

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

### **Cancellation Plan**

Single Trip Travel Insurance Policy providing coverage for:  
Trip Cancellation & Postponement

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#### Insurer's Contact Information

Name: **AIG Insurance Company of Canada**  
AMF Registration 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 0C9  
Phone Number: 1-819-566-8833  
Fax Number: 1-819-566-8447  
Toll Free: 1-888-566-8028

#### Distributor's Contact Information

Name: **Travelscape, LLC**  
Address: 10190 Covington Cross Drive, Ste 300, Las Vegas, NV 89144  
Phone Number: 1-702-938-2100

### **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 Cancellation Plan ("Plan"). The premium you will pay for this Plan is a fixed percentage (%) of your trip cost and is calculated when you purchase your trip through the distributor's website. The distributor's remuneration exceeds 30%.

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.

You may view this document and the insurance policy at <https://www.aig.ca/qc-distribution-lists>.

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## **YOUR RIGHT TO EXAMINE YOUR POLICY**

You have 15 days from the date you purchased your insurance to review your policy and ask questions when you are not sure. If, in that 15 days, you believe the Plan does not provide the coverage you are looking for, you are entitled to a full refund of the premium you paid.

If, within the 15 days, you have departed on your trip or you have reason to file a claim, you are not eligible to receive a refund. You are also not entitled to a refund after the 15 days right to examine your policy period described above.

You may cancel Online by logging on to the website you booked your travel through (see list below); you will require to input your email address and itinerary number. If you enter incorrect information the system will not be able to assist you.

- [www.expedia.ca](http://www.expedia.ca)
- [www.travelocity.ca](http://www.travelocity.ca)
- <https://www.tdrewards.com/expedia-for-td>

## **SIMILAR PRODUCTS**

There are other types of products on the market that provide similar coverage. You should check to ensure that you are not covered by another insurance offering the same coverage as the one described below.

## **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, prior to purchasing the policy or after you have purchased the policy, please call the following phone numbers:

Canada and Continental USA: Toll Free: 1-877-281-0082

International: Collect: +1-819-780-0646

Hours of Operation:  
Monday to Friday – 8:00 a.m. to 8:00 p.m. Eastern Standard Time

## **ELIGIBILITY CRITERIA:**

### Who May Purchase This Insurance?

You may purchase this insurance only if you are a Canadian resident. **and**

1. You are travelling no more than 90 consecutive days. **and**
2. Your coverage must be purchased for:
  - a) the entire duration of your trip; **and**
  - b) the full amount of the cost of your trip.

### Who May Not Purchase This Insurance?

You cannot purchase this insurance if:

1. you are over the age of 75 (seventy-five) years on the departure date of your trip; **or**
2. you are travelling against the advice of a medical practitioner or for the purpose of obtaining medical advice or treatment.

Coverage will be declared null and void in the case of fraud or attempted fraud by you, or if you conceal or misrepresent any material fact or circumstance concerning this insurance.

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

If you need to cancel your trip or your trip is interrupted and you are filing a claim, your medical history may be reviewed by the claims administrator based on your reason for claiming. For claims that based on medical reasons, the claims administrator will review your medical history.

### **Trip Cancellation**

Whether or not the condition has been stable and controlled, **you are not covered for** any illness, disease or injury suffered by you, your relative, business associate or travelling companion **that in the 365-day period immediately preceding and including the day you purchase this policy:**

- a) first manifested itself, worsened, became acute or exhibited symptoms that would have caused an ordinarily prudent person to seek diagnosis, care or treatment; **or**
- b) required taking prescribed drugs or medicine, or tests, or further investigation had been recommended by a medical practitioner; **or**
- c) was treated by a medical practitioner, or treatment had been recommended by a medical practitioner; **or**
- d) any congenital, hereditary, chronic or ongoing condition of yours, your relative, business associates, or travelling companion which you, or they, are aware of, or could reasonably be expected to be aware of, before you purchased this insurance.

## **WHAT ARE THE TOP TWO (2) COVERAGES THE PLAN DOES NOT OFFER?**

- Coverage on this Plan does not cover risks, or pay claims, related to Cuba, as Cuba related risks and claims are not serviced and supported by our United States affiliates (upon which the Plan relies on for service and support). Also, this Plan will not cover any loss, injury, damage or legal liability arising directly or indirectly from planned or actual travel in, to, or through Iran, Syria, North Korea or the Crimea region.
- This Plan covers Trip Cancellation and Trip Postponement. It does not contain benefits for lost or damaged baggage, or for medical expenses or evacuation.

For a full list of exclusions please refer to the policy wording; General Exclusions 1 through 32.

## **WHAT COVERAGE DOES THE PLAN OFFER?**

**The Cancellation Plan provides coverage for the trip that you have booked through one of Expedia's many websites. Coverage begins on the day you pay for your insurance.**

**Trip Cancellation and Trip Postponement** coverage begins on the day you pay for your insurance and ends on the day you start your trip.

- The purpose of trip cancellation is to provide coverage should you have to cancel your trip before you leave.
- The purpose of trip postponement is to provide coverage if it is necessary and unavoidable that you have to change your trip as a result of one (1) or more of the covered events listed in the policy. This will allow you to keep your coverage in place for travelling on different dates.

The Plan provides coverage if you have to cancel your trip, or postpone your trip, because of a covered reason. Here are some coverage reasons:

1. your death, serious illness or injury;
2. the death, serious illness or injury of your relative, or travelling companion;
3. you are made redundant at your place of employment as long as you had been working at your current place of employment for a minimum continuous period of two (2) years or more;
4. strike resulting in cancellation of scheduled covered transport services.
5. if after the time you booked your trip, an official governmental body of your country of residence or country of departure issues an advisory against travel to the city listed on your travel itinerary. However, there is no cover if such advisory is issued due to an epidemic or pandemic.

For a full list of benefits please refer to the policy wording; Your Benefits Under this Policy, Section A

### **WHAT SERVICES DOES THE PLAN OFFER?**

#### **Emergency & Pre-Travel Assistance are services we provide such as:**

Your policy may cover up to a certain amount or emergency medical evacuation to your country of residence or for relocation from one hospital to another for continued treatment.

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

#### Medical Assistance:

1. emergency medical evacuation;
2. referrals to doctors and hospitals;
3. latest information on medical advisories, epidemics, and disease prevention.

#### Worldwide Assistance:

1. Lost or stolen baggage assistance;
2. Lost or stolen passport and travel document assistance;
3. Information on visa/passport requirements;
4. Information on immunization requirements;
5. Embassy or consulate information.

**Important Note:** This section is for assistance only; **it is not a benefit for coverage under the policy.**

If you need the following coverages for your trip you must purchase a different policy:

- emergency medical coverage; **or**
- trip interruption or delay; **or**
- baggage loss / baggage delay.

## **WHAT BENEFIT(S) DO MOST PEOPLE CLAIM FOR?**

1. You, your travel companion, or a family member (not travelling on the insured trip) is so sick, or there has been an injury that is so serious, it causes the trip to be cancelled or interrupted.

**If claiming for medical reasons you will require a letter or statement from a physician certifying that the illness or injury was so serious that it prevented you from going, or continuing, on your trip.**

2. The airline either delays or cancels the flight or flights, for which the insurance was purchased, because of weather conditions that prevents you from reaching your destination.

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

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.

**To report a claim or request a claim form call:**

**24-Hour Emergency Assistance Telephone Numbers**

**Global Excel Assist**

- 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.**

A claim for loss under the travel insurance coverage presented in this summary must first be submitted in accordance with the terms of the policy wording, at which point the claim will be reviewed and approved or denied based on its individual merit.

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

- The primary insured being the person who purchased the policy. **or**
- Other insured(s) as listed on the policy by the primary insured. **or**
- The authorized representative, as approved in writing by the primary or other insured(s) to the Claims Administrator.

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

If you are making a claim for reimbursement under this coverage, you must:

- contact the Claims Administrator as soon as possible reasonably possible; **or**
- no later than 30 days after returning home from your trip.

The Claims Administrator will send a claim form to you or your authorized representative. This form will need to be completed and returned to the Claims Administrator in order for your claim to be reviewed.

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.

## How to Make a Claim

### By paying the premium for this insurance, you agree that:

1. we may verify your Government Health Insurance Plan (GHIP) and other information required to process your claim, with government and other authorities;
2. you authorize physicians, medical practitioners, hospitals and other medical providers to provide to Global Excel management any and all information they have regarding you, while under observation or treatment, including your medical history, diagnoses and test results;
3. the information available under (1) and (2) above, and from other sources, maybe disclosed to such other persons as may be required for the purposes of providing assistance about or processing Your claim for benefits; **and**
4. failure to complete the required claim form and authorization form in full will delay the processing of your claim and could invalidate your claim.

Your claim cannot be processed nor can your claim be paid in full until all required documentation has been received by Global Excel Management.

### To claim for Trip Cancellation and Postponement (wherever applicable):

You must:

1. notify Global Excel Management on the same day, or next business day, in the event of a trip cancellation or postponement claim. If you are unable to provide cancellation notice within the required timeframe, you must provide proof of the circumstance that prevented timely notification;
2. provide Global Excel Management with documentation of the cancellation or interruption and proof of the expenses incurred;
3. you can submit your claims documents through the online claims portal:
4. <https://claims.travelguard.com/myclaim/ca>.

Global Excel Management will notify you of a decision to approve or decline your claim by phone followed by letter. The objective is to inform you of this decision **within 15 business days** upon receiving your completed claim form and all original documents required to form a decision.

1. If it is determined to be a payable claim payment should be received within six (6) to eight (8) weeks; **or**
2. If it is determined your claim is a deniable claim you will receive a call from Global Excel Management advising why. **You will be provided the opportunity to submit additional documentation** to support your claim. Global Excel Management will review the additional information and provide you with a final decision.

If any documents are missing, or your claim form is not completed correctly, you will be notified. Should this occur it will extend the time in which your claim is reviewed by the Claims Administrator.

**Payment of Claims: To Whom Paid:** Benefits are payable to the insured who purchased the coverage and paid any required plan cost. Any benefits payable due to that insured's death will be paid to the survivors of the first surviving class of those that follow:

1. the beneficiary named by that insured and on file with the Claims Administrator;
2. his or her partner, if living;
3. if no living partner, the insured's estate.

### **GENERAL PROVISIONS**

In the event that you are not satisfied with your purchase of the Cancellation Plan please visit 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)