

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**.

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

Reserved for use by the insurer:

Product Summary

HSBC New comer and Visitor to Canada Plan

Travel Policy providing coverage for:
Emergency Medical

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: (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: (416) 646-3723
Fax Number: (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: **HSBC BANK CANADA**
Address: 300-885 West Georgia Street
Vancouver, British Columbia
V6C3E9
Phone Number: 1-888-310-4722

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 HSBC New comer and Visitor to Canada Plan ("Plan"). The premium you will pay for this Plan is determined by your age and trip duration. You can obtain a quote through the distributor's website.

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 10 days from the date you purchased your insurance to review your policy and ask questions when you are not sure. If, in those 10 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. We require your request for a refund in writing. Please email the administrator at refund@travelguard.com and allow for 15 business days for the refund to appear on your credit card. You will need to provide both your full name and policy number.

If, within the 10 days, you have departed on your trip or you have reason to file a claim, you are not eligible to receive a full refund.

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, call Global Excel Management (GEM) at the following phone numbers:

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

ELIGIBILITY CRITERIA:

Who may purchase this policy?

You can purchase this policy if you are planning to be in Canada for over 50 percent (%) of your trip and you must:

1. be a visitor to Canada; **or**
2. have a Canadian work visa or student visa; **or**
3. be immigrants or permanent residents awaiting eligibility for the government health insurance plan or to persons who completed the procedures for obtaining immigrant or permanent resident status; **or**
4. be a returning Canadian not eligible for a provincial or territorial government health care plan due to an extended leave.

Eligibility for Individual Coverage

To be eligible for individual coverage you must:

1. be 74 years of age or younger at the time this plan is purchased; **and**
2. pay the premium of, and be travelling for, a minimum of seven (7) days to a maximum of 365 days.

Eligibility for Family Coverage

To be eligible for family coverage you must:

1. be 59 years of age or younger at the time this plan is purchased; **and**
2. travelling with a maximum of seven (7) travellers per plan: two (2) adults and up to five (5) children whom meet the definition of spouse and/or dependent children; **and**
3. pay the premium of, and be travelling for, a minimum of seven (7) days to a maximum of 365 days.

Dependent Child and/or Dependent Children: Unmarried persons who are your natural, adopted, step or foster children, dependent on you for support and care and less than 21 years of age, or full-time students less than 26 years of age, or mentally or physically incapable of self-support. You must be the legal guardian of any foster children and they must reside at your same address.

Spouse: The person legally married to you, or if there is no such person, the person who has been living with you in a conjugal relationship for at least one (1) year, regardless of gender.

Who May Not Purchase This Insurance?

You cannot purchase this policy if you:

1. have been diagnosed with a terminal condition which means the doctor has advised you there is no recovery expected and your life span is less than 12 months; **and/or**
2. have undergone a bone marrow transplant or an organ transplant that requires the use of anti-rejection (immune suppression) drugs; **and/or**
3. require dialysis of any type for a kidney disease; **and/or**
4. in the last 12 months your doctor has prescribed, and you are using, home oxygen.

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 have a medical emergency while on your trip your medical history will be reviewed by the claims administrator.

Any sickness, injury or medical condition that is/was not stable **180 days prior to your departure date** may affect the outcome of your claim. For example:

180 Days Look Back Period

For full coverage there should no changes in your medical condition(s), medication or if you suffer an injury.

Day 1 of Look Back Period < 180 Days Look Back Period > Purchased Insurance
 March 4th September 1st

- Stable and Controlled:** Any Medical Condition (other than a Minor Ailment) for which there has been:
- no new Treatment, new medical management, or newly prescribed medication(s); **and**
 - no change in Treatment, change in medical management, or Change in Prescribed Medication; **and**
 - no new symptom or finding, more frequent symptom or finding or more severe symptoms or finding experienced; **and**
 - no test results or test results showing deterioration; **and**
 - no investigations or future investigations initiated or recommended for symptoms whether or not Your diagnosis has been determined; **and**
 - no Hospitalization and no or referral to a specialist (made or recommended).

WHAT ARE THE TOP THREE (3) COVERAGES THE PLAN DOES NOT OFFER?

- This Plan does not provide coverage for trip cancellation, trip interruption, trip delay and baggage.
- 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 we rely for service and support).
- 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.

For a full list please refer to the policy wording; General Exclusions 1 through 27.

WHAT COVERAGE DOES THE PLAN OFFER?

This Plan provides coverage for emergency medical treatment and emergency dental treatment while on a covered trip. The maximum amount of coverage offered through this plan is \$150,000 Canadian.

Coverage begins on the day you are scheduled to leave on your trip and ends the day you are scheduled to return home. These dates are shown on the confirmation of insurance, emailed to you, as the departure date and return date.

The Plan provides coverage while on your trip, because of a covered reason. Here are some coverage reasons:

1. An unforeseeable occurrence of symptoms for a sickness or injury while on a trip which, unless treated immediately by a physician, may lead to death or to serious impairment of your health. Medical treatment means any reasonable procedure which is medical, therapeutic or diagnostic in nature, which is medically necessary and which is prescribed by a physician. Medical treatment

includes hospitalization, basic investigative testing, surgery, prescription medication (including prescribed as needed) or other treatment directly related to the sickness, injury or symptom.

2. Medical Repatriation provides coverage should your treating physician and the insurer's medical department recommend you return home for further treatment of your emergency medical situation.
3. When recommended by your attending physician the cost for a medical attendant, which cannot be a relative or travelling companion, accompany you to your country of residence. The cost will include round trip economy airfare, overnight lodging and meals where and when necessary.
4. Should you require repair or replacement of sound natural teeth or permanently attached artificial teeth because of an injury due to an accidental blow to the face you must seek treatment from a physician or dentist immediately following the injury.

Emergency Medical Treatment: any reasonable procedure, which is medical, therapeutic or diagnostic in nature, which is medically necessary and which is prescribed by a Physician. Medical treatment includes hospitalization, basic investigative testing, surgery, prescription medication (including prescribed as needed) or other treatment directly related to the sickness, injury or symptom.

Emergency Dental Treatment: Immediate and medically necessary dental services or supplies provided by a licensed registered dentist, Hospital, or other licensed provider, that is the result of an acute and unexpected condition that arose during a trip.

For a full list please refer to the policy wording; Emergency Medical and Dental Coverage, Covered Risk 1 (Benefits 1 through 7; and Covered Risk 2).

CAN I CANCEL MY POLICY?

1. You can cancel your policy before your departure date and request a refund through Travel Guard Canada.
2. If you need to cancel your coverage after your departure date your refund will be based on the unused number of days you purchased.
3. If you have applied and become eligible for a provincial or territorial health insurance plan in Canada you can cancel the remaining coverage. Your refund will be based on the unused number of days you purchased.

Policy Cancellation – Unused number of days.

Cancellation Request Received by Travel Guard Canada July 31 st				
Cancellation Date	<	Number of days for a refund of premium = 46 days	>	Scheduled Return Date
August 1 st				September 15 st

Departure Date: Is the date shown on Your Confirmation of Insurance as the date You have chosen to start Your coverage in Canada.

All policy cancellation requests must be received by Travel Guard Canada in writing.

CAN MY POLICY BE EXTENDED?

Optional Policy Extensions

If you have started your trip and need coverage for a longer period you can apply to extend your coverage through Travel Guard Canada. Your written request for extension must be received prior to your scheduled return date. You will be required to pay additional premium to cover your extension.

In order to apply for a policy extension you cannot have any medical condition, illness or injury for which surgery or Hospitalization is expected or foreseen. No policy extensions are available if a claim has been experienced or submitted.

Return Date: Either the date You have scheduled to end your Trip or the date You return to Your Country of Origin.

If we approve the policy extension it does not cover expenses resulting directly or indirectly from any sickness or injury which first appeared, was diagnosed or for which you received medical treatment after the scheduled departure date and prior to the purchase of the policy extension.

Automatic Policy Extension

Coverage is automatically extended if you or your travel companion are Hospitalized on your scheduled return date:

1. up to one hundred and twenty (120) hours after discharge; **or**
2. until the date our medical department deems you are medically able to travel.

Coverage is automatically extended if You have a Medical Condition rendering You medically unable to travel on Your scheduled Return Date but You are not Hospitalized:

1. up to one hundred and twenty (120) hours after Your scheduled Return Date; **or**
2. until the date our medical department deems you are medically able to travel.

WHAT BENEFIT(S) DO MOST PEOPLE CLAIM FOR?

1. A traveller is ill and requires emergent medical treatment.
2. A traveller accidentally falls and breaks a tooth.

Original receipts must be submitted at time of claim in order to be reimbursed for any out-of-pocket expenses you have paid.

CLAIMS PROCEDURES AND PAYMENT OF CLAIMS

You are required to call the Claims Administrator, or have someone call on your behalf, for approval prior to seeking any medical treatment. Your coverage may be limited should you fail to call.

A claim for loss under this travel insurance coverage must first be submitted in accordance with the terms of the Summary of Coverage, 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) in writing to the Claims Administrator.

When do you need to file your claim ?

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

- Contact the Claims Administrator prior to seeking medical treatment if possible. If you cannot contact the Claims Administrator you should have someone call on your behalf. **or**
- If you, or someone on your behalf, could not contact the Claims Administrator you must contact them as soon as possible.

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 **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 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 paid.

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

- It was not reasonably possible to give notice or furnish proof within the time limit; **and**
- If the notice or proof 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.

What information to do you need to submit?

As a condition to the payment of benefits under this insurance, certain information will be required from the insured, or their authorized representative, to file a claim.

Within 90 days of the date, that the insured person experienced the circumstances that are resulting in the claim for reimbursement, the insured or their authorized representative must submit the following information to the Claims Administrator:

- the completed claims form; **and**
- original receipts and itemized bills for all expenses; **and**
- original documentation of any refunds or expense reimbursement received.

In addition, the following documents must also be submitted, as applicable:

All claims must be submitted to the claims administrator no later than one (1) year after the date of loss or insured occurrence. Any claims submitted after one (1) year from the date of occurrence may not be processed and you may be responsible for all claims expenses.

Administration of Claims: your claim cannot be reviewed until we receive your completed claim form and all supporting documentation as requested.

Upon review of your claim:

1. If it is determined to be a payable claim you will receive payment within six (6) to ten (10) weeks.
2. If it is determined your claim is a deniable claim you will receive a call from Global Excel Management advising why your claim is not payable. You will be provided the opportunity to submit additional documentation to support your claim at which time 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. In addition, it will extend the time in which your claim is paid.

GENERAL PROVISIONS

In the event that you are not satisfied with your purchase of the HSBC Newcomer and Visitor To Canada Plan please visit the AIG Insurance Company of Canada 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.gc.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)

Product Summary

HSBC New comer and Visitor to Canada Plan

Travel Policy providing coverage for:
Emergency Medical

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: (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: (416) 646-3723
Fax Number: (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: **HSBC BANK CANADA**
Address: 300-885 West Georgia Street
Vancouver, British Columbia
V6C3E9
Phone Number: 1-888-310-4722

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 HSBC New comer and Visitor to Canada Plan ("Plan"). The premium you will pay for this Plan is determined by your age and trip duration. You can obtain a quote through the distributor's website.

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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If, within the 10 days, you have departed on your trip or you have reason to file a claim, you are not eligible to receive a full refund.

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, call Global Excel Management (GEM) at the following phone numbers:

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

ELIGIBILITY CRITERIA:

Who may purchase this policy?

You can purchase this policy if you are planning to be in Canada for over 50 percent (%) of your trip and you must:

1. be a visitor to Canada; **or**
2. have a Canadian work visa or student visa; **or**
3. be immigrants or permanent residents awaiting eligibility for the government health insurance plan or to persons who completed the procedures for obtaining immigrant or permanent resident status; **or**
4. be a returning Canadian not eligible for a provincial or territorial government health care plan due to an extended leave.

Eligibility for Individual Coverage

To be eligible for individual coverage you must:

1. be 74 years of age or younger at the time this plan is purchased; **and**
2. pay the premium of, and be travelling for, a minimum of seven (7) days to a maximum of 365 days.

Eligibility for Family Coverage

To be eligible for family coverage you must:

1. be 59 years of age or younger at the time this plan is purchased; **and**
2. travelling with a maximum of seven (7) travellers per plan: two (2) adults and up to five (5) children whom meet the definition of spouse and/or dependent children; **and**
3. pay the premium of, and be travelling for, a minimum of seven (7) days to a maximum of 365 days.

Dependent Child and/or Dependent Children: Unmarried persons who are your natural, adopted, step or foster children, dependent on you for support and care and less than 21 years of age, or full-time students less than 26 years of age, or mentally or physically incapable of self-support. You must be the legal guardian of any foster children and they must reside at your same address.

Spouse: The person legally married to you, or if there is no such person, the person who has been living with you in a conjugal relationship for at least one (1) year, regardless of gender.

Who May Not Purchase This Insurance?

You cannot purchase this policy if you:

1. have been diagnosed with a terminal condition which means the doctor has advised you there is no recovery expected and your life span is less than 12 months; **and/or**
2. have undergone a bone marrow transplant or an organ transplant that requires the use of anti-rejection (immune suppression) drugs; **and/or**
3. require dialysis of any type for a kidney disease; **and/or**
4. in the last 12 months your doctor has prescribed, and you are using, home oxygen.

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 have a medical emergency while on your trip your medical history will be reviewed by the claims administrator.

Any sickness, injury or medical condition that is/was not stable **180 days prior to your departure date** may affect the outcome of your claim. For example:

180 Days Look Back Period

For full coverage there should no changes in your medical condition(s), medication or if you suffer an injury.

Day 1 of Look Back Period March 4 th	<	180 Days Look Back Period	>	Purchased Insurance September 1 st
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Stable and Controlled: Any Medical Condition (other than a Minor Ailment) for which there has been:

- no new Treatment, new medical management, or newly prescribed medication(s); **and**
- no change in Treatment, change in medical management, or Change in Prescribed Medication; **and**
- no new symptom or finding, more frequent symptom or finding or more severe symptoms or finding experienced; **and**
- no test results or test results showing deterioration; **and**
- no investigations or future investigations initiated or recommended for symptoms whether or not Your diagnosis has been determined; **and**
- no Hospitalization and no or referral to a specialist (made or recommended).

WHAT ARE THE TOP THREE (3) COVERAGES THE PLAN DOES NOT OFFER?

- This Plan does not provide coverage for trip cancellation, trip interruption, trip delay and baggage.
- 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 we rely for service and support).
- 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.

For a full list please refer to the policy wording; General Exclusions 1 through 27.

WHAT COVERAGE DOES THE PLAN OFFER?

This Plan provides coverage for emergency medical treatment and emergency dental treatment while on a covered trip. The maximum amount of coverage offered through this plan is \$150,000 Canadian.

Coverage begins on the day you are scheduled to leave on your trip and ends the day you are scheduled to return home. These dates are shown on the confirmation of insurance, emailed to you, as the departure date and return date.

The Plan provides coverage while on your trip, because of a covered reason. Here are some coverage reasons:

1. An unforeseeable occurrence of symptoms for a sickness or injury while on a trip which, unless treated immediately by a physician, may lead to death or to serious impairment of your health. Medical treatment means any reasonable procedure which is medical, therapeutic or diagnostic in nature, which is medically necessary and which is prescribed by a physician. Medical treatment

includes hospitalization, basic investigative testing, surgery, prescription medication (including prescribed as needed) or other treatment directly related to the sickness, injury or symptom.

2. Medical Repatriation provides coverage should your treating physician and the insurer's medical department recommend you return home for further treatment of your emergency medical situation.
3. When recommended by your attending physician the cost for a medical attendant, which cannot be a relative or travelling companion, accompany you to your country of residence. The cost will include round trip economy airfare, overnight lodging and meals where and when necessary.
4. Should you require repair or replacement of sound natural teeth or permanently attached artificial teeth because of an injury due to an accidental blow to the face you must seek treatment from a physician or dentist immediately following the injury.

Emergency Medical Treatment: any reasonable procedure, which is medical, therapeutic or diagnostic in nature, which is medically necessary and which is prescribed by a Physician. Medical treatment includes hospitalization, basic investigative testing, surgery, prescription medication (including prescribed as needed) or other treatment directly related to the sickness, injury or symptom.

Emergency Dental Treatment: Immediate and medically necessary dental services or supplies provided by a licensed registered dentist, Hospital, or other licensed provider, that is the result of an acute and unexpected condition that arose during a trip.

For a full list please refer to the policy wording; Emergency Medical and Dental Coverage, Covered Risk 1 (Benefits 1 through 7; and Covered Risk 2).

CAN I CANCEL MY POLICY?

1. You can cancel your policy before your departure date and request a refund through Travel Guard Canada.
2. If you need to cancel your coverage after your departure date your refund will be based on the unused number of days you purchased.
3. If you have applied and become eligible for a provincial or territorial health insurance plan in Canada you can cancel the remaining coverage. Your refund will be based on the unused number of days you purchased.

Policy Cancellation – Unused number of days.

Cancellation Request Received by Travel Guard Canada July 31 st				
Cancellation Date	<	Number of days for a refund of premium = 46 days	>	Scheduled Return Date
August 1 st				September 15 st

Departure Date: Is the date shown on Your Confirmation of Insurance as the date You have chosen to start Your coverage in Canada.

All policy cancellation requests must be received by Travel Guard Canada in writing.

CAN MY POLICY BE EXTENDED?

Optional Policy Extensions

If you have started your trip and need coverage for a longer period you can apply to extend your coverage through Travel Guard Canada. Your written request for extension must be received prior to your scheduled return date. You will be required to pay additional premium to cover your extension.

In order to apply for a policy extension you cannot have any medical condition, illness or injury for which surgery or Hospitalization is expected or foreseen. No policy extensions are available if a claim has been experienced or submitted.

Return Date: Either the date You have scheduled to end your Trip or the date You return to Your Country of Origin.

If we approve the policy extension it does not cover expenses resulting directly or indirectly from any sickness or injury which first appeared, was diagnosed or for which you received medical treatment after the scheduled departure date and prior to the purchase of the policy extension.

Automatic Policy Extension

Coverage is automatically extended if you or your travel companion are Hospitalized on your scheduled return date:

1. up to one hundred and twenty (120) hours after discharge; **or**
2. until the date our medical department deems you are medically able to travel.

Coverage is automatically extended if You have a Medical Condition rendering You medically unable to travel on Your scheduled Return Date but You are not Hospitalized:

1. up to one hundred and twenty (120) hours after Your scheduled Return Date; **or**
2. until the date our medical department deems you are medically able to travel.

WHAT BENEFIT(S) DO MOST PEOPLE CLAIM FOR?

1. A traveller is ill and requires emergent medical treatment.
2. A traveller accidentally falls and breaks a tooth.

Original receipts must be submitted at time of claim in order to be reimbursed for any out-of-pocket expenses you have paid.

CLAIMS PROCEDURES AND PAYMENT OF CLAIMS

You are required to call the Claims Administrator, or have someone call on your behalf, for approval prior to seeking any medical treatment. Your coverage may be limited should you fail to call.

A claim for loss under this travel insurance coverage must first be submitted in accordance with the terms of the Summary of Coverage, 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) in writing to the Claims Administrator.

When do you need to file your claim ?

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

- Contact the Claims Administrator prior to seeking medical treatment if possible. If you cannot contact the Claims Administrator you should have someone call on your behalf. **or**
- If you, or someone on your behalf, could not contact the Claims Administrator you must contact them as soon as possible.

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 **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 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 paid.

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

- It was not reasonably possible to give notice or furnish proof within the time limit; **and**
- If the notice or proof 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.

What information to do you need to submit?

As a condition to the payment of benefits under this insurance, certain information will be required from the insured, or their authorized representative, to file a claim.

Within 90 days of the date, that the insured person experienced the circumstances that are resulting in the claim for reimbursement, the insured or their authorized representative must submit the following information to the Claims Administrator:

- the completed claims form; **and**
- original receipts and itemized bills for all expenses; **and**
- original documentation of any refunds or expense reimbursement received.

In addition, the following documents must also be submitted, as applicable:

All claims must be submitted to the claims administrator no later than one (1) year after the date of loss or insured occurrence. Any claims submitted after one (1) year from the date of occurrence may not be processed and you may be responsible for all claims expenses.

Administration of Claims: your claim cannot be reviewed until we receive your completed claim form and all supporting documentation as requested.

Upon review of your claim:

1. If it is determined to be a payable claim you will receive payment within six (6) to ten (10) weeks.
2. If it is determined your claim is a deniable claim you will receive a call from Global Excel Management advising why your claim is not payable. You will be provided the opportunity to submit additional documentation to support your claim at which time 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. In addition, it will extend the time in which your claim is paid.

GENERAL PROVISIONS

In the event that you are not satisfied with your purchase of the HSBC Newcomer and Visitor To Canada Plan please visit the AIG Insurance Company of Canada 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.gc.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)

HSBC Newcomer and Visitor to Canada Plan

Emergency Medical Insurance and Global Assistance

HSBC Product Code 396400 P1-P2 03/21

PLEASE READ THIS DOCUMENT CAREFULLY

This Summary of Coverage summarizes the coverage available to eligible persons under Master Policy #9501340 issued to HSBC Bank Canada by AIG Commercial Insurance Company of Canada.

The Master Policy, this Summary of Coverage, Your Confirmation of Insurance, any document attached to it when issued and any amendment agreed upon in writing after it is issued, constitutes the entire contract of insurance as it applies to You. No agent has authority to change the contract or waive any of its provisions.

This Summary of Coverage is the only contract under which benefits are paid. Please read Your Summary of Coverage with care so You will understand the coverage. Should you have questions pertaining to this Summary of Coverage You can call Us at 1-877-202-3341.

Travel insurance is designed to cover losses arising from sudden and unforeseeable circumstances. It is important that You read and understand Your Summary of Coverage before You travel as Your coverage may be subject to certain limitations or exclusions.

To be eligible to purchase Visitors to Canada Emergency Medical Plan and to be eligible for any coverage under this plan, You must be planning to be in Canada for over 50% of Your Trip away from Your Country of Origin and Your Trip must begin and end in Canada.

This Summary of Coverage provides complete descriptions of the benefits, terms, conditions, limitations and exclusions of Your insurance coverage.

This insurance is designed to cover certain medical expenses resulting from unanticipated Accidents. Your Summary of Coverage may not provide coverage for Medical Conditions and/or symptoms that existed before Your Trip. Check to see how this applies in Your Summary of Coverage and how it relates to Your Departure Date and date of purchase.

In the event of an Accident, Injury or Sickness, Your prior medical history may be reviewed when a claim is made.

Your Summary of Coverage provides travel assistance; You may be required to notify the designated assistance company prior to Treatment. Your Summary of Coverage may limit benefits should You not contact the assistance company within a specified period.

This Summary of Coverage contains a clause that may restrict Your right to designate a beneficiary. See Section VII. Claim Procedures and Customer Service Inquires on page 21 of this Summary of Coverage for detailed information with respect to this restriction. Further information can also be obtained from Travel Guard Canada.

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 legislations.

If Your health status changes (including a Change in Prescribed Medication or Treatment) prior to Your Departure Date for any Trip You must notify Us immediately at 1-877-202-3341. We will advise You how this change will affect Your coverage.

THIS SUMMARY OF COVERAGE INCLUDES RESTRICTED BENEFITS

- 1 Your Summary of Coverage may not provide coverage for Medical Conditions and/or symptoms that existed before Your Trip. Check to see how this applies in Your Summary of Coverage and how it relates to Your Departure Date.
- 2 You must contact Us before seeking medical attention and a failure to call will result in Your being responsible for 30% of any eligible expenses incurred, or no reimbursement, unless Your Medical Condition prevents You from calling. You must call as soon as medically possible or have someone call on Your behalf.

- 3 Our medical department must approve all medical procedures (including, but not limited to, cardiac procedures and cardiac catheterization) in advance. A failure to call will result in Your being responsible for 30% of any eligible expenses incurred unless Your Medical Condition prevents You from calling, in which case You must call as soon as medically possible or have someone call on Your behalf.
- 4 If You choose not to receive Treatment or services from a Provider as directed by Us You may be responsible for 70% of any eligible expenses incurred.
- 5 The coverage provided by this Summary of Coverage does not apply to risks and claims related to Cuba, as Cuba related risks and claims are not serviced and supported by Our United States affiliates (upon which We rely for service and support), unless such coverage would be permissible under all applicable sanctions.
- 6 The Insurer 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.
- 7 This Summary of Coverage will not cover any loss, Injury, damage or legal liability arising directly or indirectly from planned or actual travel in, to, or through Cuba, Iran, Syria, North Korea or the Crimea region.

YOU ARE NOT ELIGIBLE FOR ANY COVERAGE UNDER THIS SUMMARY OF COVERAGE IF:

- 1 A licensed Physician has diagnosed You with a Terminal Condition.
- 2 You have undergone a bone marrow transplant or an organ transplant (excluding corneal transplant) that requires the use of anti-rejection (immune suppression) drugs.
- 3 You require dialysis of any type for a kidney disease.
- 4 In the last 12 months You have been prescribed or utilized home oxygen therapy at any time.

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SCHEDULE OF BENEFITS

All Coverage is per person	Maximum Limits - Up To
Emergency Medical and Dental Expense	
Emergency Medical Expenses	\$150,000
Emergency Dental for Injury or Sickness	\$250
Meals & Accommodations	\$1,500
Bedside Companion & Subsistence	
Economy Class Airfare	Included
Subsistence Allowance	\$500
Companion Covered Under Summary of Coverage	Included
Emergency Professional Services (per profession)	\$250
Emergency Evacuation	\$5,000
Return of Remains	\$5,000
Subsistence Allowance	\$500
Assistance Services	
Worldwide Travel Assistance	Included
Travel Medical Assistance	Included

IMPORTANT INFORMATION

Some words have very specific meanings that are set out in the Definitions Section. These words are capitalized in this Summary of Coverage document when the Summary of Coverage definition applies with the exception of titles.

Along with this Summary of Coverage document, You should have received a Confirmation of Insurance that sets out details specific to the product You purchased.

All of these documents make up Your contract of insurance. If You did not receive all of these documents, if any information contained in these documents is incorrect, or if You have questions regarding Your coverage, it is Your responsibility to contact Us. You should bring all of these documents with You when You travel.

I. DEFINITIONS

We attach very specific meanings to the following words when they appear in this Summary of Coverage. We have capitalized these words when they are used as a defined term.

Accident/Accidental: A sudden, unexpected, unintended, unforeseeable, external event, occurring during an Insured Trip that independently of any other cause, results in Injury.

Change in Prescribed Medication: Means the medication dosage or frequency has been reduced, increased, stopped and/or new medications have been prescribed.

Exceptions:

- an adjustment to the insulin or Coumadin (Warfarin) dosage You are currently taking provided it is not newly prescribed or stopped and there has been no change to Your Medical Condition; and a change from a brand name medication to a generic brand medication (insofar as the dosage is not modified).

Common Carrier/Scheduled Carrier: Means an air, land, or sea conveyance operated under a license for the transportation of passengers for hire.

Confirmation of Insurance: Your most recent computer printout, printed form, electronic copy, invoice or Summary of Coverage document that sets out the product You have purchased and any optional add-on coverage, if any, You have chosen.

Contamination: The act or process of rendering something harmful or unsuitable to people by nuclear and/or chemical and/or biological substances causing illness, Injury and/or death.

Country of Origin: the country in which You maintained a permanent residence prior to entry into Canada or the country which issued Your passport.

For Canadian passport holders without a permanent residence or a government health insurance plan, country of origin means the country You departed from before arriving in Canada.

If You are eligible for a provincial GHIP program within 90 days of an Emergency Your country of origin will be Canada.

Departure Date: Is the date shown on Your Confirmation of Insurance as the date You have chosen to start Your coverage in Canada.

Dependent Child and/or Dependent Children: Unmarried persons who are Your natural, adopted, step or foster children, dependent on You for support and care and less than 21 years of age, or full-time students less than 26 years of age, or mentally or physically incapable of self-support. You must be the legal guardian of any foster children and they must reside at Your same address.

Emergency: An unforeseen occurrence of, symptoms of Sickness, or of Injury, that occurs during a Trip (or for Trip cancellation, that occurs immediately prior to Your Trip), which requires immediate Treatment from a Physician or that requires Hospitalization, failing which there could be a serious impairment to Your health.

An emergency no longer exists when Our medical department determines that You are able to continue Your Trip or return to Your Country of Origin.

Emergency Dental Treatment: Immediate and medically necessary dental services or supplies provided by a licensed registered dentist, Hospital, or other licensed Provider, that is the result of an acute and unexpected condition that arose during a Trip.

Emergency Medical Treatment: any reasonable procedure, which is medical, therapeutic or diagnostic in nature, which is medically necessary and which is prescribed by a Physician. Medical treatment includes hospitalization, basic investigative testing, surgery, prescription medication (including prescribed as needed) or other treatment directly related to the Sickness, Injury or symptom.

Expected Medical Treatment: Medical Consultation or Hospitalization that Your prior medical history indicates as being probable or certain to occur.

Follow-up Treatment: Treatment that continues beyond the initial Emergency.

Follow-up Visit: The re-examination of You to monitor the effects of earlier medical Treatment related to the initial Emergency, except while Hospitalized. Follow-up Visit does not include further diagnostic or investigative testing related to the initial Emergency.

Government Health Insurance Plan (GHIP): Health insurance coverage that Canadian provincial or territorial governments provide for their residents.

Hospital: A medical facility which is legally accredited to provide medical, diagnostic and surgical Treatment to in-patients during the acute phase of their Sickness or Injury, which is primarily engaged in the aforesaid activities and which operates under the supervision of a staff of Physicians and has a registered nurse continuously on duty. A Hospital does not mean an institution licensed as a home for the aged, rest home, nursing home, convalescent hospital, health spa, or a rehabilitation centre or Treatment facility for drug or alcohol abuse and/or addiction.

Hospitalization or Hospitalized: The state of being admitted to a Hospital and receiving Emergency Medical Treatment on an inpatient basis.

Immediate Family Member: Means any one (1) or more of Your Spouse, natural, step, or adopted children, persons for whom You are the legal guardian, parents, parents-in-law, step-parents, sisters, brothers, sisters/brothers-in-law, step-sisters/brothers, grandparents, grandchildren, aunts, uncles, nieces, and nephews.

Injury: A bodily injury sustained during a Trip, which is caused, directly and independently of all other causes, by an Accident.

Insured: The person named as the 'primary traveller' and/or one (1) or more other person(s), if any, named as 'other travellers' on the Confirmation of Insurance, each as the context requires.

Insurer: AIG Insurance Company of Canada, 120 Bremner Boulevard, Suite 2200 Toronto, ON M5J 0A8. This Summary of Coverage is administered on AIG Insurance Company of Canada's behalf by Travel Guard Group Canada, Inc. (Travel Guard Canada).

Medical Condition: Means an irregularity in a person's health which required or requires medical advice, consultation, investigation, Treatment, care, service or diagnosis by a Physician; includes complications of pregnancy within the first 26 weeks of pregnancy.

Medical Consultation: Any investigative medical service,

including history-taking, examination, testing, advice, or Treatment by a Physician for a symptom, Sickness, illness, or disease that may or may not have been definitively diagnosed.

Medical Emergency: An unforeseen occurrence of, symptoms of Sickness, or of Injury, that occurs during a Trip which requires immediate Treatment from a Physician or that requires Hospitalization, failing which there could be a serious impairment to Your health.

Mental or Emotional Disorders: Emotional or anxiety states, situational crisis, anxiety or panic attacks, or other mental health disorders treated with tranquilizers or anxiolytic drugs. (Example: a mental or nervous health disorder like: anxiety, depression, neurosis, psychosis and others or any related physical complications).

Minor Ailment: Any Sickness or Injury which does not require: the use of medication for a period of greater than 15 days; more than one (1) Follow-up Visit to a Physician, Hospitalization, surgical intervention, or referral to a specialist; and which ends at least 30 consecutive days prior to the Departure Date of each Trip. However, a chronic condition or any complication of a chronic condition is not considered a minor ailment.

Mountain Climbing: The ascent or descent of a mountain requiring the use of specialized equipment, including but not limited to pick-axes, anchors, bolts, crampons, carabineers, and lead or top-rope anchoring equipment.

Physician: A medical doctor, other than Yourself, Your Immediate Family Member, Your Travel Companion or their Immediate Family Member, who is licensed to administer medical Treatment and prescribe drugs in the place where he or she provides medical services. The following are not considered to be Physicians: Traditional Chinese Medicine practitioners (TCM) and bone setters, naturopath, herbalist, and homeopath.

Premium: The cost of Your Visitor to Canada Emergency medical Plan insurance plus any additional amounts required for any optional coverage You have purchased.

Prescribed Medication: A drug, medicine or medication only obtainable by the prescription of a licensed Physician for Emergency Medical Treatment or dentist for Emergency Dental Treatment, and dispensed by a licensed pharmacist.

Provider: The Hospitals, clinics, Physicians, and other medical service providers, the use of which must be approved by Us at the time of the Medical Emergency.

Recurrence: The appearance of symptoms caused by or

related to a Medical Condition that was previously diagnosed by a Physician or for which Treatment was previously received.

Return Date: Either the date You have scheduled to end your Trip or the date You return to Your Country of Origin.

Sickness: An acute illness or unforeseen disease requiring Emergency Medical Treatment, Emergency Dental Treatment or Hospitalization due to the sudden onset of symptoms.

Spouse: The person legally married to You, or if there is no such person, the person who has been living with You in a conjugal relationship for at least one (1) year, regardless of gender.

Stable and Controlled: Any Medical Condition (other than a Minor Ailment) for which there has been:

- no new Treatment, new medical management, or newly prescribed medication(s); and
- no change in Treatment, change in medical management, or Change in Prescribed Medication; and
- no new symptom or finding, more frequent symptom or finding or more severe symptoms or finding experienced; and
- no test results or test results showing deterioration; and
- no investigations or future investigations initiated or recommended for symptoms whether or not Your diagnosis has been determined; and
- no Hospitalization and no or referral to a specialist (made or recommended).

Subsistence Allowance: Expenses incurred as a result of Your Emergency, including accommodation, meals, and essential telephone calls.

Summary of Coverage: This document, any riders or endorsements to this document, the application, and the Confirmation of Insurance all of which form the entire contract.

Terminal Condition: A Medical Condition from which no recovery is expected and which carries a prognosis of death within 12 months of the date You purchased Your Visitor to Canada Emergency Medical Plan with Us.

Travel Companion: The person with whom You are sharing travel arrangements and prepaid accommodation (to a maximum of three (3) people) in respect of a Trip.

Treatment: A medical, therapeutic or diagnostic procedure prescribed, performed or recommended by a licensed Physician, including but not limited to Prescribed Medication, investigative testing, and surgery.

Trip: For Canadian residents the duration of Your insurance coverage under this Summary of Coverage as specified on the Confirmation of Insurance; for non-Canadian residents, means travel outside Your Country of Origin.

We, Us, Our: Means AIG Insurance Company of Canada, 120 Bremner Boulevard, Suite 2200 Toronto, ON M5J 0A8. This Summary of Coverage is administered on AIG Insurance Company of Canada's behalf by Travel Guard Group Canada, Inc. (Travel Guard Canada).

You, Your, Yourself and Insured: The person named as the primary traveller who has paid the required Premium, which is accepted by Us, and any additional person(s) shown as Other traveller(s)" on the Confirmation of Insurance; , each as the context requires.

II. SPECIFIC DETAILS OF YOUR INSURANCE

AM I ELIGIBLE?

To be eligible to purchase the Visitors To Canada Emergency Medical Plan and to be eligible for any coverage under this plan, You must be planning to be in Canada for over 50% of Your Trip. Your Trip must begin and end in Canada, and You must:

- 1 be a visitor to Canada; or
- 2 have a Canadian work visa or student visa; or
- 3 be immigrants or permanent residents awaiting eligibility for the government health insurance plan or to persons who completed the procedures for obtaining immigrant or permanent resident status; or
- 4 be a returning Canadian not eligible for a provincial or territorial government health care plan due to an extended leave.

Eligibility for Individual Coverage

To be eligible for Individual Coverage You must:

- 1 be 74 years of age or younger at the time this plan is purchased; AND
- 2 pay the premium of, and be travelling for, a minimum of seven (7) days to a maximum of 365 days.

Eligibility for Family Coverage

To be eligible for Family Coverage You must:

- 1 be 59 years of age or younger at the time this plan is purchased;
- 2 travelling with a maximum of seven (7) travellers per plan: two (2) adults and up to five (5) children whom meet the definition of Spouse and/or Dependent Children;
- 3 pay the premium of, and be travelling for, a minimum of seven (7) days to a maximum of 365 days.

HOW DO I BECOME INSURED?

Coverage under this Summary of Coverage will not come into

effect until the following conditions have been satisfied:

- 1 Your name appears on the Confirmation of Insurance; AND
- 2 You have paid the required Premium.

WHEN DOES MY INSURANCE START AND END?

This Summary of Coverage comes into effect:

- 1 on the date shown on Your Confirmation of Insurance as the Departure Date; or
- 2 48 hours* from Your Departure Date if the coverage is purchased after You arrive in Canada; and/or after the expiry date of an existing policy with another insurer.

*Any sickness which started within the first 48 hours is not covered, even if expenses are incurred after the 48 hours. In the case of an Accidental bodily Injury Your insurance starts on Your Departure Date.

Your insurance ends on the earliest of:

- 1 11:59 pm on Your scheduled Return Date as shown on Your Confirmation of Insurance;
- 2 11:59 pm on the date You return to Your Country of Origin;
- 3 the first day you become insured under a government health insurance plan. EXCEPTION: If you are a visitor to Canada with an International Employment Contract (IEC) work permit, coverage under this plan will continue to provide eligible benefits that are not covered by your government health insurance plan.

Optional and Automatic Extensions

1. Should You choose to extend Your coverage insurance ends on the new Return Date as shown on Confirmation of Insurance.
2. For automatic extension of coverage please refer to the section Under What Circumstances Can My Policy Extend.

Please Note: Any Sickness or Injury which first appeared, diagnosed or received medical Treatment before Your Departure Date as shown on Your optional extension of coverage may not be covered.

UNDER WHAT CIRCUMSTANCES CAN MY POLICY EXTEND?

Automatic Extension of Coverage

If You or Your Travel Companion are Hospitalized on Your scheduled Return Date Your coverage will automatically be extended at no additional Premium for the period of Hospitalization and up to 120 hours after discharge. If You have a Medical Condition rendering You medically unable to travel on Your scheduled Return Date but You are not Hospitalized, Your coverage will be automatically extended for up to 120 hours after Your scheduled Return Date.

Coverage will automatically be extended for up to 72 hours when there is a delay of a Common Carrier on which You are pre-booked as a passenger.

Optional Summary of Coverage Extension

- 1 If You choose to extend Your Trip beyond Your scheduled Return Date and You have not made a claim nor is there reason to claim, You may apply for a Summary of Coverage extension subject to the following conditions:
- 2 the request for an extension must be made through and approved by Us prior to Your original Return Date;
- 3 You must pay the required additional Premium before Your original Return Date; and
- 4 You must have been eligible for the insurance that You seek to extend at the time of Your original booking and at the time of the request for the extension.

CAN MY PREMIUM BE REFUNDED?

You may request a refund, in writing, under the following circumstances:

- 1 If Your entire Trip is cancelled before Your Departure Date You may request a refund through Travel Guard Canada.
- 2 Once You have arrived in Canada, and You need to cancel Your coverage early, Your refund will be calculated based on the remaining days of coverage from the Departure Date.
- 3 If You have applied and become eligible for a provincial or territorial health insurance plan in Canada a partial refund may be requested, in writing, which will be calculated based on the remaining days of coverage from the Departure Date.

III. EMERGENCY MEDICAL AND DENTAL COVERAGE

If You incur expenses due to a covered risk, while on Your Trip, on or after Your Departure Date, and prior to or on Your Return Date, We will provide coverage for the following covered benefits up to the specific benefit limits set out below. This includes one (1) Follow-up Visit (not including ongoing Treatment), when the medical process in dealing with the Emergency requires such a Follow-up Visit. The Follow-up Visit must take place within 14 days of the initial Emergency. Benefit limits are for each Insured under this Summary of Coverage. We do not pay more than the benefit limit as shown on the Schedule of Benefits.

Emergency Medical Coverage for Injury and Sickness

Covered Risk 1: Expenses incurred as a consequence of an Emergency resulting from Injury or Sickness. If You are admitted to a Hospital any medical care You received will not

longer be covered under this insurance once You are discharged from the Hospital.

Benefit Limit for Covered Risk 1 \$150,000 Canadian per Insured

Benefits for Covered Risk 1:

1. Eligible Emergency Medical Expenses

If prescribed by a Physician and pre-authorized by Us in advance, We cover the cost of:

- a. care received from a Physician in or out of a Hospital;
- b. a Hospital room;
- c. rental or purchase (whichever is less) of a Hospital bed;
- d. wheelchair, brace, crutch or other medical appliance;
- e. tests that are needed to diagnose Your condition;
- f. Prescribed Medication.

2. Expenses for Ambulance Transportation:

We cover:

- a. reasonable and customary charges for a local licensed ground ambulance service to transport You to the nearest qualified medical service Provider in an Emergency; or
- b. where ground ambulance transportation is required but not available local taxi or registered ride share transportation company to the nearest Hospital.

3. Emergency Evacuation and Repatriation:

If We or Your treating Physician recommends Your return to Your Country of Origin because of Your Medical Condition or after Your Emergency Medical Treatment, We cover, via the most cost-effective itinerary:

- a. Up to the cost of a one-way economy airfare; or
- b. the fare for additional airline seats to accommodate a stretcher; or
- c. the fare for an upgrade to business class when a stretcher is not required; or
- d. where medically necessary, medical air evacuation to a Hospital in Your Country of Origin, when the attending Physician or Our Medical Department recommends that You be so transported for the purpose of obtaining immediate medical Treatment; and
- e. the cost of round-trip airfare via the most cost-effective itinerary for a qualified medical attendant to accompany You, and the attendant's reasonable fees and expenses, if this is medically necessary or required by the airline.

Benefit Limit: \$5,000 Canadian per Insured

4. Bedside Companion Travel and Subsistence:

If You are travelling alone and are admitted to a Hospital for three (3) days or more, We cover, until You are medically fit to be discharged:

- a. the economy/charter class fare via the most cost-effective itinerary for the round-trip flight for someone to be with You;
- b. a Subsistence Allowance for such person's hotel

and meals (original receipts must be submitted for all eligible expenses) up to \$500 per Insured;

- c. coverage for such person under this Summary of Coverage, subject to all of its terms, conditions, limitations and exclusions.

For an Insured who is a Dependent Child or if You are mentally or physically disabled, a bedside companion is available immediately upon Hospital admission.

5. Return of Remains:

If You die during Your Trip We cover reasonable expenses incurred for any one (1) of the following:

- a. reasonable transportation costs (using customary airline procedures) to return Your remains to Your Country of Origin plus up to \$3,000 per Insured for the preparation of Your remains and a transportation container; or
- b. reasonable transportation costs (using customary airline procedures) to return Your remains to Your Country of Origin plus up to \$2,000 per Insured for the cremation of Your remains and the cost of a standard burial urn at the place of Your death; or
- c. up to \$3,000 per Insured for the preparation of Your remains and the cost of a standard burial container plus up to \$2,000 per Insured for the burial of Your remains at the location where Your death occurred.

Benefit Limit: \$5,000 Canadian per Insured.

Further, if someone is legally required to identify Your body because You have died while on a Trip, We cover:

- d. the cost of a round-trip economy airfare on a commercial flight or charter via the most cost effective itinerary to transport someone to identify Your body;
- e. a Subsistence Allowance up to \$500 for commercial accommodations and meals for that person (original receipts must be submitted for all eligible expenses); and
- f. that person under the terms of this insurance, up to three (3) business days, to identify Your body.

6. Emergency Professional Services:

We cover expenses resulting from an Emergency, for services from a licensed physiotherapist, chiropractor, chiropodist, podiatrist or osteopath if ordered by a Physician, up to \$250 per profession per Insured.

Emergency services must be a person other than Yourself or an Immediate Family Member.

7. Meals and Accommodation:

If a Medical Emergency prevents You or Your Travel Companion from:

- returning to Your Departure Point for a covered risk; or,
- Your Emergency Medical Treatment, or that of Your Travel Companion, requires Your transfer to a location that is different from Your original destination; or,

- You or Your Travel Companion being delayed beyond Your scheduled Return Date in order to obtain Emergency Medical Treatment;

We cover a Subsistence Allowance for Your commercial accommodations and meals, essential telephone calls and taxi fares, up to a daily maximum of \$250 per person, to a maximum of \$1,500 (original receipts must be submitted for all eligible expenses).

Benefit Limit: \$1,500 Canadian per Insured.

Emergency Dental Coverage for Injury and Sickness

Covered Risk 2: Expenses incurred as a consequence of the unforeseen occurrence of symptoms of Sickness or Injury occurring on a Trip resulting in the necessity of immediate Treatment by a licensed registered dentist, Physician or Hospital.

Benefit Limit for Covered Risk 2 \$150,000 Canadian per Insured

Benefits for Covered Risk 2: We cover:

- a. expenses You incur during Your Trip for care ordered, prescribed or received from a licensed dentist if You need Emergency Dental Treatment to repair or replace Your natural or permanently attached artificial teeth because of an Accidental blow occurring on a Trip to Your face or mouth; up to the benefit limit; and
- b. expenses You incur during Your Trip, while You are at least 400 kilometers from Your Country of Origin, up to the benefit limit, for Emergency Dental Treatment required because of an Emergency due to a cause other than an Accidental blow to Your face or mouth (excluding root canal Treatment); and
- c. expenses You incur for Prescription Medication as a result of such Emergency.

Conditions – Emergency Medical and Dental Coverage

All of the conditions set out in the General Conditions Section of this Summary of Coverage and all of the following conditions must be satisfied before a benefit is payable for Emergency Medical Treatment or Emergency Dental Treatment as set out in Section III, A:

1. You must not know of any reason why You will need to seek medical or dental treatment before You leave on a Trip.
2. The portion of the expenses claimed must be in excess of those reimbursable by any other insurance contract or health plan (group or individual) under which You are entitled to benefits.
3. Routine visits to a physician or dentist for a regular check-up that is non-emergent is not covered under this insurance. You must pay for those expenses.
4. the Emergency medical attention You receive must be outside of Your Country of Origin and be required as a consequence of an Emergency and ordered by a Physician;

5. During an Emergency (prior to admission or during a covered Hospitalization), We reserve the right to:
 - a. move You to one (1) of Our preferred health care Providers; and/or
 - b. return You to Your Country of Origin for medical Treatment of Your Sickness or Injury. If You choose to decline the transfer or return when declared medically able by Our medical department, We will be released from any liability for expenses incurred for such Sickness or Injury after the proposed date of transfer or return;
6. Once You are deemed medically able to return to Your Country of Origin (with or without a medical escort) either in the opinion of Our Medical Department or by virtue of discharge from Hospital, Your Medical Emergency is considered to have ended, where upon any further consultation, Treatment, Recurrence or complication related to the Medical Emergency will no longer be eligible for coverage under this Summary of Coverage.

Limitations – Emergency Medical and Dental Coverage

Our liability under this Summary of Coverage for expenses under this Emergency Medical and Dental Coverage is limited as follows:

Benefits Limited to Reasonable and Customary Cost – If

You pay eligible expenses directly to a Provider, these services will be reimbursed to You on the basis of the reasonable and customary costs that would have been paid directly to the Provider by the Insurer. Medical charges 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 costs reimbursed by the Insurer.

Exclusions – Emergency Medical and Dental Coverage

In addition to the following exclusion Your Emergency Medical and Dental Coverage is subject to all of the exclusions set out in the General Exclusions Section III of this Summary of Coverage.

Pre-Existing Condition Exclusion

We do not cover any loss or expense related directly or indirectly to:

- Any Medical Condition for which You have taken medication, been prescribed medication, received Treatment, experienced a deterioration of the condition or had cause to seek Treatment at any time within **the 180-day period** immediately preceding and including Your Departure Date.

IV. GENERAL CONDITIONS

All of the following conditions apply to all coverage under this Summary of Coverage.

1. Your coverage will be declared null and void if, for any reason:
 - a. the required Premium is not received by Us; or
 - b. You are ineligible for coverage in accordance with any section of this Summary of Coverage; or
 - c. You have incompletely or falsely provided information when purchasing Your Summary of Coverage; or
 - d. You conceal or misrepresent any material fact or circumstance concerning this insurance or in the case of fraud or attempted fraud.
2. The benefit, benefit limits and all other amounts expressed in this Summary of Coverage are expressed in Canadian currency. Where covered losses are billed in foreign currency, the rate of exchange is based on the rate effective on the date when We pay the claim. No sum payable shall bear interest. To facilitate direct payment to Providers, We may elect to pay the claim in the currency of the country where the charges were incurred based on the rate of exchange established by any chartered bank in Canada:
 - a. on the last date of service; or
 - b. on the date the claim was incurred if a cheque is issued directly to Physicians, Hospitals or other medical Providers.
3. If You are covered under more than one (1) of Our policies, or have similar coverage with another insurance company, the total amount paid to or for You will not exceed Your actual expenses and the maximum to which You are entitled is the largest amount specified for that benefit under any one (1) of Our Policies.
4. The coverage outlined in this Summary of Coverage is last payor only. If, at the time of loss, You have insurance from another source, or if any other party is also responsible, to pay for benefits also provided under this Summary of Coverage, We will pay eligible expenses only in excess of those covered by that other insurance company or insurance companies or other responsible party or parties, including insurance plans provided through credit cards, third party liability, group or individual basic or extended health insurance plans or contracts including any private or provincial or territorial auto insurance plan, providing Hospital, medical or therapeutic coverage, or any third party liability insurance in force concurrently with this Summary of Coverage.
5. In the event of a payment of a claim under this Summary of Coverage, We have the right to proceed, in Your name, but at Our expense, against third parties who may be responsible for giving rise to a claim under this Summary of Coverage. You will execute and deliver documents as necessary and co-operate fully with Us so as to allow Us to fully assert Our rights. You will do nothing to prejudice such rights.
6. We have full rights of subrogation.
7. Notwithstanding any provision of this Summary of

Coverage, this Summary of Coverage is subject to the statutory conditions of the Insurance Act applicable to contracts of Accident and Sickness insurance and the laws and regulations in Your Country of Origin. The laws and regulations of the province or territory in Canada in which You normally reside govern this Summary of Coverage and any provision in this Summary of Coverage which is in conflict with any such statute is hereby amended to conform to such statute.

8. In the event that You are found to be ineligible for coverage or that a claim is found to be invalid or benefits are reduced in accordance with any Summary of Coverage provision, We have the right to collect from You any amount which We have paid on Your behalf to Providers or other parties.
9. During the claims process, We may require You to have a medical examination by one (1) or more Physicians chosen by Us and at Our expense.
10. We are not responsible for the availability, quality or results of any medical Treatment. We are not responsible for any transportation arranged by Us. We are not responsible for Your failure to obtain medical Treatment.
11. You must, at all times while You are covered under this Summary of Coverage, act in a prudent manner so as to minimize costs to Us.
12. Any reference to age in this document is specific to Your age on the date You apply for insurance.
13. The purpose of the Trip is business or pleasure and is not to obtain health care or Treatment of any kind.
14. The Insurer 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.

V. GENERAL EXCLUSIONS

The following exclusions apply to each benefit available under this Summary of Coverage. In addition to any exclusion that apply to specific benefits outlined within each section, We also do not cover any claim, loss or any expense related in whole or in part, directly or indirectly to:

1. expenses resulting from any Sickness, Injury or state of health prior to Your Departure Date that would cause Expected Medical Treatment or Hospitalization during Your Trip;
2. reimbursement for expenses once the Emergency ends and in the opinion of the attending Physician or dentist, You are able to travel to Your Country of Origin for any further Treatment relating to the Sickness or Accident that led to the Emergency other than for a Follow-up Visit as listed under the benefits for Emergency Medical and Dental Coverage;
3. Optional Policy Extension: If approved in advance by Us

any Sickness or Injury which first appeared, was diagnosed or received medical Treatment before the Departure Date, as shown on Your optional extension of coverage, may not be covered.

4. any Treatment that is not Emergency Treatment. For example and not limited to:
 - a. expenses incurred for medication commonly available without prescription; vaccinations, injections or medication received on a preventative basis or for the maintenance of a Medical Condition; contraceptives; fertility medication; vitamin preparations; general physical examinations; or routine medical tests;
 - b. transplants including but not limited to organ transplants or bone marrow transplants, artificial joints, or prosthetic devices/implants including any associated charges;
 - c. expenses incurred for acupuncture or naturopathic or holistic Treatment;
5. ionizing radiation or radioactive Contamination from any nuclear fuel or waste which results from the burning of nuclear fuels, or, the radioactive, toxic, explosive or other dangerous properties of nuclear machinery or any part of it;
6. expenses incurred for any portion of benefits that require prior authorization and arrangements by Us if such benefits were not authorized and arranged by Us;
7. more than one (1) Follow-up Treatment, Recurrence or complication of a Medical Condition or related condition, following Emergency Treatment of that condition during Your Trip if Our medical department determines that You were medically able to return to Your Country of Origin and You chose not to return;
8. any Medical Condition, if Our medical department recommends that You return to Your Country of Origin following Your Emergency Treatment, and You choose not to travel;
9. expenses incurred for Treatment or services that are prohibited under a government health insurance plan;
10. expenses in excess of reasonable and customary rates where Treatment has occurred before You or someone on Your behalf has called Us;
11. any medical expense incurred while travelling in Your Country of Origin unless approved by Us in advance;
12. routine pre-natal care; a child born during Your Trip; childbirth or complications of childbirth; pregnancy or complications thereof after the 26th week of pregnancy or any time after the expected date of delivery;
13. Your Mental or Emotional Disorders;
14. Your committing or attempting to commit suicide or intentionally self-inflicted Injury (whether sane or insane);
15. any alcohol related Sickness, death, or Injury or the abuse of medication, drugs, alcohol or any other toxic

substance during the Trip; alcohol abuse includes having a blood alcohol level in excess of 80 milligrams of alcohol per 100 millilitres of blood;

16. Treatment or surgery for a condition or related condition that had caused Your Physician to advise You not to travel;
17. a Trip undertaken in contravention of a Physician's recommendation or after the manifestation of medical symptoms which would cause an ordinarily prudent person to seek medical advice or Treatment in the 180 days prior to Your Departure Date; or where a Terminal Condition prognosis has been diagnosed by any Physician;
18. a Medical Condition or related condition that arises during a Trip You undertake with the prior knowledge that You will require or seek Treatment or surgery for that Medical Condition or a related condition;
19. a Medical Condition for which future investigation or Treatment is planned before Your Departure Date. This does not include routine monitoring;
20. the commission of or Your direct or indirect attempt to commit a criminal act or Injury occurring while You are committing or attempting to commit a criminal act;
21. Your participation in, and any claim resulting from activities including: rock or Mountain Climbing; hang-gliding; parachuting, bungee jumping or skydiving; ski jumping, ski flying, heli-skiing, ski acrobatics, ski stunting, freestyle skiing, ski racing, ski bob racing, or on-piste and off-piste skiing in areas designated unsafe by resort management; Your participation as a professional athlete in a sporting event; and/or Your participation in a motorized race or motorized speed contest;
22. operating or learning to operate any aircraft, as pilot or crew; performing employment duties on any aircraft or ship; or performing duties in any regular armed forces service;
23. expenses incurred if You travel to a country that The Department of Foreign Affairs and International Trade of the Canadian Government or Health Canada has advised travellers not to travel to during the time of Your Trip. This exclusion applies if the advisory is issued prior to Your Departure Date;
24. war (declared or not), acts of foreign enemies or rebellion;
25. interest on a payment or reimbursement;
26. expenses arising from or related to a congenital defect if You are two (2) years of age or younger;
27. the purpose of the Trip is business or pleasure and is not to obtain health care or Treatment of any kind.

VI. MAXIMUM LIMITS OF LIABILITY

General Liability: Our liability under this Summary of Coverage is limited solely to the payment of eligible benefits,

up to the benefit limits specified herein, for any loss or expense.

VII. CLAIM PROCEDURES

Payment of Claims - To Whom Paid:

Benefits are payable to the Insured who applied for 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 Us;
2. to his/her Spouse, if living. If no living Spouse, then;
3. to the Insured's estate.

If a benefit is payable to a minor or other person who is incapable of giving a valid release, the Insurer may pay up to \$3,000 to a relative by blood or connection by marriage who has assumed care or custody of the minor or responsibility for the incompetent person's affairs. Any payment Insurer makes in good faith fully discharges Insurer to the extent of that payment.

Benefits for Emergency Medical Expense/Emergency Evacuation and Repatriation of Remains services may be payable directly to the Provider of the services. However, the Provider:

1. must comply with the statutory provision for direct payment; and
2. must not have been paid from any other sources.

For residents of New Brunswick, Newfoundland and Saskatchewan:

Travel Guard Canada
c/o Global Excel Management
73 Queen,
Sherbrooke, QC
J1M 0C9

All Other Provinces:

Travel Guard Canada Attn: Claims Department
2200- 120 Bremner Boulevard
Toronto, ON
M5J 0A8

To Claim For Emergency Medical and Dental Benefits:

You must notify Us at the below numbers prior to any Emergency Medical Treatment and prior to any surgery, invasive procedure or Hospitalization. Our assistance coordinators will provide guidance. We will make every effort, although We cannot guarantee, to pay Providers directly. You must provide Us with original receipts for incurred expenses including those for Subsistence Allowance expenses.

For residents of New Brunswick, Newfoundland and Saskatchewan:

Canada and Continental USA: 1-888-566-8028 OR
International Collect at 1-819-566-8028

All Other Provinces Call:

Canada and Continental USA: 1-866-878-0192 OR
International Collect at 1-416-646-3723

INSURER TO FURNISH FORMS FOR PROOF OF CLAIM

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

RIGHTS OF EXAMINATION

As a condition precedent to recovery of insurance money under the contract:

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

When Money is Payable

All money payable hereunder shall be paid by Us within sixty (60) days after We have received Your completed claim form and all documentation required to support Your claim.

Beneficiary Designation and Change

The Insured's beneficiary(ies) is (are) the person(s) designated by the Insured and on file with Us. If no beneficiary has been designated, payment will be made to the Insured's estate. An Insured over the age of majority and legally competent may change his/her beneficiary designation at any time unless the beneficiary designation is irrevocable, without the consent of the designated beneficiary(ies), by providing Us a written request for change. When the request is received, whether the Insured is then living or not, the change of beneficiary will relate back to and take effect as of the date of execution of the written request, but without prejudice to the Insurer on account of any payment made by it prior to receipt of the request.

YOUR RIGHT TO EXAMINE YOUR POLICY

You have 10 days from the date you purchased your insurance to review your policy and ask questions when you are not sure. If, in those 10 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 10 days, you have departed on your trip or you have reason to file a claim, you are not eligible to receive a full refund.

We require your request for a refund in writing. Please email the administrator at refund@travelguard.ca and allow for 15 business days for the refund to appear on your credit card. You will need to provide both your full name and policy number.

VIII. FEATURES AND SERVICES TO SERVE YOU BETTER

These services are available to You for the duration of Your Trip.

Assistance Services listed below are not insurance benefits and are not provided by Us. Travel Guard provides assistance through coordination, negotiation, and consultation using an extensive network of worldwide partners. Expenses for goods and services provided by third parties are the responsibility of the traveller.

Canada and Continental USA: 1-866-878-0191 or
International Collect at 416-646-3723

Worldwide Travel Assistance

- Lost passport/travel documents assistance
- ATM locator
- Emergency cash transfer assistance
- Travel information including visa/passport requirements
- Emergency telephone interpretation assistance
- Urgent message relay to family, friends or business associates
- Up-to-the-minute travel delay reports
- Arrangements for long-distance calling cards for worldwide telephoning
- Inoculation information
- Embassy or consulate referral
- Currency conversion or purchase assistance
- Up-to-the-minute information on local medical advisories, epidemics, required immunizations and available preventive measures
- Up-to-the-minute travel supplier strike information
- Worldwide public holiday information
- Emergency Travel Assistance
- Emergency return travel arrangements

PRIVACY PRINCIPLES

We abide by the Privacy Principles of the AIG Insurance Company of Canada and want You, Our policyholders, Insureds and claimants (referred to as "Customers" or "You"), to be aware of how and why We handle personal information. We work hard to respect and maintain Your privacy. However, the very nature of Our business is such that the collection, use and disclosure of personal information is fundamental to the products and services We provide.

For the purposes of the Privacy Principles, personal information means information that identifies an individual. For example: an individual's name, birth date, address, age, health and financial information is personal information which We may collect, use and in certain circumstances, where necessary, disclose, in the course of providing insurance services and carrying on business. By applying for or purchasing AIG Insurance Company of Canada's products and services, You are providing Your consent to Our collection, use, and disclosure of Your personal information for insurance purposes and carrying on business, as set out in the Privacy Principles.

You may obtain a copy of the Privacy Principles on Our website at www.aig.ca or request a copy by contacting Us at:

The Privacy Officer
c/o AIG Insurance Company of Canada
120 Bremner Boulevard, Suite 2200
Toronto, ON
M5J 0A8
1-800-387-4481

24-HOUR EMERGENCY ASSISTANCE

You must notify Us prior to any Emergency Medical Treatment and prior to any surgery, invasive procedure or Hospitalization. Failure to do so will result in Your being responsible for 30% of any eligible expenses incurred.

Québec, New Brunswick, Newfoundland and Saskatchewan Residents Call Global Excel Management:

Canada and Continental USA: **1-888-566-8028**
OR International Collect at **1-819-566-8028**

All Other Provinces Call Travel Guard:
Canada and Continental USA: **1-866-878-0192**
OR

International Collect at **1-416-646-3723**

