

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

## LET'S TALK INSURANCE!

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

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

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



### IT'S YOUR CHOICE

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

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

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



### HOW TO CHOOSE

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



### DISTRIBUTOR REMUNERATION

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



### RIGHT TO CANCEL

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

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

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

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Reserved for use by the insurer:

## Product Summary

# COVID-19 TRAVEL INSURANCE POLICY – EMIRATES TICKETHOLDERS

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### Insurer's Contact Information

Name: **AIG Insurance Company of Canada**  
AMF Client Number: 2000533077  
Website: aig.ca  
Address: 120 Bremner Boulevard, Suite 2200, Toronto, ON, M5J 0A8  
Phone Number: 1-416-596-3000  
Fax Number: 1-855-453-1063  
Toll Free: 1-800-387-4481

### Administrator's Contact Information

Name: **Travel Guard Group Canada, Inc.**  
Address: 120 Bremner Boulevard, Suite 2200, Toronto, ON, M5J 0A8  
Phone Number: 1-416-646-3723  
Fax Number: 1-416-646-3759

### Claims Administrator's Contact Information

Name: **Global Excel Management**  
Address: 73 Queen Street, Sherbrooke, QC, J1M 0G9  
Phone Number: 1-819-566-8833  
Fax Number: 1-819-566-8447  
Toll Free: 1-888-566-8028

### Distributor's Contact Information

Name: Emirates  
Website: [www.emirates.com/ca/english](http://www.emirates.com/ca/english)  
Address: Group Headquarters, P.O. Box 686, Dubai, United Arab Emirates  
Phone Number: +97 1600555555

## INTRODUCTION

This Product Summary has been designed to help you understand the coverages and benefits along with the exclusions, pre-existing conditions and terms and conditions of the COVID-19 Travel Insurance Policy issued to Emirates Ticketholders ("Product"). This document has been created to assist you, without the advice of a licensed insurance advisor, in determining if the Product is right for you and corresponds to your needs. Some of the terms used in this Product Summary have specific meanings explained in the insurance policy. Please refer to such policy for complete information on the scope of the Product. You may view this document and the insurance policy at <https://www.aig.ca/qc-distribution-lists>. You can also obtain a copy of the insurance policy through the distributor's website.

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## NATURE OF THE PRODUCT – IS THIS INSURANCE AUTOMATICALLY INCLUDED WITH MY PLANE TICKET?

Yes. The Product is a travel insurance automatically embedded within the ticket you purchased for your flight with Emirates. While you may benefit from the coverages of the Product, you do not pay any premium directly to AIG Insurance Company of Canada, the insurer offering the Product.

The Product provides financial protection against COVID-19 related losses that could occur during your trip. It includes certain exclusions relating to pre-existing medical conditions, among others. We recommend that you read the exclusions and limitations sections in this Product Summary and in the insurance policy so you understand your coverage.

## CAN I CANCEL THE PRODUCT AND BE REFUNDED?

Typically, when you purchase a travel insurance product, prior to your departure and provided you do not intend to file a claim, you have 10 days from the purchase date to review your policy, ask questions and, if you conclude the insurance does not provide the coverage you are looking for, you may seek a refund of the premium you paid.

**However, this Product has some specificities and cancellation, and refund rules apply differently because:**

- ***The Product is included automatically with the purchase of your Emirates ticket.***
- ***You do not pay any premium to us.*** Therefore, you will not be eligible to receive any premium refund.

## SIMILAR PRODUCTS

There are other types of products on the market that provide similar coverage that you may purchase on your own.

## WHO CAN I CALL WITH QUESTIONS?

If you want to **discuss the coverage** or have any questions with respect to the coverage offered to you, feel free to call our Administrator at the following phone number: **416-646 3723**

Please note that this is for customer service only. **Claims** must be submitted through our Claims Administrator at the following phone numbers:

**Phone Number: 1-819-566-8833**

**Fax Number: 1-819-566-8447**

**Toll Free: 1-888-566-8028**

## THINGS TO CONSIDER BEFORE YOU TRAVEL

- Make sure you and your trip meet the conditions to be covered by the Product (please refer to “Eligibility criteria – Who and what is covered” below). If you do not, you might not be covered.
- Medical conditions which you had before the coverage period will not be covered (please refer to “What limitations are there with respect to my health” below).

## DON'T FORGET:

- All amounts stated in this summary and in the insurance policy are in Canadian dollars.
- All coverages are per person (unless the context indicates otherwise).
- You must always provide us with full and accurate information. Making a false statement or concealing certain important information, before or during your coverage period, can make you lose your coverage.
- Most claims require you to provide us with supporting documentation and other evidence. Keep all of your receipts, obtain appropriate written confirmations (e.g., proof of a positive COVID-19 test, proof of a quarantine mandate) and communicate with us in a timely manner. For more details on what types of claims evidence is required for each type of claim, please refer to the insurance policy.

## ELIGIBILITY CRITERIA – WHO AND WHAT IS COVERED:

### Who is covered by this Product?

To be covered by the Product you must be named on your travel itinerary issued in connection with a covered trip (please refer to “What trips are covered” below). You must also satisfy all other conditions, such as those relating to your health prior to departure (please refer to “What limitations are there with respect to my health” below).

### What trips are covered?

Only “Overseas Trips” (sometimes referred to as “your trip” in this document) are covered under the insurance policy. The Product covers both your one-way and return trips beyond the territorial limits of your country of departure or country of residence, as applicable, for which you have an Emirates ‘176’ series ticket and that appear in your travel itinerary and which also meet all the following conditions:

- a) they are booked and ticketed between December 1, 2021 and March 31, 2022; and
- b) in any event, the initial flight is taken between December 1, 2021 and March 31, 2022.

Your trip starts when you leave your first country of departure to travel outside the country in which you reside. Your trip ends when you arrive at the final destination appearing in your travel itinerary.

### For how long am I covered?

**COVID-19 medical expenses, emergency medical evacuation & repatriation, and overseas COVID-19 quarantine allowance:** The Product starts covering you when you arrive at the first overseas destination shown on your travel itinerary. It ends at the moment you return to your country of residence or your country of departure, as applicable, or, at the latest, 31 days after your coverage started.

However, if treatment for COVID-19 is initiated within the 31-day coverage period or if you are placed into an unexpected mandatory quarantine while overseas within the 31-day coverage period, as applicable, your cover will continue beyond 31 days, subject to the limits and the other terms and conditions detailed in the insurance policy.

**Emergency travel assistance:** You can benefit from emergency travel assistance services as soon as you board for the first overseas destination shown on your travel itinerary, until the moment you return to your country of residence or your country of departure, as applicable, or, at the latest, 31 days after your departure.

## WHAT LIMITATIONS ARE THERE WITH RESPECT TO MY HEALTH?

Claims related to a “pre-existing medical condition” or any complication arising from it will not be covered. Please consult the “General exclusions” section under the insurance policy for more details. A **pre-existing medical condition** is an active infection of COVID-19 initially diagnosed prior to the start of your cover under the Product.

## WHAT ARE THE OTHER MAIN COVERAGES EXCLUDED FROM THIS PRODUCT?

In addition to pre-existing medical conditions (please see above), you will not be covered for certain losses or incidents if they are excluded from the Product coverage. Here are a few examples:

- Any costs not related to COVID-19 will not be covered.
- Any claims related to travelling against the advice of a licensed and qualified medical practitioner or for the purpose of obtaining medical advice or treatment for COVID-19 will not be covered.
- You may not be covered if you fail to get the inoculations and vaccinations that are required by a governmental body of either your country or province of residence, or any of your destinations for your trip.
- You may not be covered, or only partly covered, if you already have insurance coverage under a different policy covering the same incident.

**For a full list of exclusions, please consult the “General exclusions” section under the insurance policy. Specific limitations and exclusions applicable to your coverage are also indicated under Sections A1, A2, B and C of the insurance policy.**

**You should always act prudently and reasonably, as if you were uninsured. Otherwise, your coverage may be limited or denied.**

## **WHAT COVERAGES DOES THE PRODUCT OFFER?**

This Product provides different types of coverage. We provide an overview of each coverage below. For more details on what is covered, please refer to the “Your Benefits Under this Policy” section of the insurance policy. Please consult the “Table of Benefits” in the insurance policy for information about the specific maximum amounts of coverage.

### **COVID-19 Medical Expenses**

The Product provides coverage of up to CAD210 000 for medically necessary and reasonable costs due to you testing positive for COVID-19 during your trip. This includes, among other things, emergency medical, surgical and hospital treatment and ambulance costs, as well as certain accommodation and travel expenses (if you cannot immediately return to your country of residence or country of departure as originally planned). It specifically excludes costs relating to treatment or surgery which the Assistance Department deems is not immediately necessary and can wait until you return to your country of residence.

**You must get proof of a positive COVID-19 test, proof of travel, invoices (for medical expenses) and an official letter from your treating medical practitioner to confirm the expenses were medically necessary. Remember to keep all your receipts.**

Please refer to “Section A1” of the insurance policy for more details on this coverage.

### **Emergency Medical Evaluation & Repatriation**

You are covered for the necessary and reasonable emergency evacuation and repatriation costs that result of your diagnosis of COVID-19 during your trip. This includes the cost of your return earlier than planned (if medically necessary and approved in advance by the Assistance Department), the return of one (1) travelling companion and minor children, the cost of transporting you to a hospital, and, if you die, the cost of returning your body or ashes to your country of residence or country of departure.

**If your claim relates to your return travel and you do not hold a return ticket, we will deduct an amount equal to your original carrier’s published one-way airfare for the route used for your return.**

Please refer to “Section A2” of the insurance policy for more details on this coverage.

### **Overseas COVID-19 Quarantine Allowance**

The Product provides coverage of up to CAD140 per day (for a maximum of 14 consecutive days) for reasonable and necessary accommodation costs directly related to you being placed into a mandatory quarantine by a written order of an authority or medical practitioner, either because you test positive for COVID-19 or such governmental body identifies you or any of your travelling companions, specifically, as having been exposed to COVID-19.

Note that you are not covered for any loss or expenses attributable to a quarantine mandate that generally or broadly applies to a group or sub-group (e.g., all passengers or a sub-group of passengers that is broader than just you and your travelling companions), as well as costs that you settle directly with the quarantine accommodation provider.

Please refer to “Section B” of the insurance policy for more details on this coverage

### **Emergency Travel Assistance**

The Product also includes 7-day / 24-hour trip and emergency assistance services. You may benefit from those included services if, during your trip, you are denied boarding on a flight or entry to a country due to fever or other medical concern, or if you otherwise feel ill while travelling. For instance, we can direct you to suitable medical facilities, monitor your condition and treatment, and keep your family and friends at home informed.

**If you require medical treatment that requires admittance to hospital, emergency transportation services, or to return home, you must contact the Assistance Department and follow their advice or instruction. Failure to do so may prejudice your claim.**

Please refer to "Section C" of the insurance policy for more details on these services.

## **IMPORTANT CLAIM INFORMATION**

**Medical and other emergencies:** In the case of illness or death during your trip, our Assistance Department is available to help 24/7.

**Going to the hospital? Contact us immediately to be covered!** You or someone else on your behalf must call our Assistance Department if you have to go to the hospital during your trip.

Otherwise, you may not be covered for your medical expenses.

**Returning home early? Contact us immediately to be covered!** If you must return to your country of residence due to an event that is covered by the Product, call our Assistance Department beforehand to preserve your cover.

**Making a claim? Call us to register it.** Please refer to "Claims procedures and payment of claims" below for more details.

**Call us as soon as possible.** You must inform us as soon as reasonably practical after any event that causes the claim. If you prejudice our position by notifying us late, we may not accept your claim.

## **CLAIMS PROCEDURES AND PAYMENT OF CLAIMS**

A claim for loss under the insurance coverage provided by the Product must first be registered, at which point the claim will be reviewed and approved or denied based on its individual merit.

### **Who can make a claim?**

- The insured person indicated on the travel itinerary of the eligible trip; **or**
- The authorized representative, as approved in writing by insured person indicated on the travel itinerary of the eligible trip to the Claims Administrator.

### **When do you need to file your claim?**

You must file a claim as soon as reasonably possible.

**To report a claim or request a claim form, please call our 24-Hour Emergency Assistance Telephone Numbers:**

#### **Global Excel Management**

Toll free 1-888-566-8028, if in Canada or Continental U.S.  
Collect 1-819-566-8028, if calling from elsewhere in the world

**Be sure to use the appropriate country and city codes when calling.**

Within 15 days from the date of your call, the Claims Administrator will send you (or your authorized representative) a claim form. This form will need to be completed and returned to the Claims Administrator in order for your claim to be paid.

Please note that failure to give notice of claim or furnish proof of loss within the time required will not invalidate the claim if it is shown that:

- It was not reasonably possible to give notice of claim or furnish proof of loss within the time limit; and
- If the notice of claim or proof of loss is given or furnished as soon as reasonably possible; and
- It is no later than one (1) year from the date of the event for which benefits are being claimed.

Please note that any claim will only be settled by us directly with the provider and no payment will be made to you (except for the cost of a positive COVID-19 test or change fees for a return flight due to a positive diagnosis, if applicable).

**What information do you need to submit?**

As a condition to the payment of benefits under this insurance, certain information will be needed from yourself or your authorized representative. Claim evidence and other documents required differ according to the type of claim and coverage. Please refer to Sections A through C of the insurance policy for more details.

In any case, we may ask that you attend one or more medical examination(s) at our own expense. Should you fail to attend such examination(s) without reasonable cause, we may reject a claim.

**COMPLAINT RESOLUTION**

In the event that you are not satisfied with the Product, please review the Complaint Resolution Policy at <https://www.aig.ca/complaint-resolution-policy>.



## NOTICE OF RESCISSION OF AN INSURANCE CONTRACT

### NOTICE GIVEN BY A DISTRIBUTOR

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

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

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

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

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

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

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

### NOTICE OF RESCISSION OF AN INSURANCE CONTRACT

To: \_\_\_\_\_  
(name of insurer)

\_\_\_\_\_  
(address of insurer)

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

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

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

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

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

\_\_\_\_\_  
(signature of client)

## About This Product

This policy is evidence of the contract between Emirates (the **Policyholder**) and AIG Insurance Company of Canada (the **Insurance Provider; We, Us, or Our**). The **Policyholder** will pay the agreed premium for the benefits stated in this policy for COVID-19 related losses incurred by an **Insured Person (You, Your)**.

Coverage will attach only to an **Overseas Trip** as defined herein. The validity of this policy must be verified by presenting the **Travel Itinerary**.

### IMPORTANT - PLEASE NOTE:

- This policy only covers expenses as shown in the **Table of Benefits** for COVID-19 related losses.
- A **Claim** will only be settled directly with the provider of **Quarantine** accommodation or medical services and no payment will be made to the **Insured Person**.
- **You** or someone acting on **Your** behalf must contact the **Assistance Company** as soon as reasonably possible to notify **Us** of a **Claim**. A **Claim** will only be settled by **Us** directly with the provider.

This policy is effective for **Overseas Trips** for travel with the **Policyholder** which meets all of the following conditions:

1. is booked and ticketed between December 1, 2021 and March 31, 2022; and
2. for which the initial **Flight** is taken between December 1, 2021 and March 31, 2022; and
3. for which **You** have been issued an Emirates '176' series ticket

See **Period of Coverage** for details on the coverage period applicable to each **Insured Person**.

### Details of the Insurance Provider

AIG Insurance Company of Canada  
120 Bremner Boulevard, Suite 2200  
Toronto, Ontario M5J 0A8  
CANADA

Assistance Services are provided by AIG Travel Assistance (**Assistance Company**). See the **Important Contact Information on page 9** for details.

### Data Disclosure

**We** may process data relating to the **Insured Person** for providing insurance products and assistance services, legal, administrative and management purposes and in particular may process any sensitive personal data relating to the **Insured Person**, in accordance with Our Privacy Principles.

To provide coverage under this contract of Insurance **We** may make such information available to third parties including but not limited to any Group Company of AIG, those who provide products or services to **Us** or any Group Company of AIG, and regulatory authorities, within and outside **Insured Person's** country of residence. To review **Our Privacy Principles**, go to <https://www.aig.ca>

### Definitions

Terms shown in bold in this policy have defined meanings given to them in the **General Definitions** section of this document.

## Period of Coverage

The policy is effective for **Overseas Trips** for travel with the **Policyholder** which meets all of the following conditions:

1. is booked and ticketed between December 1, 2021 and March 31, 2022; and
2. for which the initial **Flight** is taken between December 1, 2021 and March 31, 2022; and
3. for which **You** have been issued an Emirates '176' series ticket.

Please note: **You** are only covered during the following periods for each benefit:

**Section A1 – COVID-19 Medical Expenses, Section A2 – Emergency Medical Evacuation & Repatriation** and **Section B – Overseas COVID-19 Quarantine Allowance**

- Cover starts when **You** arrive at the first overseas destination shown on **Your Travel Itinerary**.
- Cover ends at the earliest of:

- a. When **You** return to **Your Country of Residence**; or
- b. When **You** return to **Your Country of Departure**; or
- c. 31 days after this cover started.

### Section C - Emergency Travel Assistance

- Cover starts when **You** are boarding for the first overseas destination as shown on **Your Travel Itinerary**
- Cover ends at the earlier of:
  - a. When **You** return to **Your Country of Residence**; or
  - b. When **You** return to **Your Country of Departure**; or
  - c. 31 days after this cover started.

#### Please note:

If treatment for COVID-19 is initiated within the 31 day coverage period, cover under **Section A1 – COVID-19 Medical Expenses** and **section A2 - Emergency Medical Evacuation & Repatriation** will continue beyond 31 days until **You** return to **Your Country of Residence** or **Country of Departure**, subject to the limits stated in the **Table of Benefits** and the other terms and conditions of this policy.

If **You** are placed into an unexpected mandatory **Quarantine** while overseas within the 31 day coverage period, cover under **Section B – Overseas COVID-19 Quarantine Allowance** will continue beyond 31 days subject to the limits stated in the **Table of Benefits** and the other terms and conditions of this policy.

The following cover is provided for each **Insured Person**. It is important that **You** refer to the individual sections of cover for full details of what **You** are entitled to should **You** need to make a **Claim**.

## Table Of Benefits

Section	Benefits	Sum insured up to:
<b>A1</b>	- COVID-19 Medical Expenses - if <b>You</b> test positive for COVID-19	Actual Cost, up to CAD 210 000
<b>A2</b>	- Emergency Medical Evacuation & Repatriation - if <b>You</b> test positive for COVID-19 - Repatriation of Remains in the event of death from COVID-19	Actual Cost
<b>B</b>	Overseas COVID-19 <b>Quarantine</b> Allowance	CAD 1 960
	Per day limit: Maximum days:	CAD 140 14 days
<b>C</b>	Emergency Travel Assistance	Included

## How To Make a Claim

#### Please note:

**You** or someone acting on **Your** behalf must contact the **Assistance Company** as soon as reasonably possible to notify **Us** of a **Claim**. A **Claim** will only be settled by **Us** directly with the provider and no payment will be made to the **Insured Person**. This does not apply for the cost of a positive COVID-19 test or change fees for a return flight due to a positive diagnosis.

All supporting **Claim** documents must be submitted to **Us** as soon as reasonably possible from the date of the event happening which causes **You** to submit **Your Claim**. Late notification of a **Claim** may affect **Our** acceptance of a **Claim**.

**You** have to provide at **Your** own expense all reasonable and necessary evidence **We** require to support a **Claim**. If the information supplied is insufficient, **We** will identify the further information which is required. If **We** do not receive the information **We** need, **We** may reject the **Claim**.

The **Assistance Company** will provide help during **Your Overseas Trip**. They provide twenty-four (24) hour emergency service, 365 days a year. The contact details can be found in the **Important Contact Details** section.

Please have the following information available when **You** (or someone on **Your** behalf) contact the **Assistance Company** so that **Your** case can be dealt with efficiently:

- **Your** name and address;
- **Your** contact phone number;
- **Your Travel Itinerary**
- **Your** Passport / Identification and
- The name, address and contact phone number of **Your Medical Practitioner**.

For further details about claims, please refer to [General Conditions](#).

## General Definitions

Wherever the following words or phrases appear in bold in this policy, they will have the following meanings:

**Assistance Company** means the AIG assistance provider, or a third-party assistance provider referenced in the Important Contact Details section of this document.

**Claim** means a request by **You** to **Us** to avail of the range of benefits that are available under this policy.

**Common Carrier** means any land, water or air conveyance operating under a valid license for conveyance of fare paying passengers and which operates to fixed, established and regular schedules and routes.

**Country of Departure** means the country from which **You** first departed for **Your Overseas Trip** as per **Your Travel Itinerary**.

**Country of Residence** means the country where **You** are living or located or working at the time of booking **Your Overseas Trip**.

**Flight** means an air journey in a commercial, scheduled aircraft in which **You** are a fare paying passenger travelling on an Emirates '176' series ticket.

**Home** means an **Insured Person's** usual place of residence within **Your Country of Residence**.

**Hospital** means an establishment constituted and registered as a facility for the care and treatment of sick and injured persons and which:

1. has full facilities for diagnosis and surgical procedures;
2. provides twenty-four (24) hour a day nursing services by registered graduate nurses;
3. is supervised by a staff of **Medical Practitioners**; and
4. is not primarily a clinic, nursing, rest or convalescent home, a home for the aged, a place for the treatment of alcoholism or drug addiction or an institution for mental or behavioural disorder.

**Illness** means a physical condition marked by a pathological deviation from the normal healthy state.

**Insurance Provider** means AIG Insurance Company of Canada .

**Insured Person** means a person named on a **Travel Itinerary** who is eligible for cover under this policy in connection with a booked **Overseas Trip**.

**Medically Necessary** means a medical service provided by a **Medical Practitioner** which is:

1. consistent with the diagnosis and is a customary medical treatment for the covered **Illness**;
2. in accordance with current standards of professional medical care;
3. not for the convenience of **You** or the **Medical Practitioner**;
4. unable to be rendered out of a **Hospital** (if admitted as an inpatient);
5. not preventive or screening in nature; and
6. for which charges are reasonable, customary and do not exceed the general level of charges being made by others of similar standing in the locality where the charge is incurred, when furnishing like or comparable treatment, services or supplies to individuals of the same sex and of comparable age and general health condition for a similar **Illness** in accordance with accepted medical standards and practice that could not have been omitted without adversely affecting **Your Illness**.

**Medical Practitioner** means a registered and properly qualified medical specialist licensed under applicable laws and acting within the scope of his/her license and training. The attending **Medical Practitioner** cannot be **You**, **Your** relative, or **Travelling Companion**.

**Overseas Trip** means **Your** trip, on an Emirates series 176 ticket, beyond the territorial limits of **Your Country of Departure** or **Country of Residence** as applicable depending on the country from where **You** originally depart as per **Your Travel Itinerary**. However, in no circumstance will **Overseas Trip** include **Your Country of Residence**.

**Policyholder** means Emirates.

**Pre-existing Medical Condition** means an active infection of COVID-19 initially diagnosed prior to the start of **Your** cover under this policy.

**Quarantine** means a restriction on movement or travel placed by an official governmental body or health authority, in order to slow or prevent the spread of an epidemic- or pandemic-related communicable disease.

**Travel Itinerary** means the itinerary issued, under a single PNR/ Emirates itinerary number, for a **Flight(s) You** booked (directly, indirectly, or as part of any package) that has been ticketed.

**Travelling Companion** means a person (a) with whom **You** are personally acquainted prior to **Your Overseas Trip**, (b) with whom **You** personally coordinated travel arrangements, (c) with whom **You** intend to travel for at least 80% of **Your Overseas Trip** duration, and (d) without whom **You** reasonably would not undertake the **Overseas Trip**; but in no instance includes members of a tour group who do not meet all criteria (a) to (d).

**War** means military action, either between nations or resulting from civil war or revolution.

**We, Us, Our** means the **Insurance Provider** that issued this policy.

**You, Your, Yourself** means the **Insured Person**.

## General Conditions

**General Conditions** apply to all sections of this policy.

1. **You** or someone acting on **Your** behalf must contact the **Assistance Company** as soon as reasonably possible to notify **Us** of a **Claim**.
2. **You** must take all reasonable steps to avoid or reduce any loss that may mean **You** have to make a **Claim** under this insurance.
3. To have full protection of this policy **You** must comply with the conditions outlined in the **How To Make A Claim** section, which are conditions of the policy. Failure to comply with these conditions may determine whether **We** make a payment in the event of a **Claim**.
4. **You** must give **Our** claims department all the documents they request to deal with any **Claim**. **You** will be responsible for the costs involved in doing this.
5. **You** must help **Us** get back any money **We** have paid if another insurer or other party may be obligated to pay such amounts. This may include providing **Us** with information and filling out related forms.
6. An **Insured Person** seeking payment of a **Claim** must give **Us** permission to obtain any medical reports or records needed from any **Medical Practitioner** who has treated the **Insured Person**; otherwise **We** may not pay any **Claim**.
7. **We** may ask the **Insured Person** to attend one (1) or more medical examinations. If **We** do, **We** will pay the cost of the examination(s), any medical reports and records, and reasonable travelling expenses of the **Insured Person** and any person required to travel with the **Insured Person** to attend the examination, if these expenses are agreed by **Us** in advance. If the **Insured Person** fails to attend without reasonable cause, **We** may reject the **Claim**.
8. If an **Insured Person** dies, **We** have the right to ask for a postmortem examination at **Our** expense.
9. **You** must pay **Us** back any amounts that **We** have paid that are not covered by the insurance. This could include any overpayments and payments to which **You** are not entitled.
10. If **We** have paid a **Claim** under this policy and it has been accepted as full and final payment of the **Claim**, then **We** will not have to make any further payments for the same **Claim**.
11. Any fraud, deliberate dishonesty or deliberate hiding of information by an **Insured Person** at any time will make this policy invalid so far as concerns cover for that **Insured Person**.
12. This policy and any disputes arising between the **Insured Person** and **Us** will be governed by the laws of **Your** province of residence, as applicable, without giving effect to its conflicts of law provisions; and the **Insured Persons** and **We** agree to submit to the courts of **Your** province of residence to determine any dispute arising under or in connection with this policy.
13. The terms and conditions of this policy will be available in English and French, and all communication relating to this policy will be in English or French, based upon the selection of the **Insured Person**.
14. If a **Claim** is deemed eligible under the policy, **We** will make **Claims** payments directly with the provider only, and no payment will be made to the **Insured Person**.
15. **We** may also contact third parties who have or who were to provide services to the **Insured Person** (for example, an airline, travel company or hotel) to verify the information provided.

16. The premiums are to be paid by the **Policyholder**, as agreed, and information will be supplied to **Us** in the form and at the frequency reasonably required by **Us** for the cover to remain in force.
17. This policy is not intended to give any person other than the **Insured Person**, the **Policyholder** or **Us** any right to enforce any of its terms and conditions.
18. 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, British Columbia, and Manitoba), the Limitations Act, 2002 (for actions or proceedings governed by the laws of Ontario), or other applicable legislation.
19. **You** and any claimant under this coverage have the right, as determined by law applicable in **Your** province or territory of residence, to obtain a copy of the master policy, upon request, subject to certain access limitations.

## General Exclusions

**General Exclusions** apply to all sections of this policy. In addition to these **General Exclusions**, please also refer to 'What **You** are not covered for' under each policy section as this sets out further exclusions which apply to that policy section.

**We** will not be liable under any section of the policy for any **Claim** arising out of, based upon, relating to or attributable to:

1. Any costs not related to COVID-19.
2. Any **Pre-Existing Medical Condition** or any complication arising from it.
3. **You** travelling against the advice of a **Medical Practitioner** or for the purpose of obtaining medical advice or treatment for COVID-19.
4. **War**, civil war, invasion, revolution or any similar event.
5. Loss, expense, liability or damage to any property, arising from ionising radiation or contamination by radioactivity from:
  - a. any nuclear fuel; or
  - b. any nuclear waste from:
    - (i) burning nuclear fuel; or
    - (ii) radioactive, toxic, or explosive nuclear materials; or
    - (iii) other dangerous properties of any explosive nuclear equipment.
6. The dispersal, application or release of pathogenic or poisonous biological or chemical materials.
7. Travel to a specific country or area if, prior to **Your Overseas Trip** commencing, any official governmental body or health authority in **Your Country of Residence** has issued a travel ban against travel to that country or area.
8. **Your** involvement in any deliberate, malicious, reckless, illegal or criminal act.
9. **Your** suicide or attempted suicide.
10. **Your** deliberately putting **Yourself** in danger (unless **You** are trying to save a human life).
11. **Your** failure to get the inoculations and vaccinations that are required of **You** by a governmental body of either (a) **Your Country or province of Residence**, or (b) any of **Your** destinations for **Your Overseas Trip**.
12. Any trip taken where the destination is inside **Your Country of Residence**.

Additionally:

13. Except as laid out in **Section A1**, this policy does not cover expenses for pre-**Overseas Trip** COVID-19 testing, COVID-19 testing at a departure or arrival airport, or mandatory COVID-19 testing required by an official governmental body or health authority.
14. Where permissible under local law, this policy does not provide coverage for any loss or expense or event or liability which is covered under any other insurance policy or plan or act of government or is payable by any other source. **We**, however, will pay the difference between what is payable under the other insurance policy or scheme or act of government or such other source and what **You** otherwise would be entitled to recover under this policy.
15. This policy does not provide coverage for any indirect losses, costs, charges or expenses (meaning losses, costs, charges or expenses that are not listed under the headings 'What **You** are covered for' in the **Your Benefits Under this Policy** section; for example, loss of earnings if **You** cannot work after **You** have been ill).
16. This policy does not provide coverage for any costs which **You** would have had to pay had the reason for the **Claim** not occurred (for example, the cost of food which **You** would have paid for in any case).

Please note:

### Sanctions Exclusions:

- (a) **We** will not be liable to provide any coverage or make any payment hereunder if to do so would be in violation of any sanctions law or regulation which would expose the Insurer, its parent company or its ultimate controlling entity to any penalty under any sanctions law or regulations.

(b) This policy will not: cover any loss, injury, damage or legal liability sustained directly or indirectly by any individual or entity identified on any applicable government watch list as a supporter of terrorism, narcotics or human trafficking, piracy, proliferation of weapons of mass destruction, organized crime, malicious cyber activity, or human rights abuses; or pay any **Claim**, loss, or expense involving any service provider who is on any such list.

## Your Benefits Under this Policy

### Section A1 – COVID-19 Medical Expenses

**Please note:**

1. **You** or someone acting on **Your** behalf must contact the **Assistance Company** as soon as reasonably possible; and
2. If **You** are entitled to receive payment of all or any part of the medical expenses from any other source, **We** will pay the difference.

**What You are covered for under Section A1**     **What You are not covered for under this Section A1 and under Section A2**

**We** will pay up to the amount shown in the **Table of Benefits** for **Medically Necessary** and reasonable costs as a result of **You** testing positive for COVID-19 during **Your Overseas Trip**. This includes:

1. Emergency medical, surgical and **Hospital** treatment and ambulance costs.
2. If **You** cannot return to **Your Country of Residence** or **Country of Departure** as **You** originally planned and the **Assistance Company** agrees that **Your** extended stay is **Medically Necessary**, **We** will pay for:
  - extra accommodation (room only)
  - travel expenses (economy class, unless a higher grade of travel is confirmed as **Medically Necessary** and authorised in advance by the **Assistance Company**) to allow **You** to return to **Your Country of Residence** or **Country of Departure**.

Additionally, **We** will pay for the cost of required follow-up COVID-19 testing while **You** are in **Quarantine** if, while on an **Overseas Trip**, **You** are unexpectedly placed into a mandatory **Quarantine** outside **Your Country of Residence** or **Country of Departure** by a written order of an authority or Medical Practitioner for one of the following two reasons:

- **You** test positive for COVID-19; or
- Such governmental body identifies **You** or any **Travelling Companion**, specifically, as having been exposed to the coronavirus that causes COVID-19

In addition to the exclusions set out in the **General Exclusions** section, this policy does not cover loss or damage arising out of, based upon or attributable to:

1. Any treatment or surgery which the **Assistance Company** thinks is not immediately necessary and can wait until **You** return to **Your Country of Residence**. The decision of the **Assistance Company** is final.
2. The extra cost of a single or private **Hospital** room, unless shared rooms are not available or unless a single or private **Hospital** room is **Medically Necessary**.
3. Any costs for medical conditions not related to being diagnosed with COVID-19 on **Your Overseas Trip**.
4. Any search and rescue costs charged to **You** by a government, regulated authority or private organisation connected with finding and rescuing **You**. This does not include medical evacuation costs by the most appropriate transport.
5. Any costs for the following:
  - telephone calls;
  - taxi fares;
  - food and drink expenses (unless these form part of **Your Hospital** costs if **You** are kept as inpatient); or
  - costs that **You** settle directly with the provider.
6. Any costs **You** have to pay when **You** have refused to return to **Your Country of Residence** or **Country of Departure** and the **Assistance Company** considered **You** fit to return.
7. Any treatment or medication of any kind that **You** receive after **You** return to **Your Country of Residence** or **Country of Departure**.
8. Costs that have not been incurred by or on behalf of **You**.

Please note that the conditions set out in the **General Conditions** section apply to all benefit sections.



**Claims evidence required for Section A1 may include**

- Proof of a positive COVID-19 test
- Proof of travel (confirmation invoice, travel tickets)
- Invoices for medical expenses
- An official letter from the treating **Medical Practitioner** to confirm the expenses were **Medically Necessary**

**Please note:** We may require other evidence to support **Your Claim** depending on the circumstances, in which case **We** will request this from **You**.

## Section A2 – Emergency Medical Evacuation & Repatriation

**Please note:**

In the event of **You** testing positive for COVID-19 during **Your Overseas Trip** which leads to **Medically Necessary** treatment, **We** reserve the right to relocate **You** from one **Hospital** to another and/or arrange for **You** evacuation to **Your Home** at any time during the **Overseas Trip**. **We** will do this if in the opinion of the **Medical Practitioner** in attendance and the **Assistance Company**, **You** can be moved safely and/or travel safely to **Your Country of Residence**, **Your Country of Departure** or **Home** to continue treatment.

- What You are covered for under Section A2**     **What You are not covered for under Section A2**

**We** will pay up to the amount shown in the **Table of Benefits** for the necessary and reasonable emergency evacuation and repatriation costs as a result of **Your** diagnosis of COVID-19 during **Your Overseas Trip**. This includes:

1. The cost of **Your** return to **Your Country of Residence** or **Country of Departure** earlier than planned if approved in advance by the **Assistance Company** and deemed **Medically Necessary**.
2. The cost of transporting **You** to a **Hospital** deemed appropriate for **Medically Necessary** treatment;
3. The return of one (1) **Travelling Companion** and minor children to **Your Country of Residence**.
4. In the event of death, the cost of returning **Your** body or ashes to **Your Country of Residence** or **Country of Departure**, up to the specific amounts shown in the **Table of Benefits**.

Please refer to the exclusions outlined in **Section A1** and the **General Exclusions** of this policy wording for details of what is not covered. Additionally, we will not cover any costs that **You** settle directly with the provider.

If the **Claim** relates to **Your** return travel to **Your Country of Residence** and **You** do not hold a return ticket, **We** will deduct from **Your Claim** an amount equal to **Your** original carrier's published one-way airfare (based on the same class of travel as that paid by **You** for **Your** outward **Flight**) for the route used for **Your** return.

Please note that the conditions set out in the **General Conditions** section apply to all benefit sections.

**Claims evidence required for Section A2 may include**

- Proof of a positive COVID-19 test
- Proof of travel (confirmation invoice, travel tickets)
- An official letter from the treating **Medical Practitioner** to confirm the evacuation was **Medically Necessary**

**Please note:** We may require other evidence to support **Your Claim** depending on the circumstances, in which case **We** will request this from **You**.



## Section B – Overseas COVID-19 Quarantine Allowance

**Please note:** This benefit is only payable for the time that **You** are placed into an unexpected mandatory **Quarantine** overseas and ceases if **You** are required to **Quarantine** upon **Your** return to **Your Country of Residence** or **Country of Departure**. This amount is meant to help **You** pay reasonable and necessary accommodation costs directly related to **Your Quarantine**.

### What You are covered for under Section B What You are not covered for under Section B

**We** will pay up to the amount shown in the **Table of Benefits** if while on an **Overseas Trip**, **You** are unexpectedly placed into a mandatory **Quarantine** outside **Your Country of Residence** or **Country of Departure** by a written order of an authority or Medical Practitioner for one of the following two reasons:

- **You** test positive for COVID-19; or
- Such governmental body identifies **You** or any **Travelling Companion**, specifically, as having been exposed to the coronavirus that causes COVID-19.

**We** will pay to cover reasonable and necessary accommodation costs directly related to such **Quarantine** up to the amount specified in the **Table of Benefits** for up to 14 consecutive days.

In addition to the exclusions set out in the **General Exclusions** section, this policy does not cover any loss or expenses arising out of, based upon, or attributable to any **Quarantine** mandate that generally or broadly applies to:

- all arriving/transiting passengers, or all arriving/transiting passengers from a particular geographic area of origin;
- all individuals currently located in a particular geographic area;
- all passengers, or a sub-group of passengers that is broader than just **You** and **Your Travelling Companion(s)**, in any **Common Carrier**.
- costs that **You** settle directly with the **Quarantine** accommodation provider.

Please note that the conditions set out in the **General Conditions** section apply to all benefit sections.

#### Claims evidence required for Section B may include

- Proof of a positive COVID-19 test, if applicable
- Proof of a **Quarantine** mandate issued by an authority or **Medical Practitioner**
- Proof of **Your Hospital** admission and discharge dates and times
- Proof of travel (confirmation invoice, travel tickets)

**Please note:** **We** may require other evidence to support **Your Claim** depending on the circumstances, in which case **We** will request this from **You**.

## Section C – Emergency Travel Assistance

**Important Note** – This section provides for assistance services only and does not provide cover for emergency medical expenses, evacuation expenses or any other expenses unless they are covered elsewhere in this policy.

The **Assistance Company** will provide twenty-four (24) hour worldwide trip and emergency assistance services if the following occurs on **Your Overseas Trip**;

- **You** are denied boarding on a **Flight** due to fever or other medical concern.
- **You** are denied entry to a country due to fever or other medical concerns.
- **You** feel ill while travelling.

If **You** require medical treatment that necessitates admittance to **Hospital** as an in-patient, emergency transportation services, or to return **Home** for any reason covered by this policy, **You** must contact the **Assistance Company** and follow their advice or instruction. Failure to do so may prejudice **Your Claim** under this policy.

The **Assistance Company** operates a network of service centres that will provide **You** with 24/7 travel assistance before and during **Your Overseas Trip**.

Depending on **Your** specific needs, **We** can:

1. when medical care is needed, direct **You** to suitable medical facilities, monitor **Your** condition and treatment, and keep **Your** family and friends at **Home** informed; and
2. confer with **Your** treating **Medical Practitioner** to evaluate if and when emergency evacuation and repatriation is necessary, and coordinate all services.

**We** will try to get **You** medical attention when **You** travel, but the **Assistance Company** cannot guarantee that appropriate medical facilities will always be available. The **Assistance Company** is only provided to monitor **Your** condition remotely and cannot take over the running of **Your** medical treatment. Please note that where **Your**

**Claim** is not covered under the policy, the provision of emergency assistance will not in itself be an admission of the Insurance Provider's liability to pay **Your Claim**.

See the contact information provided in the **Important Contact Details** section for details of how to contact the **Assistance Company**.

## Your Right to Complain

**We** believe **You** deserve courteous, fair and prompt service. If there is any occasion when **Our** service does not meet **Your** expectations please contact **Us** using the contact details below, providing the policy/**Claim** number and the name of the **Insured Person** to help **Us** address **Your** comments quickly.

Customer Relations: Address: 120 Bremner Boulevard, Suite 2200, Toronto, Ontario, Canada M5J 0A8

Telephone contact details are provided on page 10 of this document.

**We** take pride in providing exemplary service to **Our** policyholders. This quality service earns and maintains the trust and loyalty of **Our** customers.

The purpose of **Our** Complaint Resolution Policy (CRP) is to set up a free and equitable procedure for dealing with complaints.

This CRP is also intended to provide oversight for the receipt of complaints, delivery of acknowledgements of receipt, creation of complaint files, compilation of complaints for the purpose of preparing and filing periodic reports with provincial regulators, and (in Québec) the transfer of complaint files to the Autorité des marchés financiers ("AMF")

If **Our** Travel Guard representatives are unable to resolve **Your** issue and **You** wish to have the **Insurer** further review **Your** complaint, **You** may contact **Us** verbally or in writing. If **You** know the name of the representative of the relevant business unit, please contact that person directly. If **You** are unsure of whom to contact **Our** Travel Guard representatives may provide **You** with the appropriate contact information.

The representative assigned to **Your** file will send **You** an acknowledgement of receipt within three (3) business days of receiving the complaint, highlighting information pertinent to the complaint.

On receiving the complaint, the representative will initiate the complaint examination process. A complaint file is created for each complaint, which will contain details of the respective complaint, the outcome of the complaint examination process (the analysis and the supporting documents), and all written correspondence to the complainant. The representative will examine the complaint and, within ten (10) business days of receipt of the complaint, prepare and send a written response to **You** with justifying reasons, or explaining that more time is necessary and why.

If the representative is unable to resolve **Your** concern, **You** may request that the complaint be escalated to senior management of the business unit for their attention and further efforts to resolve the complaint.

In order to consult the full complaints handling policy please go to [www.travelguard.ca](http://www.travelguard.ca)

**Insurance underwritten by AIG Insurance Company of Canada, 120 Bremner Boulevard, Suite 2200, Toronto, Ontario, Canada M5J 0A8. The policy is administered on AIG Insurance Company of Canada's behalf by Travel Guard Group Canada, Inc. (Travel Guard Canada)**

## Important Contact Details

### EMERGENCY MEDICAL AND TRAVEL ASSISTANCE

**\*While you are in the United Arab Emirates, you can also call a local number on 800 3 244 for English and Arabic speaking callers.**

Language	Claims - Contact Number	Claims - Email Address	Assistance - Contact Number	Assistance - Email Address
Arabic	+60327725761	<a href="mailto:Emirates.Claims@aig.com">Emirates.Claims@aig.com</a>	+60327725761	<a href="mailto:Emirates.Assistance@aig.com">Emirates.Assistance@aig.com</a>
English	+44 1273 765315	<a href="mailto:aigtravelclaims@aig.com">aigtravelclaims@aig.com</a>	+44 1273 456672	<a href="mailto:Uk.assistance@aig.com">Uk.assistance@aig.com</a>
French	+33 1 49 02 42 22	<a href="mailto:Declarations.A&amp;H@aig.com">Declarations.A&amp;H@aig.com</a>	+33 1 49 02 46 70	<a href="mailto:FR.Assistance@aig.com">FR.Assistance@aig.com</a>
German	+49 699 711 3997	<a href="mailto:DE.travelclaims@AIG.com">DE.travelclaims@AIG.com</a>	+49 6997113999	<a href="mailto:DE.assistance@aig.com">DE.assistance@aig.com</a>
German/Italian (SWI)	+41 433333758	<a href="mailto:aigtravelclaims@aig.com">aigtravelclaims@aig.com</a>	+49 6997113999	<a href="mailto:Uk.assistance@aig.com">Uk.assistance@aig.com</a>
Italian	+39 023690699	<a href="mailto:Sinistri.ITA@aig.com">Sinistri.ITA@aig.com</a>	+39 023690698	<a href="mailto:IT.assistance@aig.com">IT.assistance@aig.com</a>
Mandarin	+60327725761	<a href="mailto:Emirates.Claims@aig.com">Emirates.Claims@aig.com</a>	+60327725761	<a href="mailto:Emirates.Assistance@aig.com">Emirates.Assistance@aig.com</a>
Thai	+6626491346	<a href="mailto:THAssistance@aig.com">THAssistance@aig.com</a>	+6626491346	<a href="mailto:THAssistance@aig.com">THAssistance@aig.com</a>
Vietnamese	+8428 6299 2185	<a href="mailto:VNAssistance@aig.com">VNAssistance@aig.com</a>	+8428 6299 2185	<a href="mailto:VNAssistance@aig.com">VNAssistance@aig.com</a>
Spanish	+34 91 275 4683	<a href="mailto:siniestrosespana@aig.com">siniestrosespana@aig.com</a>	+34 91 275 4683	<a href="mailto:medicalba@aig.com">medicalba@aig.com</a>
Portuguese	+351 21 340 5269	<a href="mailto:Sinistros.aigportugal@aig.com">Sinistros.aigportugal@aig.com</a>	+351 21 340 5269	<a href="mailto:medicalba@aig.com">medicalba@aig.com</a>

**Open 24 hours a day, 7 days a week.**

By signing below, the President and Chief Executive Officer of the Insurer agrees on behalf of the Insurer to all the terms of this Policy.



President and Chief Executive Officer

AIG Insurance Company of Canada  
120 Bremner Boulevard, Suite 2200  
Toronto, Ontario, Canada  
M5J 0A8