



## Travellers Choice Medical Insurance 2022-2023 Policy

Underwritten by

**Zurich Insurance Company Ltd (Canadian Branch)**

For the purpose of the *Insurance Companies Act* (Canada), this *policy* is issued by Zurich Insurance Company Ltd (Canadian Branch) (“Zurich”) in the course of its insurance business in Canada.

Assistance and claims administrator

**Zurich Travel Assist**

Zurich Travel Assist is the name of Zurich’s administrative and claim adjudication services for this *policy*. Zurich has appointed World Travel Protection Canada Inc. to administer Zurich Travel Assist.

Available exclusively from

**Travel Insurance Office Inc.**

### Emergency Phone Numbers

Zurich Travel Assist is here to help *you* with service available 24 hours a day, 7 days a week.

**1-844-347-7201 (toll free from the USA and Canada)**

or

**647-775-8047 (from elsewhere, call collect)**

Zurich Travel Assist also provides support and recommendations for non-medical *emergencies*, providing *you* with access to resources to help resolve any unexpected difficulties *you* encounter while this insurance is in force and *you* are travelling out of *your* province or territory of residence.

If *you* have a medical *emergency*, *you* or someone on *your* behalf must notify Zurich Travel Assist as soon as reasonably possible and no later than 24 hours after admission to a *hospital* and before having any surgery. **If *you* fail to notify Zurich Travel Assist without reasonable cause, Zurich Insurance Company Ltd (Canadian Branch) will pay 80% of the claim payable. *You* will be responsible for the remaining 20% of the claim payable.**

### Changing Your Coverage

Travel Insurance Office Inc. is available Monday to Friday from 9:00 to 5:00 (ET). *You* must speak to an agent. Changes will not be made if *you* leave a voice mail or send an email.

## Travellers Choice Medical Insurance Important Notices

**PLEASE READ YOUR POLICY CAREFULLY BEFORE YOU TRAVEL.**

**It is important that *you* understand what this *policy* includes, what it excludes, and what is limited (payable but with limits). Please take the time to read through *your policy* before *you* travel.**

- Travel insurance covers claims arising from sudden and unexpected situations such as accidents and emergencies.
- To qualify for this *policy*, *you* must meet all of the *eligibility requirements*.
- This *policy* contains limitations and exclusions. Examples may include *medical conditions* that are not *stable*, pregnancy, a child born on a trip, excessive use of alcohol and high risk activities.
- This *policy* may not cover claims related to *pre-existing medical conditions*, whether disclosed or not at the time of *policy* purchase. It is important and *your* responsibility to understand how this applies to *your* coverage. In the event of an accident, *injury* or *sickness*, *your* previous medical history may be reviewed when a claim is made.
- This *policy* provides travel assistance. Contact Zurich Travel Assist immediately at 1 (844) 347-7201 before seeking *treatment* or *your* benefits may be limited or denied.
- In the event of a claim, *your* prior medical history may be reviewed.
- If *you* have been asked to complete a *medical questionnaire* and any of *your* answers are not accurate or complete, this *policy* will be voidable by *us*.
- If *you* have been asked to complete a *medical questionnaire* and any of *your* answers have changed between the date *you* completed the *medical questionnaire* and the effective date, *you* must advise *us* immediately or this *policy* will be voidable by *us*.

**This *policy* contains a clause(s) that may limit the amount payable.**

**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.**

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## About This Policy

- You may return this *policy* for a full refund before the effective date of the *policy*, provided you have not departed from your province or territory of residence. Otherwise, you will receive a pro-rated refund. There are no administration fees and no service charges.
- This *policy* must be accompanied by a *confirmation of coverage* issued by **Travel Insurance Office Inc.**, before coverage can take effect.
- Key terms used in this *policy* are printed in *italics*. The definitions of the key terms appear on page 9-10.
- The provincial and territorial *Government Health Insurance Plans* limit the time a person can be out of the province or territory and still remain eligible for coverage. Check your province or territory's *Government Health Insurance Plan* for details.

### Ten (10) Day Right to Examine this Policy

You may cancel this *policy* within ten (10) days of the date of purchase identified on your *confirmation of coverage* for a full refund providing you have not departed on a trip by contacting **Travel Insurance Office Inc.** at one of the telephone numbers shown under the Changing *Your Coverage* section on page 14.

**There are no administration fees or service charges.**

## Eligibility Requirements

**You and anyone else covered under this *policy* must meet the following eligibility requirements** of this *policy* at the time of *application*, on the departure date of your first trip outside your province or territory of residence and, if you have purchased a multi-trip annual coverage, on each subsequent departure date:

- Be at least 15 days old and no more than 89 years old on the date coverage begins.
- Be insured under a provincial or territorial *Government Health Insurance Plan* during the entire coverage period, and be a resident of a province or territory in Canada.

**You and anyone else covered under this *policy* must be able to answer “No” to each of the following eligibility questions:**

- 1) Has your *physician* advised you not to travel or have you been diagnosed with a *terminal illness*?
- 2) Do you need assistance with dressing, eating, bathing, using a toilet or changing positions due to an ongoing medical condition?
- 3) Do you have **any** of the following medical conditions:
  - a) pulmonary fibrosis
  - b) congestive heart failure
  - c) kidney disease requiring dialysis
  - d) an aneurysm that is larger than 4.5 cm in diameter or width?
- 4) Have you ever had or are awaiting a stem cell, bone marrow, heart, kidney, liver, or lung transplant?
- 5) In the 5 years before your application date, have you had metastatic cancer OR **2 or more** cancers (excluding basal cell or squamous cell skin cancer or breast cancer treated only with hormone therapy)?

- 6) In the 12 months before *your* application date, have *you* been:
- a) prescribed or used home oxygen OR taken prednisone for a lung condition?
  - b) diagnosed with cancer, had a positive biopsy, or had chemotherapy, radiation therapy, or cancer surgery (excluding basal cell or squamous cell skin cancer)?
- 7) In the 12 months before *your* application date, have *you* gone to an emergency room or been admitted to a *hospital* because of any of the following (excluding routine monitoring):
- a) a heart condition (excluding a pacemaker battery change)
  - b) a stroke or mini-stroke (TIA)
  - c) a lung condition (excluding pneumonia)
  - d) a kidney condition (excluding kidney stones)

## Medical Questionnaire

A *medical questionnaire* is required for all applicants. The premium for coverage will be based on the answers to the medical questions. Some applicants may not qualify for coverage based on their responses to the medical questions.

## Trade and Economic Sanctions

Notwithstanding any other terms under this *policy*, *Zurich* shall not be deemed to provide coverage or make any payments or provide any service or benefit to any insured or other party to the extent that such coverage, payment, service or benefit would violate any applicable trade or economic sanctions law or regulation.

## Insuring Agreement

1. Subject to the *policy* terms and conditions, Zurich Insurance Company Ltd (Canadian Branch) agrees to pay up to \$5 million *USD* per person for reasonable and customary costs incurred unexpectedly during the period of coverage. Costs are paid for *emergency hospital*, medical, or other covered costs incurred during the period of coverage up to the maximum amounts provided in the Summary of Benefits section due to an illness, disease, or *injury* occurring during the period of coverage.
2. Amounts payable under this plan are in excess of any amounts available or collectible under the *Government Health Insurance Plan* of the province or territory in which *you* are covered, or those amounts payable or collectible under any other *policy* or plan.
3. The total aggregate limit for all losses resulting from any one incident under all travel health insurance policies underwritten by Zurich Insurance Company Ltd (Canadian Branch) is \$20 million *USD*.

## Types of Coverage

### Single Trip Coverage

Coverage begins on the later of:

- a) the date and time the completed *application* is processed by **Travel Insurance Office Inc.**; or
- b) the date coverage begins, as shown on *your confirmation of coverage*; or
- c) the date and time *you* exit *your* province or territory of residence, or Canada.

Coverage ends on the earlier of:

- a) the date and time *you* return to *your* province or territory of residence (unless *you* make a temporary return to Canada with the intent to return to *your* out-of-Canada destination; or
- b) the expiry date shown on *your confirmation of coverage*.

### Top-Up Coverage

*You* may be eligible to purchase a Travellers Choice Medical Insurance policy to top-up other emergency medical insurance coverage which *you* have by calling **Travel Insurance Office Inc.** at one of the telephone numbers shown under the Changing *Your Coverage* section on page 14. Coverage purchased to top-up other coverage begins on the date shown on *your confirmation of coverage* and must be the day after *your* other coverage terminates.

## Types of Coverage (continued)

### Coverage ends on the earlier of:

- a) the date and time *you* return to *your* province or territory of residence (unless *you* have made a temporary return to Canada with the intent to return to *your* out-of-Canada destination; or
- b) the expiry date shown on *your confirmation of coverage*.

### **Waiting Period**

If *you* purchase coverage after *you* have departed *your* province or territory of residence, coverage begins on the date shown on *your confirmation of coverage*.

Important: Any illness or disease that manifests itself during the first 48 hours after the date coverage begins is not covered even if related expenses are incurred after the 48-hour waiting period.

### **Multi-Trip Annual Coverage**

- a) Coverage begins on the date shown on *your confirmation of coverage*.
- b) For each separate trip, coverage begins on the date *you* depart from *your* province or territory of residence or Canada.
- c) *You* must continue to meet the eligibility requirements (listed on page 2-3) on each departure date in order for the coverage to remain in force.

Trips within Canada are limited only by the maximum number of days allowed by *your* provincial or territorial *Government Health Insurance Plan*.

If *you* incur a claim, *you* will need to provide proof of *your* date of departure from Canada and the date *you* returned to Canada.

*You* cannot use multi-trip annual coverage to top-up other coverage.

### Coverage ends on the earlier of:

- a) the date *you* reach the maximum number of days permitted for each trip, as selected and paid for at the time *you* applied for coverage and as shown on *your confirmation of coverage*.
- b) the expiry date shown on *your confirmation of coverage*.

### **Family Coverage**

If *you* and another adult are both age 55 or under and travelling with *dependent children*, *your dependent children* have coverage. This benefit applies to single adults age 55 or under paying double the required premium.

The additional adult age 55 or under can be *your spouse*, parent, brother, sister, legal guardian, step-parent, step-child, step-brother, step-sister, aunt, uncle, niece, nephew, grandparent, grandchild, in-law, or ward.

The *dependent children* are *your* unmarried children who are born before the trip, financially dependent on *you*, at least 15 days old and no more than 21 years old.

## Summary of Benefits

### **Currency amounts shown below are in US dollars.**

Overall plan maximum.....	\$5 million USD
Ambulance services (land and air).....	\$5 million USD
Remote location medical evacuation.....	\$5 million USD
Medical treatment, services and supplies.....	\$5 million USD
Prescribed medication due to a medical emergency.....	up to a 30-day supply
Chiropractor.....	\$500 USD
Physiotherapist, Osteopath, Chiropodist, Podiatrist, and Acupuncturist.....	\$500 US per profession Maximum \$3,000 USD
Registered private duty nurse.....	\$7,500 USD
Hospital accommodation.....	\$5 million USD
Hospital out-of-pocket expenses (if hospitalized) for <i>you</i> and anyone remaining with <i>you</i> .....	\$3,500 USD
Return to Canada of <i>you</i> , of <i>spouse</i> , or child, with a medical attendant if necessary.....	\$5 million USD
Return of dog or cat to Canada.....	\$750 USD
Return of vehicle or watercraft.....	5,000 USD
Transportation of two family members and/or friends to <i>your</i> bedside if <i>you</i> are hospitalized.....	\$3,000 USD
Meals and accommodation expenses of two family members and/or friends if they are transported to <i>your</i> bedside if <i>you</i> are hospitalized.....	Up to \$150 USD per day Maximum \$3,000 USD

Extension of coverage if <i>hospitalized</i> on the expiry date.....	up to 365 days
Extension of coverage if released from the <i>hospital</i> after the coverage has ended.....	up to 365 days
Accidental Dental.....	\$5,000 USD
Dental pain.....	\$500 USD
Return to original trip destination if returned to Canada.....	Economy class airfare
Trip-Break for Single-Trip Plans.....	up to 15 consecutive days
Transportation of one family member to identify an insured person's remains.....	\$1,500 USD
Meals and accommodation expenses of one family member if they are transported to identify an insured person's remains.....	Up to \$150 USD per day Maximum \$1,500 USD
Return of remains if deceased.....	\$10,000 USD
Cremation at place of death.....	\$5,000 USD

## Benefit Increase of some retiree plans

Retiree plans in Canada providing \$500,000 *CAD* or more of coverage for a limited period of time such as 42 days and 62 days will be topped up to an overall plan maximum of \$5 million *USD* if 30 days or more of coverage was purchased, as shown on the *confirmation of coverage*.

## Deductible

The deductible is shown on *your confirmation of coverage*. Deductibles are in *USD*. If *you* have paid the required premium to eliminate the deductible, the deductible will appear as \$0. If *you* have a deductible, the deductible applies on each claim. *You* are responsible to pay the deductible before any remaining eligible expenses are reimbursed under this insurance.

## Benefits

Zurich Insurance Company Ltd (Canadian Branch) agrees to pay for the following costs:

**Ambulance services** (land and air) to transport *you* to the nearest appropriate medical facility or to a Canadian *hospital* due to a covered *emergency* illness, disease, or *injury*. Any *emergency* transportation such as one-way airfare, stretcher, and/or the use of a medical attendant, must be pre-approved and arranged by Zurich Travel Assist.

**Remote location medical evacuation** by a licensed local air, land, or sea ambulance (including mountain and sea), to the nearest *hospital* when reasonable and necessary and approved by Zurich Travel Assist.

**Medical treatment, services and supplies** as long as the health practitioner is not related to *you* by blood or marriage. The following medical treatment, services and supplies are covered:

- a) The services of a legally licensed *physician*, surgeon, anesthetist or registered graduate nurse.
- b) *Emergency* out-patient services provided by a *hospital*.
- c) When performed at the time of the initial *emergency*, lab tests and/or X-ray examination as ordered by a *physician* for the purpose of diagnosis.
- d) Rental of crutches or *hospital*-type bed, not exceeding the purchase price, and the cost of splints, trusses, braces or other prosthetic appliances approved in advance by Zurich Travel Assist.
- e) Drugs or medications that require a *physician's* written prescription up to a 30-day supply.
- f) The services of a legally licensed chiropractor for the *treatment* of a covered *injury* to a maximum of \$500 *USD*
- g) The services of the following legally licensed practitioners for *treatment* of a covered *injury*:
  - physiotherapist.
  - osteopath;
  - chiropodist;
  - podiatrist;
  - acupuncturist;

The benefit is limited to \$500 *USD* per profession to an overall maximum is \$1,000 *USD*.

- h) Registered private duty nurse, if pre-approved by Zurich Travel Assist, to a maximum of \$7,500 *USD*.

## Benefits (continued)

**Hospital accommodation**, including semi-private room, and for services and supplies necessary for *your emergency* care during confinement as a resident in-patient. Services provided must not be in excess of the standard practice or paid fee in the geographical area where the services are provided or costs are incurred for comparable *treatment*, services or supplies for a similar illness, disease, or *injury*.

**Hospital out-of-pocket expenses** to a maximum of \$3,500 USD for the following expenses incurred by *you* or anyone remaining with *you* while *you* are *hospitalized* as an in-patient during the period of coverage:

- a) commercial accommodation and meals; and
- b) child care costs for children under age 18 and any children (regardless of age) that are physically or mentally handicapped and reliant on *you* for assistance; and
- c) essential telephone calls; and
- d) in-*hospital* television rental; and
- e) access to the Internet; and
- f) taxi fares.

**Expenses must be supported by original receipts from service providers.**

**Return to Canada** if *you* are returned to Canada, this benefit includes:

- a) the cost of an attendant (not related to *you* by blood or marriage) plus the attendant's return economy class airfare, to travel with *your* travelling companions (under age 18, or physically or mentally handicapped and reliant on *you* for assistance) to *your* province or territory of residence; and
- b) the extra cost of a one-way economy class airfare to return *your* travelling companions (under age 18 or physically or mentally handicapped and reliant on *you* for assistance); and
- c) the extra cost of a one-way economy class airfare to return one of *your* accompanying family members (*your spouse*, parent, brother, sister, legal guardian, step-parent, step-child, step-brother, step-sister, aunt, uncle, niece, nephew, grandparent, grandchild, in-law, or ward) to their province or territory of residence.

**Benefits are payable only when approved in advance and arranged by Zurich Travel Assist.**

**Dog and cat return** If *you* are returned to Canada or if *you* are *hospitalized* due to a covered illness, disease, or *injury*, this benefit provides up to \$750 USD for the cost of returning *your* accompanying dog or cat to Canada.

**Return of Vehicle or Watercraft** if, as a result of a covered illness, disease, or *injury*, *you* are unable to return to Canada with the vehicle or watercraft used for *your* trip, *you* will be reimbursed up to a maximum of \$5,000 USD for the cost of a commercial agency to return one vehicle or one watercraft to *your* province or territory of residence or to the nearest commercial rental agency.

**All vehicle and watercraft returns must be approved in advance and arranged by Zurich Travel Assist.**

Vehicle means a private passenger automobile, station wagon, pickup truck or minivan that is used exclusively for the transportation of passengers and is either owned or rented by *you*. If travelling outside continental North America, this benefit applies to a rental vehicle only.

A vehicle also means a motorhome or a camper unit that is either owned or rented by *you* where the motorhome means a self-propelled vehicle containing living quarters that are an integral part of the vehicle and are not removable and a camper unit means a specifically constructed unit for living purposes mounted on and removable from a vehicle.

**Transportation of two family members and/or friends to *your* out-of-country location** up to a maximum of \$3,000 USD for the cost to transport up to two bedside companions (*your* family member or close friend) by round-trip economy class (using the most direct route) if:

- a) *you* are *hospitalized* due to a covered illness, disease or *injury*, and the attending *physician* advises that *your* family member or close friend's attendance is necessary; or
- b) the local authorities legally require the attendance of *your* family member or close friend to identify *your* remains in the event of *your* death due to a covered illness, disease, or *injury*.

**Benefits are payable only when approved in advance by Zurich Travel Assist.**

**Out-of-pocket expenses of two family members and/or friends if they are transported to *your* bedside** \$150 USD per day maximum \$3,000 USD for the following expenses incurred by *your* family member(s) or close friend(s) after arrival:

- a) commercial accommodation and meals; and
- b) essential telephone calls; and
- c) taxi fares.

**Expenses must be supported by original receipts.**

## Benefits (continued)

### Extension of coverage if hospitalized

a) Delay of Conveyance. Coverage will be automatically extended for up to 3 days in the event of a delay, due to circumstances beyond *your* control, of the vehicle, airline, bus, train, or government-operated ferry system in which *you* are riding or are scheduled to ride as a passenger. The delay and the scheduled arrival date must occur prior to the expiry date shown on the *confirmation of coverage*.

b) Medically unfit to travel. Coverage will be automatically extended for up to 5 days if medical evidence supports that *you* are medically unfit to travel due to a covered illness, disease, or *injury* on or before the expiry date shown on the *confirmation of coverage*. Any fees associated with changes to *your* travel plans are *your* responsibility.

c) *Hospitalization*. Coverage will be automatically extended at no charge during the period of *hospital* confinement, plus 3 days after release to travel home, if *you* are *hospitalized* on the expiry date shown on the *confirmation of coverage* as a result of a covered illness, disease, or *injury*. This coverage will be extended to *your* travelling companion(s) remaining with *you* when reasonable and necessary.

### Dental emergencies and pain

a) The dental emergency benefit provides up to \$5,000 *USD* for emergency *treatment* or services to whole or sound natural teeth (including capped or crowned teeth) which are damaged as a result of an accidental blow to the face.

b) The dental pain benefit provides up to \$500 *USD* for the immediate relief of acute dental pain caused by other than a direct blow to the face and for which *you* have not previously received *treatment* or advice.

Reimbursement will not exceed the minimum fee specified in the Canadian Dental Association schedule of fees of the province or territory where *you* reside.

*Treatment* of any dental emergency must begin within 48 hours from the onset of the emergency and must be completed before the expiry date shown on the *confirmation of coverage* and prior to *your* return to *your* province or territory of residence.

*Treatment* must be performed by a legally qualified dentist or oral surgeon.

**Return to original trip destination** is a benefit that is subject to the pre-approval of Zurich Travel Assist. If *you* are returned to *your* province or territory of residence and the attending *physician* determines that the *treatment* received in Canada resolved the emergency, *you* may apply for this benefit. If Zurich Travel Assist agrees that a recurrence of the medical emergency is unlikely, this benefit provides up to a maximum of \$2,500 *USD* for a one-way economy flight to return *you* and one insured travelling companion to the original trip destination.

The return must occur during the original period of coverage.

**A subsequent recurrence or complication of the condition that resulted in *you* being returned home is excluded under this policy.**

**Benefits are payable only when approved in advance and arranged by Zurich Travel Assist.**

If *you* make a temporary return to Canada during the coverage period, there is no coverage while *you* are in *your* province or territory of residence. Refunds are not payable for any days *you* spend in *your* province or territory of residence. *You* must meet the eligibility requirements of this *policy* when *you* exit *your* province or territory of residence in order to continue *your* coverage.

**Return of Deceased (Repatriation)** In the event of *your* death due to a covered illness, disease, or *injury*, this benefit provides:

a) up to \$10,000 *USD* for costs incurred to prepare and return *your* remains in a standard transportation container to *your* permanent residence in Canada; or

b) up to \$5,000 *USD* for cremation or burial of *your* remains at the place of death. The cost of the urn or coffin and any funeral service is not covered.

## Coverage for Pre-Existing Conditions

Benefits are payable for costs for a medical emergency due to or resulting from *your* existing medical condition or related condition, other than a *minor ailment*, as long as the medical condition is *stable* during the **90 days** immediately before the date coverage begins.

## Exclusions

Benefits are not payable:

1. If *you* or any person insured under this *policy* or anyone acting on *your* behalf attempt to deceive us or makes a fraudulent, false or exaggerated statement or claim.
2. For costs incurred due to any *treatment*, investigation or *hospitalization* which is a continuation of, or subsequent to, emergency *treatment* of an illness, disease, or *injury*.
3. For costs incurred due to a recurrence or complication of the illness, disease, or *injury* or medical condition that resulted in *you* being returned home if *you* elect to resume *your* trip after being returned to Canada.
4. For any costs incurred due to elective *treatment* (or the consequence of a prior elective procedure), dental or cosmetic surgery, or any *treatment* which can be reasonably delayed until *you* return to Canada (whether or not *you* intend to return) by the next available means of transportation, unless approved in advance by Zurich Travel Assist.
5. For costs incurred due to any illness, disease, or *injury* or medical condition when a trip is undertaken for the purpose of securing medical *treatment*.
6. For costs incurred due to any rehabilitation or convalescent care.
7. For costs incurred due to naturopathic or holistic *treatment*.
8. For costs incurred, regardless of *your* state of mind and whether or not *you* were able to understand the consequences of *your* actions, due to:
  - a) *your* emotional or mental disorders resulting from any cause, including but not limited to anxiety or depression; or
  - b) *your* suicide, attempted suicide; or
  - c) *your* intentional self-inflicted *injury*.
9. For costs incurred due to death, illness or *injury*, if at the time of the death, illness or *injury*, evidence supports that the medical condition causing the death, illness or *injury* was in any way contributed to by:
  - a) *your* long-term use of alcohol, including alcohol withdrawal; or
  - b) *your* intoxication; or
  - c) *your* use of prohibited drugs or intoxicant; or
  - d) *your* non-compliance with prescribed *treatment* or medical therapy; or
  - e) *your* use of medication or drugs that have not been approved by the appropriate government authority; or
  - f) *your* misuse of medication.
10. For costs incurred due to death, illness or *injury* caused or contributed to by the participation by *you*, a family member or travelling companion in:
  - a) protests; or
  - b) armed forces activities; or
  - c) a commercial sexual transaction; or
  - d) fraudulent, illegal or dishonest act; or
  - e) the commission or attempted commission of any criminal offence; or
  - f) the contravention of any statutory law or regulation in the area where the death, illness or *injury* occurred.
11. For any costs arising out of, caused by, related to, and or due to:
  - a) travel to any country, region, or city that has been given an “avoid all travel”, or “avoid non-essential travel” advisory issued by the Government of Canada Travel Advice and Advisories. However, this exclusion does not apply to a *COVID-19* “avoid all travel”, or “avoid non-essential travel” advisory; or
  - b) unlawful visit in any country; or
  - c) kidnapping.
12. For costs incurred due to:
  - a) riot, strike or civil commotion.
  - b) war, civil war, rebellion, or insurrection; or
  - c) invasion, acts of foreign enemies, hostilities or warlike operations (if war is not declared); or
  - d) act of terrorism caused directly or indirectly by nuclear, chemical, or biological means (such as the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical agent and/or biological agent, including the resultant contamination; or
- 13 For costs incurred due to exposure to radioactive, toxic, or other nuclear hazardous properties or nuclear by-product material.
14. For costs incurred due to air travel other than as a passenger in a commercial aircraft licensed to carry passengers for hire, unless transportation was arranged by Zurich Travel Assist.

## Exclusions (continued)

15. For costs incurred due to *injury* resulting from training for, competing or participating in:
- professional sport activities; or
  - motorized speed contests; or
  - stunt activities; or
  - ski jumping or skiing or snowboarding out of bounds
  - street luge, skeleton activity
  - participation in any rodeo activity.
  - skydiving or sky-surfing
  - white water rafting (except grades 1 to 4)
  - scuba diving (except if certified by internationally recognized and accepted program such as NAUI or PADI, or if diving depth does not exceed 30 meters),
  - Mountaineering if the ascent or descent of a mountain requires the use of equipment including crampons, pick axes, anchors, bolts, carabiners and lead-rope or top rope anchoring equipment.
16. For costs incurred due to:
- a child born during a trip taken while this insurance is in force.
  - routine pre-natal or post-natal care; or
  - pregnancy, childbirth or complications thereof after the 31st week of pregnancy; or
  - any high-risk pregnancy involving a medical condition that puts the mother, the developing fetus or both at a higher than normal risk of developing medical complications during or after the pregnancy and birth. These medical conditions include pre-eclampsia, eclampsia, hypertension, gestational diabetes, Rh incompatibility, or placenta previa.
17. For costs that exceed the reasonable and customary rate for the area where the *treatment* or services are being performed.
18. For costs incurred due to *treatment* or services that contravene, or are prohibited by, legislation under a provincial or territorial health insurance plan.
19. If a *physician* has advised *you* not to travel before *your* departure date.
20. For any costs arising out of, caused by, related to, and or due to cruise line travel. This exclusion does not apply if on the departure date of the cruise *you* are fully vaccinated for *COVID-19* as defined by Health Canada and *you* provide *your COVID-19* vaccination card or certificate at the time of *your* claim.

## Definitions

The following defined terms appear in *italics* in the *policy*:

*Application* means the series of questions that form *your* application for insurance and are submitted:

- on *your* behalf when *you* apply by telephone; or
- when *you* apply online; and
- includes the *medical questionnaire*.

*CAD* means Canadian dollars.

*Confirmation of coverage* means the document *you* receive when *you* apply for new or additional coverage under this *policy*, which includes *your policy* number and confirms the coverage *you* have purchased.

*COVID-19* means severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) or any subsequent mutation that has been recognized by the World Health Organization (WHO).

*Dependent children* are *your* unmarried children who are born before the trip, are financially dependent on *you*, are at least 15 days old and no more than 21 years old.

*Emergency* means a sudden, unforeseen illness, disease, or *injury* occurring during the period of coverage, which requires immediate intervention by a *physician* or legally licensed dentist and cannot reasonably be delayed. An emergency is deemed to no longer exist when medical evidence indicates that *you* are able to continue *your* trip or return to *your* place of ordinary residence in Canada.

*Government Health Insurance Plan* means the health insurance coverage that a Canadian provincial or territorial government provides to its residents.

## Definitions (continued)

The following defined terms appear in italics in the *policy*:

*Hospital* means an institution that is licensed as an accredited hospital that is staffed and operated for the care and *treatment* of in-patients and out-patients. *Treatment* must be supervised by *physicians* and there must be registered nurses on duty twenty four (24) hours a day. Diagnostic and surgical capabilities must also exist on the premises or in facilities controlled by the establishment. A *hospital* is not an establishment used mainly as a clinic, extended or palliative care facility, rehabilitation facility, addiction treatment centre, convalescent, rest or nursing home, home for the aged or health spa.

*Hospitalization* or *hospitalized* means to be an inpatient in a *hospital*.

*Injury* means sudden bodily harm directly caused by external and accidental means and which is independent of all other causes, including *sickness* or disease.

*Medical questionnaire* means all of the medical questions related to *your* medical history which *you* may be required to answer on the application. If eligible, this questionnaire will determine the terms of coverage and/or the premium that applies to *you*.

*Minor ailment* means an illness, disease, or *injury* which ended more than 30 days prior to the date coverage was to begin, as shown on the *confirmation of coverage* and which did not require:

- a) *treatment* for a period longer than 15 consecutive days; or
- b) more than one follow-up visit to a *physician*; or
- c) *hospitalization*, surgery, or referral to a specialist.

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

*Policy* means this document, the completed *application*, the *medical questionnaire*, the *confirmation of coverage* and any endorsement to this document issued by *us* upon receipt of the required premium.

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

*Sickness* means illness, disease or any symptom related to that illness and/or disease.

*Spouse* means the person who is legally married to *you* or the person who has been living with *you* for a continuous period of at least one (1) year and is publicly represented as *your* domestic partner.

*Stable* describes any medical condition or related condition for which there:

- a) has been no new *treatment*; and
- b) has been no change in *treatment* or change in *treatment* frequency or type; and
- c) have been no signs or symptoms or new diagnosis; and
- d) have been no test results showing deterioration; and
- e) has been no *hospitalization*; and
- f) has been no referral to a specialist (made or recommended) and *you* are not awaiting the results of further investigations performed by any medical professional.

The following are considered *stable*:

- a) Routine adjustment of insulin, Coumadin or Warfarin as long as the insulin, Coumadin or Warfarin is not first prescribed in the 90 days prior to the date coverage begins as shown on *your confirmation of coverage* and, if *you* have multi-trip annual coverage, the 90 days prior to each separate trip that begins when *you* depart from *your* province or territory of residence.
- b) Change from a brand name medication to a generic medication provided the medication was not first prescribed during the 90 days prior to the date coverage begins as shown on *your confirmation of coverage* and, if *you* have multi-trip annual coverage, the 90 days prior to each separate trip that begins when *you* depart from *your* province or territory of residence.
- c) A *minor ailment*.

*Terminal illness* means a medical condition that is cause for a *physician* to estimate that *you* have less than 24 months to live or for which palliative care was received prior to the date coverage began.

*Treatment* means a medical, therapeutic or diagnostic procedure prescribed, performed or recommended by a *physician* including, but not limited to, prescribed medication, investigative testing that results in a diagnosis of a specific medical condition, or surgery.

*USD* means United States of America dollars.

*You, your* means the person(s) named as insured person(s) on *your confirmation of coverage*, for whom insurance coverage was applied and the required premium received by *us*.

*Zurich, we, us, our* means Zurich Insurance Company Ltd (Canadian Branch).

## General Provisions

### Assignment

Any benefits payable or which may become payable under this *policy* cannot be assigned by *you*, and Zurich Insurance Company Ltd (Canadian Branch) is not responsible for and will not be bound by any assignment entered into by *you*.

### Benefit Payments

Unless otherwise stated, all provisions in this *policy* apply to each insured person during one period of coverage. Benefits are only payable under one *policy* for each insured person during the period of coverage. If more than one *policy* issued by Zurich Insurance Company Ltd (Canadian Branch) is in effect at the same time, benefits will only be paid under one insurance *policy*, the one with the greatest sum insured.

Benefits are only payable for the plans and the specific sum insured selected, paid for and accepted by Zurich Insurance Company Ltd (Canadian Branch) at the time of *application*, and indicated on the *confirmation of coverage*.

Any benefits payable do not include interest charges.

Benefits payable as a result of *your* death will be payable to *your* named beneficiary or, if *you* have not named a beneficiary or no beneficiary survives *you*, to *your* estate.

### Conformity with Law

Any *policy* provision in conflict with any law to which this *policy* is subject is hereby deemed to be amended to conform thereto.

### Coordination of Benefits

Amounts payable under this plan are in excess of any amounts available or collectible under any existing coverage concurrently in force held by or available to *you*.

Other coverage includes but is not limited to:

- homeowners insurance;
- tenants insurance;
- multi-risk insurance;
- any credit card, third-party liability, group or individual basic or extended health insurance;
- any private or legislative plan of motor vehicle insurance providing *hospital*, medical or therapeutic coverage.

Zurich Travel Assist, on behalf of Zurich Insurance Company Ltd (Canadian Branch), will coordinate all benefits in accordance with the Canadian Life and Health Insurance Association guidelines.

Reimbursement will not be made for any costs, services or supplies that are payable to *you* under a motor vehicle insurance *policy* or legislative plan pursuant to the no-fault benefits schedule under any Insurance Act, or for which *you* receive benefits from any other party pursuant to any *policy* or legislative plan of motor vehicle insurance, until such benefits are exhausted.

*You* may not claim or receive in total more than 100% of the expenses incurred as a result of the covered disease, illness or *injury*.

If *you* are retired with an extended health plan provided by a former employer, with a lifetime limit of up to \$100,000 CAD, Zurich Travel Assist, on behalf of Zurich Insurance Company Ltd (Canadian Branch) will not coordinate benefits with that provider, except in the event of *your* death.

### Emergency Assistance

Zurich Travel Assist will use its best efforts to provide *you* with assistance if *you* have a medical *emergency* arising anywhere in the world. However, Zurich Travel Assist, Zurich Insurance Company Ltd (Canadian Branch) and Travel Insurance Office Inc. will not be responsible for the availability, quantity, quality, or results of any medical *treatment* received, or for the failure of any person to provide or obtain medical services.

### General Terms

*Policy* terms and conditions are subject to change with each new *policy* purchased, without prior notice, to reflect actual experience in the marketplace.

### Governing Law

This *policy* will be governed by the laws of the Canadian province or territory in which *you* normally reside.

### Language

The parties request that the *policy* and all related documentation be drawn in English.

Les parties demandent que la présente police ainsi que toute documentation pertinente soient rédigées en anglais.

## General Provisions (continued)

### Limit on Liability

It is a condition precedent to *our* liability under this *policy* that at the time of *application* and on the date coverage begins, *you* are in good health and know of no reason to seek medical attention.

### Limitation of Action

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act (for actions or proceedings governed by the laws of Alberta and British Columbia), The Insurance Act (for actions or proceedings governed by the laws of Manitoba), the Limitations Act, 2002 (for actions or proceedings governed by the laws of Ontario), or other applicable legislation. For those actions or proceedings governed by the laws of Quebec, the prescriptive period is set out in the Quebec Civil Code.

Applicable in New Brunswick, Nova Scotia, Newfoundland and Prince Edward Island only:

An action or proceeding against Zurich Insurance Company Ltd (Canadian Branch) for the recovery of a claim under this *policy* shall not be commenced more than one year after the date the insurance money became payable or would have become payable if it had been a valid claim.

Applicable in Yukon, North West Territories and Nunavut only:

An action or proceeding against Zurich Insurance Company Ltd (Canadian Branch) for the recovery of a claim under this *policy* shall not be commenced more than two years after the date the insurance money became payable or would have become payable if it had been a valid claim.

### Misrepresentation or Nondisclosure

*Your* failure to disclose or misrepresentation of any material fact, or fraud, either at the time of *application* or at the time of claim, shall render the entire contract null and void at the option of Zurich Insurance Company Ltd (Canadian Branch), and any claim submitted thereunder shall not be payable.

Where there is an error as to *your* age, provided that *your* age is within the insurable limits of this *policy*, the premiums will be adjusted according to *your* correct age.

### Premiums

The total premium amount is due and payable at the time of *application*. The premium is calculated using the most current rates for *your* age on the application date of this *policy* as indicated on *your confirmation of coverage*. Premiums are payable in CAD.

### Right to be Reimbursed (Subrogation)

As a condition to receiving benefits under the *policy*, *you* agree to:

- a) reimburse Zurich Insurance Company Ltd (Canadian Branch) for all emergency medical and *hospital* costs paid under the *policy* from any amounts *you* receive from a third party responsible for *your* illness, disease, or *injury* whether such amounts are paid under a judgment or settlement agreement;
- b) whenever reasonable, initiate a legal action against the third party to recover *your* damages, which include *emergency* medical and *hospital* costs paid under the *policy*;
- c) include all *emergency* medical and *hospital* costs paid under the *policy* in any settlement agreement *you* reach with the third party;
- d) act reasonably to preserve Zurich Insurance Company Ltd (Canadian Branch)'s right to be reimbursed for any *emergency* medical or *hospital* costs paid under the *policy*;
- e) keep Zurich Insurance Company Ltd (Canadian Branch) informed of the status of any legal action against the third party; and
- f) advise *your* counsel of Zurich Insurance Company Ltd (Canadian Branch)'s right to reimbursement under the *policy*.

*Your* obligations under this section of the *policy* in no way restricts Zurich Insurance Company Ltd (Canadian Branch)'s right to bring a subrogated claim in *your* name against the third party and *you* agree to cooperate with Zurich Insurance Company Ltd (Canadian Branch) fully should Zurich Insurance Company Ltd (Canadian Branch) choose to exercise its right of subrogation.

### Time

Expiry time of coverage is the time within the time zone where *you* were residing when the *application* was made.

### Transportation to Other Medical Facilities

Zurich Insurance Company Ltd (Canadian Branch) reserves the right, as reasonably required and at its expense, to transfer *you* to any *hospital* or to transport *you* to Canada following an *emergency*. If *you* refuse to be transferred or transported when declared medically fit to travel, any continuing costs incurred after *your* refusal will not be covered and the payment of such costs becomes *your* sole responsibility. Coverage ceases upon *your* refusal and no coverage will be provided to *you* for the remainder of the period of coverage.

## Statutory Conditions

### Contract

The *application*, this *policy*, any document (including but not limited to the completed *medical questionnaire*, and the *confirmation of coverage*) 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 the authority to change the contract or waive any of its provisions.

### Waiver

Zurich Insurance Company Ltd (Canadian Branch) shall be deemed not to have waived any condition of this contract, either in whole or in part, unless the waiver is clearly expressed in writing and signed by Zurich Insurance Company Ltd (Canadian Branch).

### Copy of Application

Zurich Insurance Company Ltd (Canadian Branch) shall, upon request, furnish *you* or a claimant under the contract a copy of the *application*.

### Material Facts

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

### Termination

*You* may at any time request that this contract be terminated and Zurich Insurance Company Ltd (Canadian Branch) shall, as soon as practical after *you* make the written request, refund the amount of premium actually paid by *you*.

Refer to Canceling *Your Policy* on page 15.

### Termination by Insurer

We may terminate this *policy* in whole or in part at any time by giving written notice of termination to *you* and by refunding, concurrently with the giving of notice, the amount of premium paid in excess of the proportional premium for the expired time.

The notice of termination may be:

- A. delivered personally to *you*, or
- B. It may be sent by registered mail to *your* latest address on record, or
- C. It may be sent by prepaid courier to *your* latest address on record if there is a record by the person who has delivered it that the notice has been sent (applicable only if *you* reside in Ontario)

Where notice of termination is delivered personally to *you* or delivered to *you* by prepaid courier, five (5) days' notice of termination will be given. Where it is mailed to *you*, fifteen (15) days' notice will be given and the fifteen (15) days period begins on the day the registered letter or notification of it is delivered to *your* address

### Notice and Proof of Claim

Claims must be reported within thirty (30) days of occurrence of a claim arising under this *policy*. *Your* written notice of a claim must be sent to Zurich Travel Assist in one of the following ways, no later than thirty (30) days from the date a claim occurs under the *policy* on account of an accident, sickness or disability:

- (i) by personal delivery or by sending it by registered mail to *our* head office in Ontario,
- (ii) by personal delivery to *our* authorized agent in the Province, or
- (iii) by delivery by electronic means to: [travelclaims@wtp.ca](mailto:travelclaims@wtp.ca)

*Your* proof of claim must be sent to Zurich Travel Assist within ninety (90) days of the date a claim has occurred or the service was provided. *You* or the claimant, if other than *you*, shall be responsible for providing to Zurich Travel Assist, among other things, with the following:

1. Receipts from service providers for all medical costs incurred and itemized accounts of all medical services which have been provided; and
2. Evidence of payment made by any other insurance plan or contract, including a government hospital/ medical plan; and
3. Supporting medical documentation, at the request of Zurich Travel Assist.

**If *you* do not provide the required supporting documentation, *your* claim will not be paid.**

**Refer to the Claims Procedures for further information on page 16-17.**

## Statutory Conditions (continued)

### Failure to Give Notice and Proof

Failure to give notice of claim or furnish proof of claim within the time prescribed 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 (1) year from the date of the accident or the date a claim arises under the contract on account of illness, disease, *injury* or disability if it is shown that it was not reasonably possible to give notice or furnish proof within the time so prescribed; or
- b) in the case of *your* death, if a declaration of presumption of death is necessary, the notice or proof is given or furnished no later than one (1) year after the date a court makes the declaration.

### Insurer to Furnish Forms for Proof of Claim

Claims forms are available by contacting Zurich Travel Assist Claims Department and shall be furnished to *you* within fifteen (15) days after receiving notice of claim, but if *you* or the claimant have not received the forms within that time *you* or the claimant may submit his or her proof of claim in the form of a written statement of the cause or nature of the death, illness or *injury* giving rise to the claim.

### Rights of Examination

The claimant shall provide Zurich Insurance Company Ltd (Canadian Branch) with the opportunity to examine *you* when and so often as it reasonably requires while a claim is pending. In the case of *your* death, Zurich Insurance Company Ltd (Canadian Branch) may require an autopsy, subject to any laws of the applicable jurisdiction relating to autopsies.

### When Money Payable

All money payable under this contract shall be paid within sixty (60) days after Zurich Insurance Company Ltd (Canadian Branch) has received proof of claim satisfactory to it.

## Changing Your Coverage

If, prior to departing *your* province or territory of residence, *you* want to change the number of days of coverage, contact **Travel Insurance Office Inc.** and speak to an agent. Extensions will not be made if *you* leave a voice mail or send an email.

If *you* decide to apply for additional coverage after *you* have left *your* province or territory of residence, *you* may apply for a new term of coverage if *you*:

- a) purchase additional coverage prior to the expiry date, as shown on *your confirmation of coverage*; and
- b) are in good health; and
- c) have no reason to seek treatment during the new term of coverage.

If *you* have incurred a claim, Zurich Insurance Company Ltd (Canadian Branch) will review *your* file before deciding on granting a new term of coverage and reserves the right to decline any request for new terms of coverage.

Each *policy* or term of coverage is considered a separate contract.

**You may change your coverage as often as necessary.**

**There are no administration fees or service charges.**

Contact **Travel Insurance Office Inc.** from anywhere in Canada or the USA:

### Toll-free numbers

**1-800-550-1295 (Ontario)**

**1-888-550-1295 (Western Canada)**

**1-877-550-1295 (Atlantic Canada)**

In Quebec, Contact **Bureau d'Assurance Voyage Inc.** at: **1-844-500-2947 (Quebec)**

**If *you* are calling from outside of Canada or the USA call collect: 905-201-1571**

## Canceling Your Policy

### Cancellation of Policy Prior to Travel

A full refund will be provided if *you* cancel *your* coverage prior to the date coverage is to begin, as shown on *your* confirmation of coverage. *Your* written request must be faxed, emailed or postmarked prior to the date coverage is to begin, as shown on *your confirmation of coverage*.

**There are no administration fees or service charges.**

### Cancellation of Single Trip Policy After Travel Has Begun

A partial refund of single trip coverage is payable when *you* return to *your* province or territory of residence prior to the date coverage is to end, as shown on *your confirmation of coverage*. There is no refund if *you* have had a claim or a claim is pending. *Your* written request must be faxed, emailed or postmarked within 30 days of *your* return to Canada and include proof, such as an airline ticket or Canadian credit card receipt showing the date of *your* return. If *you* do not have proof of *your* return, the refund will be based on the Canadian postmark date of *your* written request.

**There are no administration fees or service charges.**

### Cancellation of Multi-trip Annual Coverage Policy After Travel Has Begun

There are no refunds on multi-trip annual coverage after the date coverage begins.

**To obtain a refund *you* have three options:**

1. Mail *your* written request to:

Canada (excluding Quebec):

**Travel Insurance Office Inc.  
190 Bullock Drive Suites 1 & 2  
Markham ON L3P 7N3**

Quebec:

**Bureau d'Assurance Voyage Inc.  
151 Queen Street  
Sherbrooke QC J1M 1J8**

2. Fax *your* written request to:

Canada (excluding Quebec): **1-888-360-4833**

Quebec: **1-855-858-6709**

3. Email *your* written request to:

Canada (exc. Quebec): **[tc@travelinsuranceoffice.com](mailto:tc@travelinsuranceoffice.com)**

Quebec: **[info@bavqc.com](mailto:info@bavqc.com)**

## Claims Procedures

**IN THE EVENT OF A MEDICAL EMERGENCY, CALL ZURICH TRAVEL ASSIST IMMEDIATELY**

**1 (844) 347-7201**

**(toll-free call from the USA or Canada)**

**or**

**(647) 775-8047 collect to Canada from  
anywhere else in the world.**

**Zurich Travel Assist is available to assist you  
24 hours a day each and every day of the year.**

You must call Zurich Travel Assist before obtaining *treatment*, so that we may:

- confirm coverage; and
- provide pre-approval for *treatment*

Please note that if *you* or someone on *your* behalf does not call Zurich Travel Assist in an *emergency* and prior to *treatment*, *you* will have to pay 20% of the eligible medical expenses we would normally pay under this *policy*. If it is medically impossible for *you* to call when the *emergency* happens, we ask that someone call on *your* behalf.

If *you* choose to pay eligible expenses directly to a health service provider without prior approval by Zurich Travel Assist, eligible expenses will be reimbursed to *you* based on the reasonable and customary charges that *we* would have paid directly to such provider. Medical charges that *you* pay may be higher than this amount. Therefore, *you* will be responsible for any difference between the amount *you* paid and the *reasonable and customary charges* reimbursed by *us*.

You may call Zurich Travel Assist directly for specific information on how to make a claim or to enquire about *your* claim status at:

**1 (844) 347-7202 or (647) 775-8048**

If *you* have a claim, obtain a claim form from Zurich Travel Assist. Mail *your* completed form to:

**Zurich Travel Assist  
901 King Street West  
Toronto, Ontario M5V 3H5  
Canada**

**Collect worldwide: 647-775-8048**

**Toll free Canada/USA: 1-844-347-7202**

1. Notice of Claim. Claims must be reported within 30 days of occurrence.
2. Proof of Claim. Written proof of claim must be submitted within 90 days of occurrence.
3. Any costs incurred for documentation or required reports are *your* or the claimant's responsibility.
4. To submit *your* claim, fill out the claim form completely and include all original bills. Incomplete information will cause delay.
5. All eligible claims must be supported by original receipts from service providers.

**When submitting *your* claim, Zurich Travel Assist will need:**

1. A fully completed and signed claim form with all original Itemized bills and receipts;
2. Proof of payment by *you* by any other benefit plan;
3. Medical records including an emergency room report and diagnosis from the medical facility or a Medical Certificate completed by the treating *physician*. Any fee for completing the certificate is not a benefit under this insurance;
4. Completed appropriate provincial government health insurance plan forms. See the claim form for details;
5. Proof of original departure from and return to *your* province or territory of residence;
6. Proof of the accident if *you* are submitting a claim for dental expenses resulting from an accident;
7. *Your* historical medical records (if we determine applicable).
8. *Your policy* number and any other documentation that may be required and/or requested by Zurich Travel Assist.

**If *you* do not provide the required supporting documentation, *your* claim will not be paid.**

## Claims Procedures (continued)

### To whom will we pay *your* benefits, if *you* have a claim?

We will only pay the covered expenses under this *policy* to *you* or the provider of the service. Any amount payable for loss of life will be payable to *your* estate. *You* must repay *us* any amount paid or authorized by *us* on *your* behalf if *we* determine that the amount is not payable under this *policy*.

All amounts payable under this *policy* will be paid by *us* within sixty (60) days after proof of claim and all required documentation in a form satisfactory to *us* has been received.

### Is there anything else *you* should know if *you* have a claim?

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 application for this *policy*.

### Right to complain

If there is any occasion when the *policy* (or related service) does not meet *your* expectations, please contact us so that we can address *your* concerns quickly. Zurich Canada has a complaint handling program that reflects its commitment to providing a simple, professional and timely complaint handling procedure.

*You* may obtain a copy of Zurich's complaint handling program from our website:

<https://www.zurichcanada.com/en-ca/about-zurich/complaint>

In witness whereof, Zurich has caused this policy to be signed by its Head of Underwriting, Canada.



Head of Underwriting, Canada

**This is the end of the insurance policy.**

## Notice on Privacy and Confidentiality

Zurich Insurance Company Ltd (Canadian Branch) is 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 *we* work 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 our Notice on Privacy and Confidentiality.

### Notice on Privacy and Confidentiality

The specific and detailed information requested on *your application* and *medical questionnaire* is required to process the *application*. **This information can include personal information, including, but not limited to, name, address, date of birth, and medical information.** To protect the confidentiality of this information, Zurich will establish a 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 Zurich 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  
Zurich Insurance Company Ltd (Canadian Branch)  
100 King Street West Suite 5500  
P.O. Box 290  
Toronto ON M5X 1C9

## Travel Health Insurance Association

Zurich Insurance Company Ltd (Canadian Branch), Zurich Travel Assist, and Travel Insurance Office Inc. are members of the **Travel Health Insurance Association** and fully support its Bill of Rights and Responsibilities.



[www.thiaonline.com](http://www.thiaonline.com)

### Travel Insurance Bill of Rights & Responsibilities

The Travel Insurance Bill of Rights and Responsibilities builds upon the following key elements of travel health insurance:

1. Understand your travel insurance policy – Insurance providers have staff available to answer any questions related to policies
2. Know your health and consult a health care provider if you have any questions
3. Know your trip - How long will you be gone? Are you a snowbird? Will you be travelling many times during the year?



### Under THIA's Travel Insurance Bill of Rights and Responsibilities travellers have the right to:

1. **A No Obligation Purchase:** Travel insurance providers will allow a minimum 10-day free review of the policy.
2. **Be Informed:** You will receive your policy documentation and confirmation of coverage outlining the policy terms and conditions whether purchased in person, over the phone or online.
3. **Request Clarification:** You may ask questions about the travel insurance you have purchased.
4. **Review & Modify Medical Screening:** You will receive a copy of the answers you provided on the medical questionnaire prior to the start of your policy.
5. **Receive Worldwide Assistance & Toll-free Support:** You have 24/7 access to the help you need when you need it from your travel insurance provider.
6. **Fair & Prompt Claims Handling:** You will have a timely and transparent communication process.
7. **Escalate & Appeal:** You may challenge decisions and request additional reviews with new information.
8. **Confidentiality:** Your personal information will be protected in all dealings with your travel insurance provider.
9. **Know Your Insurer:** Your policy will clearly identify the underwriter of your travel insurance and the process to file and resolve complaints.
10. **Your Preferred Language:** You may transact and correspond about all components of your travel insurance in English or French.

### Travellers are responsible for the following:

1. **To Provide Accurate Information:** The travel insurance application needs to be completed accurately.
2. **To Understand Your Policy:** Take the time to read and understand your policy.
3. **To Travel With Proof of Insurance:** Have your policy number and emergency assistance contact information easily accessible.
4. **To Notify Your Travel Insurance Provider:** Provide prompt and timely communication when a claim situation arises and provide all requested documentation related to your claim including all relevant receipts.