone, casket and funeral services are not covered.
12. **Identification of Remains:** The round-trip economy transportation via the most cost-effective itinerary to transport one relative or close friend to the place where *your* remains are located, plus up to **\$500** for commercial accommodation and meals when someone is legally required to identify *your* remains before the body is released, provided prior written approval is obtained by contacting the Assistance Centre.
13. **Emergency Return Home:** If, in the event of a medical *emergency*, the medical advisors of the *company* and/or the Assistance Centre in consultation with the attending *physician* determine that *you* should be transported back to *your* country of permanent residence for continued medical *treatment*, the Assistance Centre will arrange for transportation, under proper medical supervision, and the *company* will pay expenses, up to the maximum shown in the Schedule of Benefits, to return *you* to *your* country of permanent residence. Expenses will be paid for:
 - a) the extra cost of one-way economy transportation via the most cost-effective itinerary back to *your* country of permanent residence; or
 - b) a stretcher on a commercial flight via the most cost-effective itinerary back to *your* country of permanent residence, if a stretcher is *medically necessary*, and the cost of a return economy airfare on a commercial airline, plus the reasonable fees and expenses for a qualified medical attendant to accompany *you*, when an attendant is *medically necessary* or required by the airline; or

c) air ambulance transportation, when *medically necessary*.

The amount payable under this benefit for *emergency return home* expenses is limited to an aggregate maximum of **\$5,000** when the sum insured selected and paid for by *you* is **\$50,000** or less; otherwise the maximum amount payable under this section shall be up to the sum insured.

Emergency Return Home Services under this section must be approved and arranged in advance by the Assistance Centre.

CONDITIONS & LIMITATIONS: VISITORS TO CANADA MEDICAL INSURANCE

1. *You* must incur the *emergency* medical expenses in Canada. However, coverage under this *policy* also includes the *emergency* medical expenses *you* incur during a side trip if the side trip begins in Canada. The time *you* spend in Canada must be greater than the length of time *you* spend on *your* side trip outside Canada. This side trip cannot be to *your* country of permanent residence.
2. If *you* are, on medical evidence, able to return to *your* country of permanent residence following the diagnosis of a covered *medical condition* or following *emergency* medical *treatment* for a covered *medical condition*, and such condition requires further medical *treatment*, services or surgery and *you* elect to have such further medical *treatment*, services or surgery performed before returning to *your* country of permanent residence, this *policy* will terminate and no benefits will be payable for such further medical *treatment*, services or surgery.

EXCLUSIONS: VISITORS TO CANADA MEDICAL INSURANCE

This *policy* does not cover and no benefits are payable for:

1. **THE FIRST \$50 OF EACH AND EVERY CLAIM.**
2. Any person who is **less than 30 days old or 85 years of age or over** on the *effective date* of this coverage.
3. **25%** of the eligible expenses incurred for *emergency hospital* and/or medical services in the event that *you* do not contact the Assistance Centre prior to receiving such services, unless *you* are unconscious or physically unable to call.
4. Expenses incurred in connection with any *pre-existing condition* or related *medical condition* for which *you* have **taken, received or been prescribed medication or treatment in the 6 month period before your effective date**, or which during that time had produced symptoms which would cause an ordinarily prudent person to seek medical *treatment* or medication.
5. Expenses associated with any *treatment* *you* were receiving prior to the *effective date*, or that medical advisors were aware would arise during the *insured trip* as a result of *your* current state of health.
6. *Your* participation in organized professional sporting activities, motorized racing or other speed contests, mountain-climbing which involves the ascent or descent of a mountain requiring the use of specialized equipment, including crampons, pick-axes, anchors, bolts, carabiners and lead or top-rope anchoring equipment, rock-climbing, underwater activities involving the use of self-contained

underwater breathing apparatus (unless *you* hold an open water diving certificate), motorcycling (unless *you* hold a valid motorcycle driver's licence), mopeds (unless *you* hold a valid driver's licence), hang-gliding, spelunking, hunting, bungee jumping, or piloting an aircraft.

7. Expenses incurred for medical care or services where travel was undertaken contrary to medical advice or after receiving notice of a *terminal* prognosis.
8. Expenses related to a *heart condition* if, in the **6 months** prior to the *effective date*, *you* had sought or received *treatment* or taken medication for any *heart condition*.
9. Any *treatment*:
 - a) not required for the immediate relief of acute pain and suffering;
 - b) which can reasonably be delayed until expiration of *your policy* or *your* return to *your* country of permanent residence;
 - c) which *you* elect to have rendered or performed outside *your* country of permanent residence following *emergency treatment* for unexpected *sickness* or *injury*, and which on medical evidence would not prevent *you* from returning to *your* country of permanent residence prior to such *treatment* being performed; or
 - d) for follow-up *treatment*, *recurrence* of a *medical condition* or subsequent *emergency treatment* or admission to *hospital* for a *medical condition* or related *medical conditions* for which *you* had received *emergency treatment* during *your insured trip*.
10. Any *recurrence* of a *sickness* for which *you* were in *hospital* for more than **72 hours**, or for which admission to *hospital* was recommended by *your* medical practitioner, within the **365-day** period prior to the *effective date*.
11. Unless prior approval is provided the Assistance Centre, any *emergency* air transportation, any medical procedures or diagnostic services or tests (including MRI, MRCP, CAT Scan, CT Angiogram, Nuclear Stress Test, Angiogram or Cardiac Catheterization). All surgery must be authorized by the Assistance Centre prior to being performed except in extreme circumstances where surgery is performed on an *emergency* basis.
12. Transplants, including but not limited to organ transplants or bone marrow transplants.
13. Expenses incurred whereby this *policy* was purchased specifically to obtain *hospital* or medical *treatment* outside *your* country of permanent residence whether or not recommended by *your* attending *physician*.
14. Any cosmetic, investigative and/or elective surgery or *treatment*, and/or any expenses that arise as a result of complications from such surgery or *treatment*.
15. The cost of replenishing any medication that was in use on the *effective date* or for the maintenance of any course of *treatment* which had commenced prior to *your* date of arrival in Canada.
16. Preventive medicines, inoculations, birth control pills or devices, vitamins, vitamin preparations and over-the-counter drugs and medications.

CONCIERGE SERVICES

Concierge Services are available to *you* when *you* have selected the Concierge Club and the Non-Medical Concierge Club Plans and *you* have paid the required premium. If *you* require planning or assistance during *your insured trip*, please contact Concierge Services at:

1-800-764-6539 toll-free from the USA and Canada

+1-519-251-7488 call collect where available

The dedicated specialized travel information and services staff will provide:

Travel information and assistance for major destinations worldwide:

- International currency exchange rates, ATM locations
- Local sights and attractions, exhibitions, festivals, museums
- Social protocol in countries to be visited

Entertainment planning:

- Names, addresses, locations and reservations for restaurants
- Names, locations of golf courses, reservations for tee times
- Assist in booking tickets for musicals, concerts, plays, etc.

Business services:

- Locate and arrange business equipment rentals, conference facilities
- Arrange for courier or secretarial services
- Arrange for interpreter and translation services

BOUNCE BACK INSURANCE

(not available in conjunction with the Visitors to Canada Medical Plan)

If, during the period of coverage for the Bounce Back benefit, *you* have to return to *your departure point* before *your* scheduled *return date* because of the following reasons:

- A member of *your immediate family* or a *key-person*, who is not travelling with *you*, is admitted to a *hospital* due to an *emergency* or dies after *you* leave *your departure point*; or
- A disaster causes *your* principal residence to become uninhabitable or *your* place of business unusable after *you* leave *your departure point*.

We will pay for *your* round-trip economy transportation expenses to return to *your departure point* and return *you* back to *your insured trip* destination provided *you* return before *your* scheduled *return date*.

BENEFITS

Specifically, we will reimburse *your* actual transportation expenses up to **\$2,000** for the cost of *your* economy class transportation back to *your departure point* via the most cost-effective itinerary.

Alternatively, in the case of a death of an *immediate family member* or a *key-person*, we will pay the lesser amount of: a) the cost of economy round-trip transportation to *your departure point* or b) the cost of economy round-trip transportation to the residence of the deceased.

Expenses and benefits are subject to the *policy's* maximums, exclusions and limitations.

EXCLUSIONS

This insurance does not cover loss or expense related in whole or in part, directly or indirectly, to any of the following:

1. A reason that *you* could reasonably have expected would require *you* to return *home* prior to *your* scheduled *return date* at the time *you* purchased the Bounce Back Insurance.
2. A *pre-existing condition* of an *immediate family member* or a *key-person* for which *treatment* was received in the **3 months** before the purchase of the Bounce Back Insurance, resulting in hospitalization or death of the *immediate family member* or *key-person* while *you* are on *your insured trip*.
3. *Your* return back to *your* trip destination after the planned date of return indicated on *your application* or on the confirmation of coverage document.
4. Accommodation costs during transportation are not covered.
5. Only one *emergency* return per trip will be reimbursed.

OPTIONAL PER TRIP RIDER

PERSONAL EFFECTS RIDER

This rider forms part of the Transat Travel Insurance *policy* issued to the policyholder, subject to payment of the additional premium applicable to this rider. These benefits can only be purchased as a rider to an issued individual Transat Travel Insurance Annual All-Inclusive Plan or Annual Non-Medical Inclusive Plan. This rider represents the terms and conditions of coverage, and, provided there is no contradiction between these Rider Conditions, is subject to the Conditions and Exclusions for Baggage and Personal Effects, General Limitations on Coverage, General Exclusions, Definitions and General Provisions stated in the Transat Travel Insurance *policy* (Rider Provisions would prevail in case of any contradiction between the Rider Conditions of Coverage and any other conditions of the *policy*).

PERIOD OF COVERAGE

The period of coverage begins on the *departure date* of the *insured trip* for which the Personal Effects Rider is purchased, provided the Plan Administrator received the required premium.

Coverage ends on the earlier of:

- a) the expiry date, as stated on *your* Personal Effects Rider *application*;
- b) the date *you* return *home*; or
- c) 30 days from the *departure date* of *your insured trip*.

DESCRIPTION OF COVERAGE

If *your* cell phone, golf clubs or laptop computer are lost, stolen or damaged while coverage under this rider is in effect, the *company* will reimburse the amount stated below to repair or replace the following items:

1. Cell phone, up to a maximum of **\$500**.
2. Laptop computer, software, diskettes, CDs and DVDs up to a maximum of **\$2,500**; and/or
3. Golf clubs and/or bag, up to a maximum of **\$1,000**.

The maximum period of coverage allowed under this insurance is **30 days** from the date of departure of the *insured trip* covered under this rider. The maximum amount payable under this rider with respect to any and all of the items listed herein shall not exceed the maximum amount stated for each item or **\$4,000** in the aggregate for all such losses.

CONDITIONS OF COVERAGE

Coverage will be null and void if payment by cheque or credit card is declined for any reason.

EXCLUSIONS

This insurance does not cover and no benefits will be payable for any claim arising from:

1. The cost of gathering, assembling or replacing information or data;
2. A cell phone, laptop computer, golf clubs and/or bag, purchased on the *insured trip for your* personal or business use unless the original receipt(s) is/are provided with the claim;
3. Equipment illegally acquired, kept, stored or transported; damage or lost resulting from usage;
4. Any expense or cost incurred for loss or damage and already covered under the Baggage & Personal Effects benefit of the Transat Travel Insurance Policy;
5. Any amounts in excess of the maximum amount payable under this rider with respect to any and all of the items listed herein; or
6. Except for the covered equipment listed in item 2) above, any other computer software or the restoration of any lost or corrupted data.

GENERAL PROVISIONS

Non-Refund of Premium: The premium payable for this rider is not refundable.

CLAIM PROVISIONS

Notice of Claim and Proof of Claim: To make a claim for benefits, *you* must submit written notice of the claim to the *company* within 30 days after the loss was incurred, or as soon thereafter as is reasonably possible. Written proof of the claim must be submitted within 90 days after the date of the loss or event, but not more than 12 months after such date. Written proof of claim must include the completion of any claim forms required by the *company*, along with original receipts, written reports or statements, and any other form of documentation deemed satisfactory by the *company* to validate the claim. All documentation necessary to support proof of claim must be provided free of expense to the *company*.

GENERAL LIMITATIONS ON COVERAGE

With respect to “Acts of Terrorism”

Applicable to all sections of this *Policy*

Where an *act of terrorism* directly or indirectly causes *you* a loss for which benefits would otherwise be payable in accordance with the terms and conditions of this *policy*, this insurance will provide coverage as follows:

- For all types of insurance, other than the **Trip Cancellation and Trip Interruption Insurance** and **Emergency Medical Insurance**, benefits will be payable up to a maximum of **100%** of the sum insured for any eligible loss; and
- For all **Trip Cancellation and Trip Interruption Insurance** and **Emergency Medical Insurance**, we will provide benefits to *you* for *your* covered expenses subject to the maximum shown in the benefits section and this provision;

- The benefits payable, as described directly above, are in excess of all other potential sources of recovery, including 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 become available after *you* have exhausted all such other sources.

Any benefits payable pursuant to *our* **Trip Cancellation & Interruption Insurance** and **Emergency Medical Insurance** shall be subject to an overall maximum aggregate payable limit relating to all in-force travel policies issued by *us*, including this *policy*. If total claims otherwise payable for a type of coverage under all travel policies issued by *us*, resulting from one or more *acts of terrorism* occurring within an applicable time period, exceed this maximum aggregate payable limit, then the amount paid on each claim shall be reduced on a pro rata basis so that the total amount paid in respect of all such claims shall be the maximum aggregate payable limit.

Coverage is only available for up to two (2) *acts of terrorism* within a calendar year and the maximum aggregate payable limit for each *act of terrorism* is:

Type of Insurance Coverage	Maximum Aggregate for Each Act of Terrorism (CDN\$)
Trip Cancellation & Trip Interruption	\$2,500,000
Emergency Medical	\$35,000,000

If, in *our* judgment, the total of all payable claims under one or more *acts of terrorism* may exceed the applicable limits, *your* prorated claim may be paid after the end of the calendar year in which *you* qualify for benefits.

EXCLUSION TO THIS TERRORISM COVERAGE PROVISION

Notwithstanding any provision to the contrary within this *policy* or any endorsement thereto, this *policy* does not cover any liability, loss, cost or expense of whatsoever nature which is directly or indirectly caused by, resulting from, arising out of or in connection with any *acts of terrorism* perpetrated by or involving the utilization of biological, chemical, nuclear or radioactive means, regardless of any other cause contributing concurrently or in any other sequence to the liability, loss, cost or expense.

GENERAL EXCLUSIONS

Applicable to all sections of the *Policy*:

This insurance does not cover and no benefit is payable for any claim arising from:

1. Consequential loss of any kind, including loss of enjoyment and financial loss not otherwise specifically covered under this *policy*.
2. *Act(s) of terrorism* except as otherwise specifically provided in the General Limitations on Coverage Section of this *policy*.

DEFINITIONS

When italicized, the following words are defined as:

Acts of Terrorism or Terrorism means any activity that involves a threat to use or the actual use of violence or any dangerous or threatening act, or the use of force. Such act is directed against the general public, governments, organizations, properties or infrastructures, or electronic systems. The intention of such activity is to:

- instill fear in the general public;
- disrupt the economy;
- intimidate, coerce or overthrow a sitting government or occupying power; and/or
- promote political, social, religious or economic objectives.

Age means *your age* at time of *application*.

Application means the printed form, computer printout, invoice or document which is used to make an *application* for this insurance as provided by *your* travel agent or the multi-stepped forms that must be completed by the applicant when purchasing the insurance electronically through the website made available by Transat Distribution Canada. The *application* confirms the insurance coverage *you* have purchased, sets forth the departure date (to correspond to the *first travel date for Annual Plans*), *departure point* and *return date* of the *insured trip* (or expiry date *for Annual Plans*), and forms an integral part of the *policy* contract. It may also include tickets or receipts issued by an airline, travel agent, tour operator, rental agency, cruise line or other accommodation or travel provider with whom arrangements were made for *your insured trip*.

Change in Medication means the medication dosage, frequency or type has been reduced, increased, or stopped or new medication(s) has/have been prescribed. **Exceptions:** the routine adjustment of Coumadin, warfarin or insulin (as long as they are not newly prescribed or stopped) to test *your* blood levels; and a change from a brand-name medication to a generic brand medication of the same dosage.

Child/Children means *your* unmarried dependent son or daughter or *your* grandchild(ren) travelling with *you* or who join *you* during *your insured trip* and is either:

- i) under 26 years of *age*, or ii) *your* son, daughter or grandchild of any *age* who is mentally or physically disabled. In addition, for Emergency Medical Insurance, the *children* must be older than 30 days in order to be eligible for coverage under this *policy*.

Common Carrier means a conveyance (such as a bus, taxi, train, boat, airplane) which is licensed, intended and used to transport paying passengers.

Company, we, us, our, means The Manufacturers Life Insurance Company and First North American Insurance Company.

Deductible means the amount of covered expenses that *you* are responsible for paying per person per claim under Emergency Medical insurance coverage. *Your deductible* amount in U.S. dollars applies to the amount remaining after any covered expenses are paid by *your government health insurance plan*. The *deductible* amount is shown on *your application* for Transat Travel Insurance Emergency Medical Plans and applies to each claim.

Departure Date means the date *you* leave *home*.

Departure Point means the place *you* leave from on the first day of coverage and are scheduled to return or ticketed to return to on the last day of coverage.

3. Acts of war, invasion, foreign enemies, hostilities or warlike operations, whether war be declared or not, civil war, rebellion, revolution, insurrection, civil commotion assuming the proportion of or amounting to an uprising, military or usurped power.
4. Participation in armed forces training exercises or manoeuvres.
5. *Yourself*-inflicted injuries, unless medical evidence establishes that the injuries are related to a mental health illness.
6. *Your minor mental or emotional disorders*.
7. *Your* abuse of drug(s), medication(s), including over-the-counter medications, alcohol or other intoxicants, illicit drugs or any condition (including *your* death) resulting therefrom.
8. Any *injury* *you* sustain as a result of *your* driving a motor vehicle while *your* ability to drive is impaired by drugs or alcohol with an alcohol level of or more than 80 milligrams to 100 millilitres of blood as well as any condition (including *your* death) resulting from the *injury* so sustained.
9. a) *your* routine prenatal care;
b) *your* pregnancy, childbirth, any complication(s) related to *your* pregnancy or childbirth, when any such event, in any combination, happen(s) in the nine (9) weeks before or after the expected date of delivery;
c) *your* child born during *your insured trip*.
10. Deliberate termination of *your* pregnancy.
11. Any expenses incurred by or on behalf of any person not named as an insured on the *application* for insurance, including but not limited to an infant born after the *effective date* of the period of coverage.
12. Expenses which are recoverable or could have been recovered from any other source, including but not limited to any individual, group or prepaid employee insurance or private plan, credit card coverage or Canadian *government health insurance plan*.
13. *Your* commission of or attempt to commit any willful, criminal or malicious act.
14. Fraud, concealment, or deliberate misstatement in relation to any matter affecting this insurance or in connection with the making of any claim hereunder.
15. When, before the *effective date*, the Government of Canada issues an "Avoid Non-Essential Travel" or an "Avoid All Travel" Travel Advisory, advising Canadian residents not to travel to that country, region or city where *your* loss resulted from a specific or related *medical condition* which *you* contracted in a foreign country during *your insured trip*.
16. Ionizing radiation or poisoning of people by nuclear, radioactive, chemical and/or biological substances that causes *sickness* or death from any nuclear fuel or waste which results from the burning of nuclear fuels; or the radioactive, toxic, explosive or other dangerous properties of nuclear machinery or any part of it.
17. If *your* insurance is purchased as *Top-up* coverage to another insurance coverage, any expenses related to a claim that occurred when the other insurance was in force.

Effective Date means the date on which *your* coverage begins.

- a) For Trip Cancellation included in all Package Plans and in all Annual All-Inclusive and Annual Non-Medical Inclusive Plans, coverage begins at the date and time *you* pay the premium for that coverage (the purchase date of *your application*).
- b) For Trip Cancellation included in the Trip Cancellation Only Plan or the Air Fare Cancellation Plan, coverage begins at the date and time *you* pay the premium for that coverage (the purchase date of *your application*).
- c) For all other insurance protection available with Annual Plans (as indicated under the Schedule of Benefits), coverage will begin on the *first travel date* with coverage for each subsequent *insured trip* starting each date *you* leave *home*.
- d) Coverages for other benefits are indicated on pages 14–15 or pages 55–56 for Optional Per Trip Rider.

Emergency means an unforeseen *sickness* or *injury* that requires immediate *treatment* to prevent or alleviate existing danger to life or health. An *emergency* no longer exists when medical evidence indicates that the person is able to return to his or her province, territory of residence or country of permanent residence (Visitors to Canada Medical Insurance), or continue with the *insured trip*.

First Travel Date means the first planned departure date indicated on *your application*, when purchasing an Annual Plan.

Government Health Insurance Plan means the health insurance coverage that a Canadian provincial or territorial government provides to its residents; or for the Visitors Plans, coverage that governments of *your home* or *your* country of residence provide to *you*.

Heart Condition means **ANY** disorder relating to *your* heart. *Heart conditions* include but are not limited to the following:

- An abnormal cardiac test result
- Atrial fibrillation
- Chest pain or discomfort due to the heart, or angina
- Heart failure, or heart attack, or myocardial infarction, or cardiac arrest
- Heart murmur (Does not include a murmur that existed as a child if the *physician* has advised that there is no murmur as an adult)
- Narrowing or blockage of a coronary artery, or coronary artery disease
- Prior heart surgery of any kind, including but not limited to angioplasty, bypass surgery, valvuloplasty, valve replacement, heart ablation surgery, heart transplantation or surgery for any congenital heart disorder
- Any heart valve disorder, or any rapid, or slow, or irregular heartbeats or heart rates for which a *physician* has prescribed medication, or for which there has been surgery or cardioversion
- *Treatment* with a pacemaker or a cardiac defibrillator device
- Water on the lungs or swelling of the ankles due to a heart disorder

Home means *your* Canadian province or territory of residence. If *you* requested *your* coverage to start when *you* leave Canada, *home* means Canada. In the case of Trip Interruption, Travel Accident, Baggage and Personal Effects, Personal Money and Bounce Back Insurance, it means the place *you* leave from on the first day of coverage and are scheduled or ticketed to return to on the last day of coverage. For the Visitors Plans, it means *your* country of residence or origin; or *your* place of departure before arriving in Canada.

Hospital means a licensed facility where inpatients receive medical care and diagnostic and surgical services under the supervision of a staff of physicians with 24-hour care by registered nurses. A clinic, an extended or palliative care facility, a rehabilitation establishment, an addiction centre, a convalescent, rest or nursing home, home for the aged or health spa are not considered a *hospital*.

Immediate Family or **Immediate Family Member** means *spouse*, parent, legal guardian, step-parent, grandparent, step-grandparent, grandchild, in-laws, natural or adopted child, step-child, brother, sister, step-brother, step-sister, aunt, uncle, niece or nephew.

Injury means sudden bodily harm that is caused directly by external and purely accidental means, and independent of *sickness* or disease.

Insured Travel Arrangement(s) means *travel services* booked through a *travel supplier* and insured by Transat Travel Insurance. In order to have full Trip Cancellation protection, the covered sum insured should correspond to the full value of *your* travel arrangements that are subject to cancellation penalties or restrictions (that is to say, the sum insured must be equal to the full value of the non-refundable portion of *your* travel arrangements). For the Air Fare Cancellation Plan, *Insured Travel Arrangement(s)* means *your* prepaid airfare booked with a *travel supplier*, up to the sum insured selected on *your application* for the Air Fare Cancellation Plan.

Insured Trip means the period of coverage shown on *your application* for insurance under the *policy* and described in further detail in this *policy* booklet. For the Annual Medical, Summer, Annual All-Inclusive and Annual Non-Medical Inclusive Plans, *insured trip* means the period of coverage that begins on the date *you* leave *your* province or territory of residence in Canada and terminates on the earliest of:

- a) the date *you* return to *your* province or territory of residence in Canada;
- b) the last day for the period of coverage purchased, based upon the coverage duration chosen; or
- c) the expiry date stated on *your application*.

Key-person means someone to whom a dependent's full-time care is entrusted and who cannot reasonably be replaced, a business partner, or an employee who is critical to the ongoing affairs of *your* business, during the *insured trip*.

Medical Condition(s) means an irregularity in *your* health which required or requires medical advice, consultation, investigation, *treatment*, care, service or diagnosis by a *physician*.

Medically Necessary means *treatment* or services that are required to alleviate pain or suffering resulting from an unexpected *sickness* or *injury*.

Minor Mental or Emotional Disorders means emotional or anxiety states, situational crisis, stress, anxiety or panic attacks, or other mental health disorders, which are *treated* with minor tranquilizers or anti-anxiety (anxiolytics) medication or for which no medication was prescribed.

Physician means a medical doctor who is duly licensed in the jurisdiction in which he/she operates and who gives medical care within the scope of his/her licensed authority. A physician must be a person other than *you*, a *travel companion* or a member of *your immediate family*.

Policy means this travel insurance *policy* and *your application* for insurance hereunder, which is issued in consideration of payment of the required premium.

Pre-Existing Condition(s) means a *medical condition* that existed before the *effective date*.

Reasonable and Customary means costs that do not exceed the standard fee of other providers of similar standing in the same geographical area, when providing the same *treatment* of a similar *sickness* or *injury* or for other comparable services or supplies for similar circumstance.

Recurrence means the appearance of symptoms caused by or related to a *medical condition* which was previously diagnosed by a *physician* or for which *treatment* was previously received.

Rental Vehicle means a passenger automobile, station wagon or a mini-van, which is designed and manufactured to transport a maximum of 7 passengers and which is used exclusively for transporting passengers during *your insured trip* and that *you* rent, under a written contract, from a commercial rental agency licensed under the law of its jurisdiction. Sports Utility Vehicles (SUV) are included provided they are not used as off-road vehicles and are driven on maintained roads.

Excluded is any vehicle which is a truck, panel van, bus, motorcycle, moped, motorbike, recreational vehicle, all-terrain vehicle, camper, trailer, exotic car, antique automobile (an automobile which is more than 20 years old), or any vehicle designed primarily for off-road use.

Return Date means:

- i) For the Annual Medical, Summer, Annual All-Inclusive and Annual Non-Medical Inclusive Plans – the date on which *you* are scheduled to return to *your departure Point* (not to exceed the maximum trip length of the coverage duration *you* have chosen for *your* Annual Plan).
- ii) For all other plans – the date on which *you* are scheduled to return to *your departure point*, as shown on *your application*.

Sickness means the acute illness, acute pain and suffering or disease that requires *emergency* medical *treatment* or hospitalization due to the sudden and unforeseen onset of symptoms during the period of coverage.

Spouse means someone to whom one is legally married, or with whom one has been residing and publicly represented as a *spouse*.

Stable and Controlled means that all of the following apply:

- there has not been any new symptom(s); and
- existing symptom(s) have not become more frequent or severe; and
- a *physician* has not determined that the *medical condition* has become worse; and
- no test findings have shown that the *medical condition* may be getting worse; and
- a *physician* has not provided, prescribed, or recommended any new medication, any *change in medication*; and
- a *physician* has not provided, prescribed or recommended any new *treatment* or any change in *treatment*; and
- there has been no admission to a *hospital* or specialty clinic; and
- a *physician* has not advised a visit to a specialist or to have further testing, and there has been no testing for which the results have not yet been received.

Terminal means a *medical condition* for which, prior to *your effective date*, a *physician* gave a prognosis of eventual death, or palliative care was received.

Top-Up means the coverage *you* purchase from the *company*:

- to add to *your* insurance coverage beyond the duration covered under *your* Annual All-Inclusive Plan, Annual Non-Medical Inclusive Plan and Annual Medical Plan (including Summer Plan) (available with the Standard Plan, the Standard Non-Medical Plan and the Emergency Medical Plan respectively); **or**

- to add to *your* insurance beyond the sum insured covered under *your* Annual All-Inclusive or Annual Non-Medical Inclusive Plans (available with Standard Plan and Standard Non-Medical Plan respectively); **or**
- before *your* date of departure from *your departure point*, to add to *your* insurance coverage that is in effect through another source for a portion of *your* trip duration (available with the Emergency Medical Plan).

Note: The Quick Trip Emergency Medical Plan cannot be used as a *top-up* to another plan.

Transat Medical Questionnaire means the document *you* must complete truthfully and accurately to **first** confirm *your* eligibility for coverage and to **secondly** determine the plan for which *you* qualify if *you* are *age* 60 or older and applying for the Emergency Medical Plan, the Annual Medical Plan or the Annual All-Inclusive Plan.

Travel Companion means someone who shares travel arrangements with *you* on any one trip, up to a maximum of five persons including *you*.

Travel Services means transportation, sleeping accommodation or other service provided or arranged by a *travel supplier* for *your* use (but does not include taxes or insurance).

Travel Supplier means a tour operator, travel wholesaler, airline, cruise line, provider of ground transport or provider of travel accommodation or provider of other services to *you* that is:

- a) contracted to provide *travel services* to *you*; and
- b) licensed, registered or is otherwise legally authorized in the particular location of the *travel supplier* to operate and provide *travel services* as shown on *your application*.

Treat, Treated or **Treatment** means hospitalization, prescribed medication (including medication prescribed “as needed”), medical, therapeutic, diagnostic or surgical procedure prescribed, performed or recommended by a licensed medical practitioner.

Important: Any reference to testing, tests, test results, or investigations excludes genetic tests. “Genetic test” means a test that analyzes DNA, RNA or chromosomes for purposes such as the prediction of disease or vertical transmission risks, or monitoring, diagnosis or prognosis.

Vehicle, for the purposes of the Vehicle Return benefit under the Emergency Medical Insurance section, means a private or rented automobile (including a motorcycle) not licensed to carry passengers for hire and which is of the pleasure type, including a self-propelled mobile home, recreational or Sport Utility Vehicle, pick-up truck, or a passenger van used for *your* personal transportation.

You or **Your** means a person who is eligible and named on the *application* for insurance under the *policy*, including *you*, *your spouse* or a dependent *child*, when family coverage is purchased and the required premium has been paid.

In this policy, words and terms denoting the singular shall be interpreted to mean the plural and vice versa, unless the context clearly indicates otherwise.

GENERAL CONDITIONS

Statutory Conditions: Despite any other provision contained in the contract, the contract is subject to the applicable statutory conditions in the Insurance Act, as applicable in *your* province or territory of residence, respecting contracts of accident and sickness insurance.

Applicable Law: This *policy* is governed by the laws and regulations of the Canadian province or territory where this *policy* was issued.

Contract: *Your application*, this *policy* and any riders or endorsements to it shall form the entire contract between *you* and the *company*. The *company* has sole authority for changing or waiving any of the terms, conditions or provisions stated in this *policy*.

This *policy* is non-participating. *You* are not entitled to share in our divisible surplus.

The right of any person to designate persons to whom or for whose benefit insurance money is payable is restricted.

Conformity with Existing Laws: Any provision of this *policy* which is in conflict with any federal, provincial or territorial law where this *policy* is issued is hereby amended to conform to the minimum requirements of that law. In all other respects, the terms and provisions of this *policy* shall apply.

Currency: All premiums and benefits under this *policy* are payable in Canadian currency. To facilitate payments to providers, the *company* will pay claims in the currency of the country where the charges are incurred, based on: i) the rate of exchange set by any chartered bank in Canada on the last date of service, or ii) the date the payment is issued to the provider of service.

Eligibility Requirements: If at the time of *application* *you* do not meet the Eligibility Requirements outlined in this *policy* or if *you* incorrectly completed the *Transat Medical Questionnaire*, *your* insurance is void and the *company's* liability is limited to a refund of the premium paid.

Premium Payment: *Your policy* takes effect when the required premium is paid, subject to the terms and conditions outlined in the *policy*. No coverage will be provided if: i) the required premium is not paid, ii) *your* cheque is not honoured, or iii) credit card charges are declined for any reason.

Refund of Premium: If *you* return to *your departure point* before *your* scheduled *return date*, *you* may request a refund of the premium *you* paid for the unused days provided that:

- a) *you* submit proof of *your* date of return; and
- b) *you* have not incurred a claim for benefits under the *policy*.

Premium refunds are available for the Emergency Medical, Quick Trip Emergency Medical and the Visitors to Canada Medical Plans only.

A request for a premium refund must be submitted to a distributor of Transat Travel Insurance. If a claim is received by the *company* after a request for premium refund has been processed, *you* will be financially responsible for payment of the claim.

Limitation of Liability: *Our* liability under this *policy* is limited solely to the payment of eligible benefits, up to the maximum amount purchased, for any loss or expense. Neither *we*, upon making payment under this *policy*, nor *our* agents or administrators assume any responsibility for the availability, quality, results or outcome of any *treatment* or service,

or *your* failure to obtain any *treatment* or service covered under the terms of this *policy*. The participation of the insurers is several and not joint and none of them will under any circumstances participate in the interest and liabilities of any of the others.

Limitation of Action: If *you* disagree with *our* claim decision, the matter may be submitted for judicial resolution under the applicable law(s) of the Canadian province or territory where *you* reside at the time of *your application* for this *policy* or for the Visitors to Canada Medical Plans, in the Canadian province or territory where *your policy* was issued. If mutually agreeable, legal actions may also be brought in the province where the head office of the *company* is located.

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the *Insurance Act*, or in the *Limitations Act, 2002* in Ontario, or other applicable legislation.

CLAIM PROVISIONS

Where the *company* has paid expenses or benefits to *you* or on *your* behalf under this *policy*, the *company* has the right to recover, at its own expense, those payments from any applicable source or any insurance *policy* or plan that provides the same benefits or recoveries. This *policy* also allows the *company* to receive, endorse and negotiate eligible payments from those parties on *your* behalf. When the *company* receives payment from any Canadian provincial or territorial *government health insurance plan*, any other insurer or any other source of recovery to the *company*, the respective payor is released from any further liability with respect to the claim.

Secondary Coverage: Coverage under this *policy* is secondary to all other sources of recovery. Any benefits payable under this *policy* are in excess of any other coverage *you* may have with any other insurer or any other source of recovery.

Coordination of Benefits: Benefit payments under this *policy* will be coordinated with benefits available to *you* under any other insurance *policy* or plan, so that payments made under this *policy* and any other *policy* or plan do not exceed **100%** of the eligible expenses incurred. Coordination of the Emergency Medical Insurance benefits will be in accordance with the Coordination of Benefits Guidelines issued by the Canadian Life and Health Insurance Association with respect to Out of Country/Province Medical Expenses.

However, if *you* are covered as an active or retired employee under *your* current or former employer's group health insurance plan for Extended Health Care benefits and the lifetime maximum amount is:

- a) \$50,000 or less, Coordination of Benefits will not apply to such amount; or
- b) more than \$50,000, Coordination of Benefits will apply only to the amount of insurance in excess of \$50,000.

Notice of Claim and Proof of Claim: To make a claim for benefits under this *policy*, *your* written proof of claim and *your* fully completed Travel Insurance claim form(s) must be submitted to *us* within 90 days (30 days for Rental Vehicle Physical Damage) after the event, but not more than 12 months after the date of such event or loss. More information on the documentation that must be submitted with *your* written proof of claim is provided below.

Written proof of claim shall include:

- i) the completion of any claim forms furnished by the *company*;
- ii) original receipts;
- iii) a written report, complete with the diagnosis by the attending *physician*, if applicable, and any other form of documentation deemed necessary by the *company* to validate *your* claim;
- iv) documentation required by the *company* to substantiate cancellation, interruption, travel delay or *common carrier* schedule change if for other than medical reasons. If death is the cause of the claim, an official document such as a death certificate that establishes cause of death will also be required;

For example:

- copy of the subpoena if cancelling due to jury duty or being called as witness;
- letter from *your* employer if cancelling due to a business meeting or job transfer;
- letter from the airline confirming the change in the scheduled flight or the cause of the flight delay.

Original substantiating claims documentation must be provided; however, the *company* may accept certified copies if the original documentation cannot be provided for a reasonable cause. Failure to provide applicable substantiation for a claim shall invalidate any claim under this *policy*. All documents required to support or validate the claim, including English or French translations of such documents, must be provided free of expense to the *company*.

Or visit ACM's website www.active-care.ca, to learn more about the claim submission process and to download the free ACM TravelAid™ mobile application.

Written claims correspondence should be mailed to:
Transat Travel Insurance
c/o Active Care Management
PO Box 1237
Station A
Windsor, ON N9A 6P8

Online Claims Submission

For quick and easy claim submission, please have all of *your* documents available [in electronic format] and visit <https://manulife.acmtravel.ca> to submit *your* claim online.

You may also call the Assistance Centre directly to inquire about *your* claim status at **1 855 841-4788**.

For coverage information or general enquiries, please contact the Transat Customer Service Centre at **1 800 263-2356**.

email: transattravelinsurance@manulife.com

Claim Payments: Benefit payments will be made to *you* or, to facilitate matters, to the service provider. In the event of *your* death, any balance remaining or benefits payable for loss of life will be paid to *your* estate.

Rights of the Company and Claimant: When *you* purchase this *policy*, *you* agree to provide the *company* with access to all pertinent records or information about *you* from any licensed *physician*, dentist, medical practitioner, *hospital*, clinic, insurer, individual, institution or other provider of service to determine the validity of any claim submitted by *you* or on *your* behalf.

Right of Examination: The *company* has the right, and *you* must afford it the opportunity, to have *you* medically examined when and as often as may be reasonably required, when a claim under this *policy* is pending. In the event of death, the *company* has the right to request an autopsy, subject to any laws relating thereto.

Right of Recovery: In the event that *you* are found to be ineligible for coverage or that a claim is found to be invalid or benefits are reduced in accordance with any *policy* provision, the *company* has the right to collect from *you* any amount which it has paid on *your* behalf to medical providers or other parties.

Subrogation: If *you* suffer a loss caused by a third party, the *company* has the right to subrogate *your* rights of recovery against the third party for any benefits payable to or on *your* behalf and will, at its own expense and in *your* name, execute the necessary documents and take action against the third party to recover such payments. *You* must not take any action or execute any documents after the loss that will prejudice the *company's* rights to such recovery.

NOTICE ON PRIVACY:

Your privacy matters. We are committed to protecting the privacy of the information we receive about *you* in the course of providing the insurance *you* have chosen. While *our* employees need to have access to that information, we have taken measures to protect *your* privacy. We ensure that other professionals, with whom the *company* works in giving *you* the services *you* need under *your* insurance, have done so as well. To find out more about how we protect *your* privacy, please read below *our* Notice on Privacy and Confidentiality.

Notice On Privacy And Confidentiality. The specific and detailed information requested on the *application* form is required to process the *application*. To protect the confidentiality of this information, Manulife will establish a "financial services file" from which this information will be used to process the *application*, offer and administer services and process claims. Access to this file will be restricted to those Manulife employees, mandataries, administrators or agents who are responsible for the assessment of risk (underwriting), marketing and administration of services and the investigation of claims, and to any other person *you* authorize or as authorized by law. These people, organizations and service providers may be in jurisdictions outside Canada, and subject to the laws of those foreign jurisdictions. *Your* file is secured in our offices or those of our administrator or agent. *You* may request to review the personal information it contains and make corrections by writing to: Privacy Officer, Manulife, P.O. Box 1602, Waterloo, Ontario N2J 4C6.

The Manufacturers Life Insurance Company
First North American Insurance Company

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