



Âge d'or Travel Insurance

Important Phone Numbers

Emergency Assistance Company:

From the USA & Canada
1-800-663-0399

From Mexico
001-800-514-9976
or 800-681-8070

From Elsewhere Worldwide Collect
+1-604-278-4108

Please contact the *Emergency Assistance Company* to obtain claim form or for any inquiries regarding *your* claim.

If the *Assistance Company* is not contacted within 24 hours of *you* being *hospitalized*, the *insurer* may limit benefits under this policy to 50% of eligible expenses. This penalty is waived if *you* are unconscious or physically unable and someone on *your* behalf is unable to contact the *Assistance Company*.

Changes in Coverage

To change or extend coverage, cancel coverage, request a refund or for questions about the coverage:

Phone: 1-844-500-2947 • Email: info@bavqc.com

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IMPORTANT: Please Read Your Policy Carefully Before You Travel

1. Certain italicized terms used in this policy have specific meanings and are defined in Section 11: Definitions of this policy.
2. 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 limitations or exclusions.
3. Coverage under this policy is for *emergency* care only and there is no coverage for follow-up or ongoing *medical treatment*. Once *emergency treatment* and care is completed, no further benefits for the same or related *medical conditions* will be covered.
4. For policy extensions or *top ups* there is no coverage for any *medical condition* which first appeared, was diagnosed, or *treated* after the scheduled *departure date* and prior to the *effective date* of the insurance extension or *top up*.
5. The *insurer* has issued this policy to *you* based on *your* answers to the Eligibility Requirements, Plan Qualifications and the Declaration/Authorization *you* submitted to the *insurer*. If any information submitted to the *insurer* is false, the *insurer* will void this policy and no coverage will be provided. If *you* are not eligible for coverage in accordance with Section 2: Eligibility Requirements of this policy, the *insurer* will declare *your* coverage null and void from inception and no benefits will be paid for any claim and any premium paid will be refunded.
6. In the event a claim is reported for an illness or injury, *your* prior medical history will be reviewed. If *you* buy a policy for which *you* are not eligible, or select a Plan for which *you* are not eligible, *your* claim will be denied and the *insurer* will declare the policy null and void from inception and any premium paid will be refunded.
7. If *you* were unsure as to the answers *you* provided on the application form for this policy, *you* should consult with *your* doctor prior to *your* departure. *You* may make a change to Plan selection or opt for a full refund prior to *your* departure if *you* have made an error.

8. If, prior to *your departure date* or the *effective date* of any top up or any extension, *you* become ineligible for the Plan for which *you* have applied or *you* become ineligible for any Plan that is offered, then *you* must contact Bureau d'Assurance Voyage Inc. to purchase a Plan for which *you* do qualify or to receive a refund of premium paid.
9. This policy covers *pre-existing medical conditions* provided they are *stable* for the following periods prior to *your effective date*:

Plan Zero.....90 days	Plan 3..... 180 days
Plan 190 days	Plan 4..... 180 days
Plan 2180 days	Plan 5..... 180 days

90-Day Stability Option

If selected and paid for at the time of purchase and shown on *your policy receipt*, the 90-Day Stability Option limits coverage to a maximum of \$250,000 CAD per *insured*, per trip for *reasonable and customary expenses* incurred by *you* in case of an *emergency* occurring while *you* are travelling outside *your province or territory of residence* due to a *pre-existing medical condition* that was *stable* for more than 90 days, but less than the required period under the Plan for which *you* qualify, prior to *your effective date*.

For Plan qualification requirements, please see Section 3: Plan Qualifications.

10. Surgical, hospital and air transportation expenses and services must be approved in advance by the *Assistance Company*. If *you* are unconscious or physically unable or someone on *your behalf* is unable to contact the *Assistance Company* prior to incurring such expenses, *you* must contact the *Assistance Company* as soon as *you* are able. This policy limits benefits should *you* not contact the *Assistance Company* within the specified time period. See Section 13: Emergency Procedures, Claims and Penalties.
11. All currency amounts shown in this policy shall be in Canadian funds unless specifically stated otherwise. If *you* have paid a covered expense, *you* will be reimbursed in Canadian currency at the prevailing rate of exchange on the date *you* made payment.
12. **Family Coverage**
If *you* have purchased family coverage and paid the required premium prior to the *effective date* of the policy as shown on the application or confirmation of insurance, *your policy* covers *you* and *your spouse* both up to age 54 and any number of *children* travelling with *you*.

To Change Coverage: To change or extend coverage, cancel coverage, request a refund or for questions about the coverage:

Phone: 1-844-500-2947
Email: info@bavqc.com

Section 1: Important Phone Numbers For Medical Emergencies

The Assistance Company: 1-800-663-0399
From Mexico: 001-800-514-9976 or 800-681-8070
Outside N. America & Mexico (global toll-free): *800-663-00399
Worldwide Collect: +1-604-278-4108**

Please contact the Emergency Assistance Company to obtain a claim form or for any inquiries regarding your claim.

This list of access codes is not comprehensive. Codes are subject to change without notice and may not be available from certain phone providers.

Argentina	00	Estonia	00	Korea (south)	001 or 002 or 008	Portugal	00
Australia	0011	Finland	990	Latvia	00	Russia	810
Austria	00	France	00	Luxembourg	00	Singapore	001
Belarus	810	Germany	00	Macau	00	Slovenia	00
Belgium	00	Hong Kong	001 or 006	Malaysia	00	South Africa	00
Brazil	0021	Hungary	00	Netherlands	00	Spain	00
Bulgaria	00	Iceland	00	New Zealand (Aotearoa)	00	Sweden	00
China	00	Ireland	00	Philippines	00	Switzerland	00
Colombia	005	Israel	00 or 014	Poland	00	Taiwan	00
Costa Rica	00	Italy	00			Thailand	001
Cyprus	00	Japan	010 or 0061+010 or 001+010 or 0033+010			United Kingdom	00
Czech Republic	00					Uruguay	00
Denmark	00						

* To use the global toll-free service when *you* are travelling outside North America and Mexico, *you* must first dial the international access code shown (see list above) to reach Canada, then enter our 11-digit toll-free number. For example, if *you* are in Australia, dial 0011 + 800-663-00399.

** If *you* are unable to use the global toll-free service and international access codes, call us collect. To call us collect, contact the local operator and let them know that *you* wish to make a collect call to Canada

Section 2: Eligibility Requirements

For Ages 0 to 54 on your departure date:

You are eligible to purchase this insurance provided:

1. You have a valid government health insurance card for the entire duration of *your* trip; and
2. You have not been diagnosed with a *terminal* illness; and
3. You are not currently under advisement from *your physician* not to travel.

For Ages 55 to 89 on your departure date:

You are eligible to purchase this insurance provided:

1. You have a valid government health insurance card for the entire duration of *your* trip; and
2. You are age 89 or under on *your effective date*; and
3. You have not been diagnosed with a *terminal* illness; and
4. You are not currently under advisement from *your physician* not to travel; and
5. Your most recent coronary bypass surgery was not more than 12 years before *your departure date*; and
6. In the 3 years before *your departure date*, you have not:
 - a) been diagnosed with or received *treatment* (including medication) for 3 or more conditions in Table A;
 - b) had 2 or more heart attacks, strokes or mini-strokes (TIA);
 - c) had 2 or more heart surgeries (including angioplasty and stent);
 - d) been *treated* (including medication) for congestive heart failure;
 - e) had kidney disease stage 3 or higher;
 - f) had stage III or stage IV cancer or cancer that has metastasized; and
7. In the 12 months before *your departure date*, you have not:
 - a) been *hospitalized* for any condition(s) in Table A;
 - b) had any lung condition requiring home oxygen or prednisone tablets (except a one-time usage of prednisone for up to 14 days in duration);
 - c) had chemotherapy, radiation therapy or any surgery for cancer (excluding the removal of skin lesions other than malignant melanoma).

Section 3: Plan Qualifications

Ages 0 to 54 on your departure date:

Provided *you* meet all of the applicable Eligibility Requirements for *your* age group for this policy, *you* are eligible for coverage.

Ages 55 to 89 on your departure date:

Provided *you* meet all of the applicable Eligibility Requirements for *your* age group for this policy and have fully completed the required application form, *you* are eligible for coverage. *Your* plan is determined based on the information provided in *your* application and *your* answers to questions relating to the conditions in Tables A and B.

Score 3 points for each condition under Table A and 1 point for each condition under Table B that *you* have been diagnosed with or received *treatment* (including medication) in the 3 years before *your departure date*. (Note: Do not score under Table B if *you* have scored under Table A for the same condition and do not count Aspirin or Entrophen as *treatment*).

TABLE A
<ul style="list-style-type: none">• <i>heart condition</i>• any lung condition (other than a <i>minor infection</i>) requiring medication (including inhalers) prescribed for use on a daily basis• high blood pressure requiring 3 or more medications (including a water pill)• diabetes <i>treated</i> with insulin• stroke or mini-stroke (TIA)• blood clots• peripheral vascular disease• aneurysm• Alzheimer's or dementia• Parkinson's• liver disease/disorder (includes fatty liver) or pancreatitis• kidney stones or disease
TABLE B
<ul style="list-style-type: none">• any lung condition (other than a <i>minor infection</i>) requiring medication (including inhalers) prescribed for use on an as needed basis• diabetes <i>treated</i> with medication other than insulin• high blood pressure requiring 2 medications (including a water pill)• seizure(s)• cancer (excluding the removal of skin lesions other than malignant melanoma)• diverticulitis/diverticulosis or Irritable Bowel Syndrome• any gastro-intestinal disease, disorder, bleed, abscess or infection (excluding acid reflux)• bowel obstruction or bowel surgery• ulcerative colitis or Crohn's disease• gallbladder disease or gallstones (unless <i>your</i> gallbladder has been removed)• fainting or syncope or sought <i>treatment</i> for a fall• Has it been more than 3 years since <i>your</i> last complete <i>Medical Examination (Physical)</i> with a <i>physician</i>? If yes, score 1 point.

Medical Score	Plan
0 points	Plan Zero
1 point	Plan 1
2 points	Plan 2
3 points	Plan 3
4 points	Plan 4
5 points or more	Plan 5

Important

- If, prior to *your departure date*, you become ineligible for the Plan for which you have applied or you become ineligible for any Plan that is offered, then you must contact Bureau d'Assurance Voyage Inc. to purchase a Plan for which you do qualify or to receive a refund of premium paid.
- If you are ineligible for coverage for the Plan that you purchased or any applicable surcharge has not been applied as the result of your failure to disclose details of *your medical conditions* to the insurer prior to *your departure date* and pay the correct premium, the insurer will declare the policy null and void from inception and no benefit will be paid for any claim and any premium paid will be refunded.

Section 4: Period of Coverage

See Section 6: Changing the Period of Coverage if you want to change your period of coverage.

The maximum coverage period under this policy is the lesser of 365 days or the maximum number of days allowed outside of province or territory by your government health insurance plan.

A. Single Trip / Top Up Plans:

- Effective date**
Your coverage begins at the later of:
 - 12:01 a.m. on the *effective date* shown on *your policy receipt*;
 - The date and time you depart your province or territory of residence.
- Termination Date**
Your coverage ends on the earlier of:
 - The date and time you return to your province or territory of residence;
 - 11:59 p.m. on the *termination date* shown on *your policy receipt*;
 - The date you exceed the number of days allowed outside of province or territory by your government health insurance plan.

A temporary return to your province or territory of residence during the period of coverage is allowed, but suspends coverage until you depart your province or territory of residence. The premium for the number of days of your temporary visit will not be refunded. You must continue to meet Section 2: Eligibility Requirements on each *departure date* for coverage. If you receive medical *treatment* during your temporary return, there will be no coverage for the condition(s) *treated* or any related condition(s) for the balance of the period of coverage.

Waiting Period

If you purchase your policy after you have departed your province or territory of residence, there is no coverage for any *medical condition* that began, or for which you experienced symptoms, during the first 48 hours after the *effective date* even if related expenses are incurred after the 48-hour waiting period. Exception: The Waiting Period will be waived if this policy is purchased on or prior to the expiry date of an existing insurance policy providing coverage for *emergency* medical expenses outside of your province or territory of residence, to take effect on the day following such expiry date. The existing policy must be in effect on the date of purchase and there must be no gap in coverage.

B. Multi-Trip Plans:

- Effective date**
Your coverage begins on the later of:
 - 12:01 am on the *effective date* as shown on *your policy receipt*;
 - The date and time you depart your province or territory of residence.

You must continue to meet Section 2: Eligibility Requirements on each *departure date* for coverage.

- Termination Date**
Your coverage ends on the earliest of:
 - The date and time you return to your province or territory of residence;
 - The date you reach the maximum duration outside of Canada as shown on *your policy receipt* (10 or 30 days);
 - 11:59 p.m. on the *termination date* shown on *your policy receipt*;
 - The date you exceed the number of days allowed outside of province or territory by your government health insurance plan.

All Multi-Trip Plans include unlimited travel within Canada up to the maximum number of days allowed outside of province or territory by your government health insurance plan. Individual trips outside of Canada must be separated by a return to Canada. In the event of a claim, you are responsible to provide proof of the date of departure from Canada. For trips outside of Canada in excess of the maximum duration, coverage may be *topped up*. **You must continue to meet Section 2: Eligibility Requirements on each *departure date* for coverage.**

The Multi-Trip Plan cannot be used to *top up* any Plan. The Multi-Trip Plan can be *topped up* with any single trip plan.

C. Automatic Extension of Coverage:

- If the vehicle, airline, bus, train, cruise line or government-operated ferry system on which you are travelling as a passenger is delayed for reasons beyond your control, coverage will be extended for up to 72 hours beyond your *termination date*. The delay must occur prior to the coverage expiry date. In the event of a claim during this period of extension, verification of the delay is required.
- If you or your travelling companion are hospitalized on the *termination date* as a result of a covered *emergency*, this insurance will remain in force for the period of the *hospitalization* and for up to an additional 5 days upon discharge from the *hospital* to allow sufficient time for you to return to your province or territory of residence.
- If you or your travelling companion are discharged from a *hospital* within 5 days of the *termination date*, this insurance will remain in force a total of up to 5 days following the discharge from the *hospital* to allow sufficient time for you to return to your province or territory of residence.
- If you or your travelling companion are unable to travel on your scheduled return date due to being placed under quarantine after a positive COVID-19 test, this insurance will remain in force for up to 14 days beyond the termination date. In the event of a claim during this period of extension, verification of the quarantine is required.

Section 5: Other Travel Insurance Plan (OTIP) Top Up

This benefit applies to you if:

- You have another travel medical insurance annual plan that provides you with a plan minimum of \$500,000 CAD for a fixed number of days of travel beginning on the first day of each trip you take outside of your province or territory of residence; and
- Your Other Travel Insurance Plan (OTIP) allows you to purchase *top up* coverage; and
- Your *policy receipt* indicates that you have purchased 30 days or more of *top up* coverage prior to your *departure date*; and
- The *effective date* shown on your *policy receipt* for this policy is the day after your OTIP coverage ends.

This benefit will increase *your* OTIP medical insurance maximum to \$5 million CAD of excess medical coverage (secondary to all other coverage *you* have) in the period of travel during which *your* OTIP provides coverage during the trip covered by this policy.

All terms and conditions of this policy will apply. The coverage for *pre-existing medical conditions*, as stated in this policy, for the period of travel during which *your* OTIP provides coverage will be established on the *departure date* of *your* trip as of 12:01 a.m. The coverage for *pre-existing medical conditions* for the *top up* period of travel will be established on the *effective date* of *your* trip as of 12:01 a.m.

Section 6: Changing the Period of Coverage

If *you* wish to change the *effective date* of *your* coverage, *you* must contact Bureau d'Assurance Voyage Inc. prior to *your departure date* Monday to Friday from 9:00 AM to 5:00 PM Eastern Time by phoning:

Phone: 1-844-500-2947

Email: info@bavqc.com

You may extend *your* insurance after *your departure date* provided:

- *You* meet Section 2: Eligibility Requirements; and
- For annual plans, *You* answer the medical questions based on *your* health at the time; and
- *You* agree that expenses related to *medical conditions* present on the date *you* apply for an extension will not be covered by this policy; and
- *You* request the extension prior to *your termination date*. If *your* policy has terminated, *you* must purchase a new policy.

However, if *you* have experienced a *medical condition*, had an injury or received a medical consultation during the trip, any extension of coverage granted will be subject to the *insurer's* approval. Any extension will be based on the plan for which *you* qualify at the time of the extension. Failure to make medical information known will render the policy extension null and void.

In the event that the new *effective date* and/or *termination date(s)* extends the period of coverage and an additional premium is required, *you* must pay such premium by Visa or MasterCard.

There are no service or administrative charges when *you* change *your* period of coverage.

Section 7: Deductibles

You will be responsible for paying the *deductible* shown on the *policy receipt* for the covered expenses of each *emergency*.

Section 8: What We Cover

In the event of an *emergency* occurring outside of *your* province or territory of residence while this policy is in force, the *insurer* will reimburse *you* or pay providers of services for the medically necessary expenses listed below up to the *reasonable and customary expenses*, less any applicable *deductible*, to a maximum of \$5,000,000 CAD per *insured* (\$250,000 CAD for claims under the 90-Day Stability Option).

A. Emergency Transportation Services:

1. **Local Ground Ambulance** - Licensed ambulance service (includes \$100 taxi fare in lieu of ambulance) to the nearest local *hospital* including the cost of paramedical services.
2. **Air Ambulance** - Licensed air ambulance service including the cost of paramedical services and medical accompaniment.

All Air Ambulance transportation must be authorized in advance by the Assistance Company.

3. **Remote Location Evacuation** - *Your* emergency evacuation from a remote location to the nearest appropriate *hospital* that can provide the necessary *emergency medical treatment* (maximum benefit \$5,000 per *insured*).

All Remote Location Evacuation transportation must be authorized in advance by the Assistance Company.

B. Emergency Medical Care:

1. **Hospital Expenses** - *Hospital* room and board charges up to the semi-private room rate. **If medically necessary, and authorized in advance by the Assistance Company**, expenses for services in an intensive care or coronary care unit. Also covered are additional *hospitalization* costs including but not limited to the use of an operating room, supplies and services needed to perform surgery and regular nursing costs.
2. **Physician Fees** - Fees of a licensed *physician* or *surgeon* for services rendered in a *hospital*, *hospital Emergency Ward*, *hospital out-patient unit*, clinic or doctor's office.
3. **Diagnostic Testing** - The cost of laboratory tests and x-rays that are ordered by the attending *physician* and that are part of the *emergency medical treatment*.
4. **Paramedical Services** - Services of a chiropractor, osteopath, podiatrist or physiotherapist, including x-rays, to a maximum of \$500 per incident if medically necessary, when prescribed by a *physician*.
5. **Drugs and Medication** - Drugs and medication that require a prescription when prescribed and purchased immediately after initial medical care (maximum 30 day supply), unless the *insured* person is *hospitalized*.
6. **Medical Supplies and Equipment** - Charges for medically necessary supplies and equipment, including but not limited to rental of braces, crutches and wheelchair and the cost of casts, splints and trusses.
7. **Private Nursing** - Services of a registered private nurse in a *hospital* when ordered by a *physician* (maximum benefit \$6,000 per *insured*). **All Private Nursing must be authorized in advance by the Assistance Company.**

C. COVID-19:

We will pay up to the Policy limit or as specified under each benefit limit in this plan for expenses incurred due to COVID-19.

Coverage is provided if, before *your* date of departure, *you* are travelling in accordance with all federal travel vaccine requirements issued by the Government of Canada for entry and/or return to Canada.

D. In-Hospital Benefits:

1. **Meals and Accommodations** - Up to \$150 per day to a maximum of \$1,500 for the cost of commercial accommodation and meals when *your* trip is delayed beyond *your termination date* due to an illness or injury suffered by *you* or *your travelling companion*. The fact that *you* are unable to travel must be certified by the attending *physician*.

Original receipts from commercial organizations for meals and accommodations must be submitted.

2. **Transportation to Bedside** - When approved in advance and the attending *physician* provides written certification that *your* condition is serious and *you* will be *hospitalized* outside *your* province or territory of residence for 7 or more days, a single round-trip economy airfare from Canada will be provided for one person of *your* choice to be with *you* along with up to \$150 per day to a maximum of \$1,500 for the cost of commercial accommodation and meals. The person at *your* bedside will be covered under the same terms and limitations of *your* policy as long as he/she meets Section 2: Eligibility Requirements of this policy. **All Transportation to Bedside costs must be authorized in advance by the Assistance Company.**
3. **Incidental Expenses** - Charges for *your* out-of-pocket expenses billed by the *hospital* while *you* are *hospitalized* for a covered *emergency* such as telephone, television, internet and parking charges (maximum benefit \$300 per *insured*). **Original receipts must be submitted.**
4. **Child Care Cost** - If *you* are *hospitalized* for a covered *emergency* or need to be relocated to receive emergency medical *treatment*, the *insurer* will reimburse *you* up to \$100 per day from the start of the *hospitalization* to a maximum of \$1,000 for the professional child care cost incurred during *your* period of coverage to care for *children* travelling with *you*. **Original receipts from the professional child care provider must be submitted.**

E. Dental Benefits:

1. **Dental** - Charges for *emergency* services of a dentist or dental *surgeon* when required to repair natural or permanently attached artificial teeth damaged by an accidental blow to the face (maximum benefit \$2,000 per *insured*).
2. **Emergency relief of dental pain** - Charges for *emergency* relief of dental pain that manifests itself during the period of coverage. *Treatment* must be completed prior to *your* return to *your* province or territory of residence (maximum benefit \$500 per *insured*).

F. Return to Canada Benefits:

1. **Emergency Return Home** - If, as a result of a covered *emergency*, *your* treating *physician* and the *insurer* recommends to return *you* to *your* province or territory of residence, this policy will cover the cost to transport *you* and one *travelling companion* with *you* by the most medically appropriate means, including the cost of accompaniment by an attendant if medically necessary.

All transportation costs for Emergency Return Home must be authorized in advance by the Assistance Company .

2. **Return of Vehicle** - If, as a result of a covered *emergency* *you*, or anyone travelling with *you*, are unable to return the vehicle used for *your* trip to its point of origin, up to \$2,000 per policy for the cost of a commercial agency to return *your* vehicle to *your* Canadian home residence or to a commercial rental agency.

All Return of Vehicle costs must be authorized in advance by the Assistance Company.

3. **Repatriation of Remains** - In the event of *your* death during *your* period of coverage, the *insurer* will reimburse the *reasonable and customary expenses* incurred (maximum benefit \$10,000 per *insured*) for:

- a) preparing and transporting *your* remains or ashes back to *your* Canadian home; or
- b) the cremation or 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.

All Repatriation of Remains benefits must be authorized and arranged by the Assistance Company.

4. **Identification of Remains** - If someone is legally required to identify *your* remains before *your* body is released, the *insurer* will reimburse the cost of a round-trip economy fare via the most direct route and up to \$200 per day up to \$600 maximum for commercial accommodation and meals for one person to travel to the place where *your* remains are located. The person identifying *your* remains will be covered under the same terms and limitations of *your* policy as long as he/she meets Section 2: Eligibility Requirements of this policy.

All Identification of Remains benefits must be authorized and arranged by the Assistance Company.

5. **Return and Escort of Children** - If *you* are confined to a *hospital* for more than 24 hours or *you* must return to *your* home because of a medical *emergency* which is covered by this policy or in case of *your* death, the *insurer* will pay for the transportation expenses incurred, up to the cost of a one way economy fare for the return home of any *children* who are accompanying *you*. If *your child* is too young to travel alone, the *insurer* will also pay cost of a round-trip economy air fare via the most direct route, one night's commercial accommodation and reasonable meal expenses for an escort to accompany *your* child home.

All Return and Escort of Children benefits must be authorized and arranged by the Assistance Company.

Section 9: What We Exclude

This policy does not cover, provide services or pay for expenses for claims resulting from or involving:

- A. Any *medical condition* (other than a *minor infection*) that is directly or indirectly related to a *pre-existing medical condition* which has not been *stable* within the period specified for the Plan for which *you* qualify.

Age 0-54:

90 days prior to *your effective date*.

Age 55-89:

Plans Zero and 1 – 90 days prior to *your effective date*

Plans 2 and 3 – 180 days prior to *your effective date*

Plans 4 and 5 – 180 days prior to *your effective date*

- B. 1) Tests and investigations except when performed at the time of the *initial emergency*.
2) The cost of any mandated tests required for travel.
- C. Any *medical treatment* which is a continuation of or subsequent to an *emergency medical condition* during the same trip, including its *recurrence* or any complications related directly or indirectly thereto, unless *you* are declared by an attending *physician* medically unfit to return to *your* province or territory of residence because the *emergency* had not ended.

- D. Any medical *treatment* or investigative testing of any *medical condition* for which *you* have received *emergency medical treatment* during *your* trip after the initial *emergency* has ended as determined by the *insurer*. **This policy does not cover ongoing or recurring medical conditions.**
- E. For policy extensions or *top ups* any *medical condition* which first appeared, was diagnosed, or *treated* after the scheduled *departure date* and prior to the *effective date* of the insurance extension or *top up*;
- F. Medical care when, prior to *your effective date*, *you* had a reasonable expectation that *treatment* would be required during *your* trip;
- G. Medical care for elective services, medical care not performed by or under the supervision of a *physician* or medical care that is not for an *emergency*;
- H. Medical care that is directly or indirectly related to any *medical condition* for which *you* have declined or delayed recommended *treatment*, diagnostic testing, or prescription medication in the two years prior to the date medical care is required under this policy;
- I. Routine or general physical examinations, drugs or medication available without a prescription, lost medication, eyeglasses or contact lenses or services which are not medically necessary;
- J. Any expenses incurred in *your* province or territory of residence;
- K. *Hospital* or medical *treatment*, where this policy was purchased with the intent to obtain such services outside *your* province or territory of residence, whether or not recommended by *your* attending *physician*;
- L. Any *medical condition* for which *you* are *hospitalized* at the time this policy takes effect;
- M. Any benefit that must be authorized or arranged in advance by the *Assistance Company* when the *Assistance Company* has not provided the authorization or made the arrangements for that benefit;
- N. Artificial joints within one year of any surgery;
- O. Prosthetic devices, implants, organ or tissue transplants including any associated charges;
- P. Acquired Immune Deficiency Syndrome (AIDS), AIDS-related conditions or the presence of HIV;
- Q. Intentional self-injury, suicide or attempted suicide;
- R. Sickness, death or injury sustained while under the influence of alcohol, drugs, medication or other intoxicants or a *medical condition* resulting from excessive use thereof;
- S. Voluntary participation in a riot or civil disorder or committing or attempting to commit a criminal offence;
- T. Any expenses incurred directly or indirectly as a result of declared or undeclared war or hostilities, invasion, act of a foreign enemy, civil war, riot, rebellion, revolution or military power or *your* unlawful visit in any country;
- U. Any liability, loss, cost or expense which is directly or indirectly caused, by any biological, chemical, nuclear or radioactive means;
- V. Any expenses incurred after the date on which *you* decline medically approved transport to Canada;
- W. Participation in:
- body contact sports
 - motor or racing competition
 - parachuting
 - parasailing
 - gliding
 - organized professional sports
 - mountaineering
 - skydiving
 - bungee jumping
 - piloting an aircraft
 - underwater activities using self-contained underwater breathing apparatus (unless *you* hold an open water diving certificate)
- X. Pregnancy, miscarriage, childbirth or any complications thereof occurring within 10 weeks of the expected date of delivery;
- Y. A child born during a trip;
- Z. Travel to, from or through any country, region or city for which, prior to the *effective date* or *your departure date*, any department of the Government of Canada has issued a warning to avoid all travel or to avoid non-essential travel if the loss is the result of the reason for which the warning was issued.
- AA. Any *medical condition* related to COVID-19, except as specified in the COVID-19 benefit. This exclusion does not apply to travel within Canada.
- This policy does not cover ongoing or recurring medical conditions. Once emergency treatment and care is completed, no further benefits for the same or related medical conditions will be covered.**

Section 10: General Policy Provisions

- A. The existence of a *medical condition*, for determining eligibility or the validity of a claim under this policy, will be established using the medical records of *your physician(s)*, including *your physician(s)* in Canada, whether or not the contents of the medical records were made fully known to *you* before *you* incurred a claim under this policy.
- B. The *insurer*, in consultation with the attending *physician* and a *physician* designated by the *insurer*, reserves the right to return *you* to *your* province or territory of residence or transfer *you* to another medical facility capable of providing the necessary medical services when *you* require *emergency* care, provided that *you* are medically able to return or be transferred without endangering *your* life or health. If *you* elect not to return to *your* province or territory of residence or to be transferred to another medical facility capable of providing the necessary medical services when deemed medically fit to travel then expenses incurred after that date will not be covered under this policy and all coverage for benefits under this policy will cease.
- C. The *insurer* 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 is pending under this policy. In the event of death, the *insurer* has the right to request an autopsy if not prohibited by law.
- D. The *insurer*, the *Assistance Company* and its contracted suppliers are not responsible for the availability, quality or results of any *treatment* or transportation, or the failure of an *insured* to obtain *treatment*.
- E. Coverage will be null and void if a cheque is not honoured for any reason or if credit card charges are refused.
- F. If *you* have misstated *your* date of birth or paid the incorrect premium according to *your* age, smoking status and trip details as shown on *your* application, this policy will cover only the proportion of eligible expenses that the premium paid bears to the required premium. Any and all other misstatements will result in this policy being declared null and void from inception and no benefit will be paid for any claim.

- G. The *insurer*, upon making any payment or assuming liability under this policy, shall be subrogated to all rights of recovery of the *insured* against any person, corporation or other third party, and may bring action in the name of the *insured* to enforce such rights. *You* agree to cooperate fully with the *insurer* and to allow the *insurer*, at its own expense, to bring a lawsuit in *your* name against a third party.
- H. 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 *insurer* has the right to reimbursement from *you* for any amount that it has paid on *your* behalf to medical providers, air ambulance companies or other parties.
- I. 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 any other applicable legislation.
- J. Applicable to Quebec Residents - Notwithstanding any other provisions herein contained, this contract is subject to the mandatory provisions of the Civil Code of Quebec respecting contracts of Accident and Sickness Insurance.
- K. The law of the province or territory of Canada in which *you* ordinarily reside, will govern this Policy, including all issues of its interpretation and performance. Any legal action or other proceeding related to or connected with this Policy that is commenced by *you* or anyone claiming on *your* behalf or by an assignee of benefits under this Policy must take place in the courts of the province or territory of Canada in which *you* ordinarily resided or in which *you* purchased this Policy, and no other court has jurisdiction to hear or determine any such action or proceeding.
- L. This insurance is secondary to any other coverage from which *you* can recover expenses or losses incurred. If the other coverage also provides for secondary payment, then benefits payable under this policy will be coordinated so that benefits from all sources shall not exceed the total loss incurred. Coordination of benefits will be in accordance with the Coordinating Coverage Guidelines for Out-of-Country/Province Medical Expenses issued by the Canadian Life and Health Insurance Association.

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) **\$250,000 CAD** or less, Coordination of Benefits will not apply to such amount; or b) more than **\$250,000 CAD**, Coordination of Benefits will apply only to the amount of insurance in excess of **\$250,000 CAD**.

- M. This Insurance provides no coverage and no *insurer* shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such coverage, payment of such claim or provision of such benefit would expose that *insurer* to any sanctions, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.
- N. If *you* are a US citizen, *you* may have an obligation to purchase insurance under the Affordable Care Act ("ACA"). This policy is not subject to the ACA and is not intended to fulfill individual obligations to purchase health insurance coverage under the ACA. Please contact *your* tax adviser or lawyer if *you* think the ACA obligations may apply to *you*. If *you* are a US citizen or US resident, *you* may have an obligation to purchase insurance under the Affordable Care Act ("ACA"). This policy is not subject to the ACA and is not intended to fulfill individual obligations to purchase health insurance coverage under the ACA. Please contact *your* tax adviser or lawyer if *you* think the ACA obligations may apply to *you*.
- O. We shall comply with all applicable privacy legislation and regulations. *You* can learn about our privacy policy at tugo.com/en/privacy.
- P. If any of the terms or conditions of this Policy are in conflict with the statutes of the province or territory in which this Policy is issued, the terms and conditions are hereby amended to conform to such statutes.
- Q. In the event of complaints or unresolved disputes respecting any claim or portion thereof, the following should be contacted: TuGo, 1200-6081 No. 3 Road, Richmond BC, V6Y 2B2, Canada.
- R. Duplication of Coverage—If *you* are insured under more than one Policy administered by us and they are in effect at the time of loss, the total amount paid to *you* cannot exceed *your* total expenses. Benefits are paid under the one Policy with the greatest benefit limit.

Section 11: Definitions

Assistance Company means Claims at TuGo, providing medical assistance and claims services under this policy.

Children - means any unmarried person who is dependent upon *you* for support, is travelling with *you* or who joins *you* during *your* trip and is either:

- i) under 21 years of age; ii) under 26 years of age if a full-time student; or
- iii) of any age who is mentally or physically handicapped.

Deductible - means the amount of covered expenses per *emergency* that *you* are responsible for paying before any remaining covered expenses are paid under this policy. The amount of the *deductible* for which *you* are responsible for, if any, is shown on *your policy receipt*.

Departure Date - means the later of the date shown as such on the *policy receipt* issued by the *insurer* or the date *you* depart *your* province or territory of residence.

Effective date - means the date on which coverage begins. For *top ups* this is 12:01 a.m. on the day after the termination of *your* prior coverage. For Multi-trip plans, the *effective date* is the date of departure of each covered trip during the period of coverage of this policy.

Emergency - means an unforeseen illness or injury that requires *you* to obtain immediate *treatment* to prevent or alleviate existing danger to *your* life or health. An *emergency* no longer exists when the medical evidence indicates that *you* are able to continue the trip or return to *your* province or territory of residence. Once such *emergency* ends, no further benefits are payable in respect of the condition which caused the *emergency*.

Heart Condition means myocardial infarction, heart attack, arrhythmia, atrial fibrillation, heart murmur, chest pain or angina, arteriosclerosis, carotid artery occlusion, congestive heart failure, cardiac by-pass or any other kind of cardiac surgery, angioplasty or stent, use of pacemaker or defibrillator, congenital heart defect, or any other condition relating to the heart or cardiovascular system.

Hospital - means a duly licensed institution with facilities to accommodate in-patient care, including a laboratory and an operating room for surgery. Not included are spas, clinics and any facility that is not operated 24 hours per day under the supervision of a *physician*.

Hospitalized or Hospitalization - means being admitted to a *hospital* as an in-patient. *Hospitalized* does not include pre-scheduled tests not requiring any further immediate *treatment* in the *hospital*.

Insured - means any person who is named on the *policy receipt*, meets Section 2: Eligibility Requirements of this policy and for whom the required premium has been paid.

Insurer - means Industrial Alliance Insurance and Financial Services Inc. which provides this insurance.

Medical examination (Physical) - means a periodic consultation with a *physician* either virtually or in-person scheduled in advance with the purpose of general health monitoring which may include routine medical tests and which is not solely related to any specific symptom, illness, condition or disease.

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

Minor Infection - means an infection that ends 30 days prior to the *effective date* of coverage and does not require: use of medication for a period greater than 15 days; more than one follow-up visit to a *physician*; *hospitalization*; surgical intervention; or, consultation with a medical specialist. A chronic infection or the complication of a chronic infection is not a *minor infection*.

Physician (and Surgeon) - means a legally qualified Doctor of Medicine authorized to practice medicine in the region where medical care is provided.

Policy Receipt - means the confirmation of coverage issued after *you* have paid the required premium.

Pre-Existing Medical Condition - means a *medical condition*, other than a *minor infection*, for which *treatment* has been taken or received, or which exhibited symptoms, prior to *your effective date* and within the period specified for the Plan for which *you* qualify and includes a medically recognized complication or *recurrence* of a *medical condition*.

Reasonable and Customary Expenses - means charges usually made for similar services and supplies to individuals of similar *medical conditions* for residents in the locality concerned.

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

Spouse - means the person to whom the *insured* is legally married or with whom the *insured* has been living with in a common-law relationship for at least the last 12 months.

Stable - means the *medical condition* is not worsening, nor has there been any referral to a specialist, nor has there been any alteration or change in the usage or dosage of any medication for the *medical condition*, nor any *treatment*, prescribed or recommended by a *physician* or received within the period specified for the Plan for which *you* qualify, prior to the *effective date*. If *you* require a routine adjustment to the dosage of *your* prescription for Coumadin, warfarin or insulin (unless it is newly prescribed or stopped) to ensure correct blood levels are maintained, such a change is not considered an alteration in medication, provided the condition remains unchanged. (Note: If *you* have declined or delayed recommended *treatment*, diagnostic testing, or prescription medication in the two years prior to the date medical care is required under this policy, that *medical condition* or any related *medical condition* is not considered *stable*.)

Terminal - means a *medical condition* for which, prior to *your effective date*, a *physician* gave a prognosis of eventual death with a life expectancy of 12 months or less or palliative care was received.

Termination Date - means the date that *your* coverage ends and is the earliest of: when *you* return to *your* province or territory of residence with no intention of departing during the coverage period; at 11:59 pm on the *termination date* indicated on *your policy receipt*, or the date *you* exceed the number of days allowed outside of province or territory by *your* government health insurance plan.

Top Up or Topped Up - means coverage commencing after the expiration date of other coverage for any reason.

Travelling companion – means a person who has prepaid shared accommodation or transportation with *you*.

Treat, Treated or Treatment - means a medical, therapeutic or diagnostic procedure prescribed (other than routine monitoring), performed or recommended by a *physician*, including but not limited to prescribed medication, investigative testing and surgery. Do not count Aspirin or Entrophen as *treatment*.

You or Your - means any person who is named on the *policy receipt*, meets Section 2: Eligibility Requirements of this policy and for whom the required premium has been paid.

We - means North American Air Travel Insurance Agents Ltd. doing business as TuGo. TuGo, a third party administrator for the *insurer*.

Section 12: Refunds

There are no service or administrative charges for refunds. All refund requests must be made in writing.

Mail to: Bureau d'Assurance Voyage Inc.
151, rue Queen
Sherbrooke QC J1M 1J8
Email: info@bavqc.com

Single Trip Plan

Full refunds

If *you* require a full refund for any reason prior to your departure date, *your* written request must be postmarked in Canada prior to the *departure date*. An email or fax request must be received prior to *your departure date*. Upon receiving *your* written request the *insurer* will refund 100% of *your* premium paid.

Partial refunds

- If *you* request a refund after the *departure date* and before *your termination date* as shown on *your policy receipt*, *you* must submit *your* request providing proof of the date of *your* return to *your* province or territory of residence. All refund requests must be made in writing and postmarked (or email date stamped) within 30 days of the date *you* no longer require the coverage. If *you* cannot provide satisfactory proof of the date *you* returned to *your* province or territory of residence, *your* refund will be based on the Canadian postmark date (or email receipt date) of *your* written request. There are no refunds payable if *you* have incurred a claim under the policy or if a claim is pending.
- The retained premium will be calculated as if *you* had purchased the proper duration of *your* coverage initially using the *effective date* unless *you* provided notification of a different *effective date* prior to leaving *your* province or territory of residence. The refund paid will be the original premium reduced by the recalculated premium and paid in Canadian funds.

Multi-trip Plans

There are no refunds payable after the *effective date*.

Section 13: Emergency Procedures, Claims and Penalties

In the event of an *emergency*, call the *Assistance Company* on the telephone number shown on *your* wallet card. These numbers are also shown in Section 1: Important Phone Numbers for Medical Emergencies of this policy and are:

From the USA & Canada for Medical Emergencies
1-800-663-0399

From Mexico for Medical Emergencies
001-800-514-9976 or 800-681-8070

From Elsewhere for Medical Emergencies
Operator Assisted Collect
+1-604-278-4108

When contacting the *Assistance Company*, please provide *your* name, *your* policy number, *your* location and the nature of the *emergency*. Where possible, claims will be settled directly with service providers and amounts due from *your* government health insurance plan will be recovered on *your* behalf.

Notice of claim must be submitted within 30 days of occurrence and proof of claim must be submitted within 90 days of occurrence but not more than 12 months after the date of occurrence.

If the *Assistance Company* is not contacted within 24 hours of you being hospitalized, the *insurer* may limit benefits under this policy to 50% of eligible expenses. This penalty is waived if *you* are unconscious or physically unable and someone on *your* behalf is unable to contact the *Assistance Company*.

CLAIMS PROCEDURES & PAYMENT OF BENEFITS

1. Any notices of claim or correspondence concerning a claim should be promptly sent to the *Assistance Company*:

Claims at TuGo
1200-6081 No. 3 Road,
Richmond BC, V6Y 2B2, Canada

2. Any cost incurred to obtain documentation required to confirm eligibility of *your* claim, other than medical records requested by the *Assistance Company* is the responsibility of the claimant.

3. To receive benefits, any requested supporting documentation must be provided by the claimant. Claim Forms will be provided to the claimant to complete and return to the *Assistance Company*. It is the claimant's responsibility to complete and/or produce any documentation that the *Assistance Company* requires to process and confirm the eligibility of the claim.

4. All required documentation must be received within one year from the date of loss. Failure to do so will result in the denial of the claim.

5. To qualify for reimbursement, original itemized bills and receipts must be provided as support for all eligible expenses. If original, itemized receipts are not provided, the expense will not be reimbursed.

6. If the claim is the result of a death, the following documents are required:

- a) A copy of the death certificate
- b) A copy of the Will or Power of Attorney
- c) A police report, if applicable

The claim forms must be signed by the Executor of Estate or the person who holds Power of Attorney.

7. The *Assistance Company* will submit a claim for medical expenses to *your* provincial or territorial government health care plan offices PROVIDED THAT the Claim Forms, including the appropriate Provincial Assignment Form are completed in full and forwarded together with original, itemized bills from *your* medical providers within the deadline that is established by *your* provincial or territorial government health care plan. If *you* fail to meet their deadline, *you* will be responsible for the provincial or territorial government health care plan portion. While these deadlines vary across Canada, some deadlines are as short as 90 days. For the deadline that applies to *you*, please check with *your* provincial or territorial government health care plan office.

8. Claims will not be considered unless the Claim Form is completed in full and signed by the claimant (or legally authorized representative). Failure to provide fully completed, original forms will invalidate *your* claim.

9. Only bills from *physicians*, *hospitals* and other medical care provider(s) that are original itemized and which state insured's name, diagnosis, date(s) of service and type of *treatment* or service will be considered. Only original official pharmacy prescription receipts will be considered. For all other benefits, original itemized bills and receipts are required.

Limitation on Emergency Assistance Provider Services:

The *Assistance Company* reserves the right to suspend, curtail or limit services in any area or country in the event that war, political instability or hostility renders the area inaccessible by the *Assistance Company*. The *Assistance Company* will use its best efforts to provide services during any such occurrence. *You* may contact the *Assistance Company* prior to *your* departure to confirm coverage for *your* insured trip.

Neither the *insurer* nor the *Assistance Company* shall be responsible for the availability or quality of any medical *treatment* (including the results thereof) or the failure of the insured to obtain medical *treatment* during the period of coverage.

Section 14: Privacy

Privacy Notice

The protection of *your* personal information is very important to us. TuGo is committed to the protection of *your* personal information. TuGo fully complies with Canada's privacy laws. TuGo's privacy policy determines our responsibilities on the collection and use of *your* personal information. *You* can review TuGo's entire Privacy Policy at tugo.com/en/privacy.

Personal information is gathered at the time of application to determine the premium and appropriate coverage. In the event of a claim, we may need to collect additional medical information to help provide the best possible assistance, arrange care, possible medical evacuation, and to determine coverage. This information may be obtained or shared with *your* agent, any affiliate or subsidiary, referring organization and third-party provider including but not limited to health care providers and government health insurers. The information is used by authorized personnel only as needed, and is maintained securely for the period required by law. *Your* information may need to be shared with or by organizations located outside of Canada, such as the country *you* are travelling to and will be also subject to the laws of those foreign jurisdictions. We encourage *you* to review TuGo's Privacy Policy occasionally as it could be amended.

Upon written request, *you* may also review *your* personal information to verify its accuracy. For more information about how TuGo collects and uses personal information, contact our privacy officer: TuGo, Attn: Privacy Officer, 1200-6081 No. 3 Road, Richmond BC, V6Y 2B2, Canada. Email: privacy@tugo.com Fax: (604) 276-9409.

NOTICE ON PRIVACY & CONFIDENTIALITY PLEASE READ CAREFULLY AND RETAIN FOR YOUR RECORDS

The specific and detailed information requested pursuant to this application from *you* and which may be subsequently requested by us, from time to time, is required to process *your* application, and process any claim for benefits made by *you*. To protect the confidentiality of such personal information, access to *your* information is restricted to any person *you* authorize or as authorized by law as well as those Industrial Alliance Insurance and Financial Services Inc. (the "Insurer") employees, its reinsurers, third party administrators, agents or brokers of the Company, plan sponsors and any agents or brokers of such sponsors or other market intermediaries for the purposes of (a) sponsoring a plan for *you*, (b) marketing and administration of Company products or services, (c) assessment of risk (underwriting) and (d) investigation of claims (where applicable). *Your* file will be kept in our offices.

You are entitled to review *your* personal information contained in our files, subject to certain limited exceptions established by law, and if necessary, to have it rectified by sending a written request to us at: 400 - 988 West Broadway, P.O. Box 5900, Vancouver, BC V6B 5H6, Attention: Director, iA Special Markets. Corrections will be noted in the file. If a requested correction is in dispute, we nonetheless note *your* requested correction in the file. Further information on our privacy practices can be found online at ia.ca or alternatively, contact us at 1.800.266.5667 and request that a copy be faxed or mailed to *you*.

SECTION 15: Statutory Conditions

The Contract

The application, this policy, any document attached to this policy when issued and any amendment to the contract agreed on in writing after this policy is issued constitute the entire contract and no agent has authority to change the contract or waive any of its provisions.

Waiver

The insurer is deemed not to have waived any condition of this contract, either in whole or in part, unless the waiver is clearly expressed in writing signed by the insurer.

Copy of Application

The insurer must, upon request, furnish to insured or to a claimant under the contract a copy of the application.

Material Facts

No statement made by the insured or a person insured at the time of application for the contract may be used in defence of a claim under or to avoid the contract unless it is contained in the application or any other written statements or answers furnished as evidence of insurability.

Notice and Proof of Claim

Notice of a claim shall be given in accordance with the claims procedures clause included in this policy as soon as practical but in no case later than 30 days from the date a claim arises under this policy. *You* must also within 90 days from the date the claim arises under this policy furnish such proof and additional information as is reasonably possible and if required by the company, furnish a certificate from a *physician* detailing the cause or nature of the sickness or injury for which the claim has been instituted.

Failure to Give Notice or Proof

Failure to give notice of claim or furnish proof of claim within the time required by this condition does not invalidate the claim if (a) the notice or proof is given or furnished as soon as reasonably possible, and in no event later than one year after the date of the accident or the date a claim arises under the contract on account of sickness or disability, and if it is shown that it was not reasonably possible to give notice or furnish the proof in the time required by this condition, or (b) in the case of death of the person insured, if a declaration of presumption of death is necessary, the notice or proof is given or furnished no later than one year from the date a court makes the declaration.

Insurer to Furnish Forms for Proof of Claim

The insurer must furnish forms for proof of claim within 15 days after receiving notice of claim, but if the claimant has not received the forms within that time the claimant may submit his or her proof of claim in the form of a written statement of the cause or nature of the accident, sickness or disability giving rise to the claim and of the extent of the loss.

Rights of Examination

As a condition precedent to recovery of insurance moneys under the contract,

- a) the claimant must give the insurer an opportunity to examine the person of the person insured when and as often as it reasonably requires while a claim is pending, and
- b) in the case of death of the person insured, the insurer may require an autopsy, subject to any law of the applicable jurisdiction relating to autopsies.

When Moneys Payable

All money payable under this contract shall be paid by the insurer within sixty days after it has received proof of claim.

ACTION AGAINST COMPANY

Service of legal proceedings to enforce the obligations under this Policy to the insurer listed in the definition may be validly made by serving the offices of North American Air

Travel Insurance Agents Ltd. d.b.a. TuGo,
1200-6081 No. 3 Road,
Richmond BC, V6Y 2B2, Canada.

NOTICE TO COMPANY

Notice under this Policy to the insurer listed in the definition may be validly given to North American Air Travel Insurance Agents Ltd. d.b.a. TuGo, 1200-6081 No. 3 Road, Richmond BC, V6Y 2B2, Canada. Complaints or unresolved disputes should be referred to Industrial Alliance Insurance and Financial Services Inc. at 400-988 West Broadway, P.O. Box 5900, Vancouver BC V6B 5H6, Canada, solutions@ia.ca or toll-free at 1-800-266-5667.

In witness whereof this Policy has been signed as authorized by the insurer listed in the definition of insurer.

K. Starko, Executive Director

Insurance is administered by North American Air Travel Insurance Agents Ltd. doing business as TuGo®, a licensed insurance broker in all provinces and territories. The issuer of the contract is Industrial Alliance Insurance and Financial Services Inc. Claims at TuGo® and TuGo® are registered trademarks owned by North American Air Travel Insurance Agents Ltd. doing business as TuGo®.

Please contact Claims at TuGo for emergency assistance, medical management, coordination of benefits and to arrange direct billing with a healthcare provider, where available.		
From the USA & Canada 1-800-663-0399	From Mexico 001-800-514-9976 or 800-681-8070	Worldwide Collect +1-604-278-4108

