



SRG-9127213-
VISITOR-STUDENT-IMMIGRANT-
RETURNING CANADIAN



Travel Health – Santé Voyage
TRAVEL INSURANCE POLICY

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Capitalized Words are defined within this policy.

IMPORTANT NOTICE

- Please read Your policy carefully before You travel. If you are not completely satisfied with this policy, you may return it by registered mail to the Company within 10 days and any premium paid will be refunded.
- Travel insurance is designed to cover Emergency losses arising from sudden and unforeseeable circumstances. It is important that You read and understand Your policy before You travel as Your coverage may be subject to certain limitations and exclusions.
- Benefits - This policy covers You up to a maximum aggregate of two hundred thousand dollars (\$200,000.00) less any applicable deductible (see Section IV "What is Covered").
- Limitations and Exclusions are set out in Section IV.
 - Exclusions for Pre-existing Conditions will apply to medical conditions and/or symptoms that existed on or prior to Your Departure Date, unless you have selected to cover Your pre-existing conditions and paid the corresponding additional premium. (Exclusion # 1).
 - A Pre-Existing Condition does not include a Minor Ailment. Please note that a chronic condition or any complication thereof is not considered a Minor Ailment. (See the Definition).
 - Exclusions for lack of Stability - No coverage is provided under this policy for losses resulting from a Sickness or injury if Your Period of Stability for that Sickness or injury is less than 3 months (See Exclusion # 3).
 - Diabetes: If You have been diagnosed with diabetes, losses or expenses incurred for or as the result of Treatment for heart or stroke conditions will not be covered unless You have obtained an underwriting endorsement, which discloses Your medical history and You have paid the required additional premium.
 - Deductible: A two hundred and fifty dollar (\$250.00) deductible applies unless you have chosen a different Deductible amount in Your application.
 - Application Process - There is no Medical information required unless You want coverage for Your Pre-existing Conditions. If You have completed an application to cover Pre-existing conditions please check Your Medical Declaration in Your application. If there are discrepancies in Your Medical Statement, or changes in Your health status or medication, between the time You answered the qualifying

questions and Your Departure Date, please contact the office where You purchased this policy to make the necessary amendments to Your Application in writing. If Your application contains a material mistake You run the risk of Your policy being null and void for non-disclosure, Your claim being declined, and Your premium refunded.

- Application to be covered for Pre-existing Conditions may be made on-line.
- In the event of hospitalization You are required to contact the emergency assistance operator for prior approval of Treatment or within 24 hours of admission to hospital.

I ELIGIBILITY FOR COVERAGE

You are eligible for coverage if:

1. You are not insured or eligible for benefits under a Canadian Government Health Insurance Plan; and
2. You are not residing in a nursing home, rest home, convalescent home, rehabilitation centre or home for the aged unless You receive written approval from The Company; and
3. You are in good health at the time You purchased this policy and You know of no reason why You would require medical services during Your Insured Trip.

II HOW THIS POLICY WORKS - INSURING AGREEMENT

In consideration of Your application for insurance and payment of the appropriate premium and subject to the terms and conditions of this policy, the Company will pay the benefits of this policy, up a maximum aggregate of two hundred thousand dollars (\$200,000.00) per insured person less any applicable deductible, as per the Option chosen, for eligible expenses incurred by You which are in excess of any other insurance or deductible amounts; and

- (a) The Company will pay the eligible expense incurred as the result of Your Pre-existing Conditions if You have completed a medical questionnaire, submitted it for underwriting approval, paid the necessary premium and received a written endorsement and guarantee of coverage.
- (b) A standard two hundred and fifty (\$250.00) deductible will apply to all claims, with the exception of Your hospitalization. You have the option of applying for a larger deductible or a zero deductible for Your health insurance coverage and the premium will be adjusted accordingly.
- (c) If Your health changes or does not remain Stable and Controlled between the date You submitted Your application and the Effective Date of coverage, You may not be covered if a claim occurs. You may be required to reapply for coverage and if so please contact Your sales agent.

III INSURANCE COVERAGE - OPTIONS AVAILABLE

1. HEALTH INSURANCE FOR VISITORS TO CANADA
 - SINGLE TRIP COVERAGE –
You may apply for coverage for a single trip up to the maximum of days permitted by your visa. Should no visa be necessary, the maximum days of coverage per policy is 180 days.
Note: (1) Sports coverage endorsements are available by automatic application, and
(2) Pre-existing Condition coverage is available through an application with automatic medical underwriting.
 - TOP-UP COVERAGE
Top-up coverage: You may apply for an Extension of Your health insurance coverage providing You have not incurred a claim in the insured period prior to the Effective Date of the Top-up coverage You wish to purchase.

PLEASE NOTE:

The specific details of Your plan are outlined on Your Confirmation Letter, Medical Statement and if applicable, Your application, which forms a part of this policy. You will be responsible for expenses that are not payable by the Company and no coverage is provided under this policy for losses resulting from a Sickness or injury if Your Period of Stability for that Sickness or injury is less than 3 months (See Exclusion # 3).

IV WHAT IS COVERED

OPTION 1: \$100,000.00 Coverage OPTION 2: \$200,000.00 Coverage

Reimbursement will be made for benefits listed in the event of a Medical Emergency when not excluded under "What is Not Covered", only to the extent that:

1. Reimbursement is not prohibited by law, nor is it available or covered under any Canadian Government Health Insurance Plan, Worker's Compensation Act or Similar law or legislation or any other insurance Policy or plan; and
2. The care, services or supplies were provided or obtained on the written authorization or prescription of a Physician or Dentist.
3. Pre-existing Conditions may be covered if You have completed the medical questionnaire, paid the required premium, and received written confirmation of coverage from the Company. Individual benefit maximums apply where specified.

UNDER HEALTH INSURANCE

This plan provides Emergency Hospital and Medical coverage, up to the Maximum Aggregate Sum Insured as You selected at the time of application per any one Sickness or Injury and subject to a two hundred and fifty dollar (\$250) deductible per Insured unless a surcharge is paid to have this deductible removed. Individual benefit maximums apply. Temporary visits outside Canada are covered, provided you are not eligible for any Government Health Insurance Plan Benefits in the country in which You are visiting, a maximum of 25% of your Policy Period is outside Canada, and you are not a resident of the country You are visiting.

1. EMERGENCY HOSPITAL/MEDICAL TREATMENT

Expenses that are Medically Necessary for Emergency hospital and medical Treatment are covered and all other related expenses resulting from an Injury (accident) or new Sickness or disease that first manifests itself during the Insured Trip are covered up to two hundred thousand dollars (\$200,000.00). Expenses for the Emergency Treatment and care of Pre-existing medical conditions are covered if You have completed the medical questionnaire, paid the required premium, and received written confirmation of coverage from the Company.

2. EXTENDED HEALTH CARE

The following services and Treatment are covered and must be supported by a written order from the attending physician.

- a) Prescription Drugs limited to a 30 day supply up to a maximum of five thousand dollars (\$5,000);
- b) Diagnostic, X-rays & Laboratory Services up to a maximum of ten thousand dollars (\$10,000);
- c) Local licensed Ambulance services up to a maximum of five thousand dollars (\$5,000);
- d) Private Duty Nursing services performed by a registered Nurse (R.N.) or Registered Medical Attendant, other than a relative up to a maximum of five thousand dollars (\$5,000);
- e) Wheelchair rental, crutches, braces and other necessary medical appliances up to a maximum of five thousand dollars (\$5,000);
- f) 50% of the costs for the services of a chiropractor, chiropodist, osteopath and physiotherapist when referred by a doctor following a covered injury up to a maximum of five hundred dollars (\$500).

3. DENTAL ACCIDENT

The Company will pay for dental expenses during the policy period when Your sound natural teeth are damaged as the result of a direct accidental blow to the mouth. Relief of dental pain will be reimbursed to a maximum of one thousand dollars (\$1,000) per insured trip.

4. OUT-OF-POCKET EXPENSES

Additional out-of-pocket expenses (i.e., telephone, television rental) are covered up to one hundred dollars (\$100) when You are hospitalized for a covered Medical Emergency. Expenses must be supported by an original receipt.

5. EMERGENCY RETURN HOME BY REGULAR FLIGHT OR AIR AMBULANCE

In the event of a Medical Emergency, the Company will pay the costs up to one hundred thousand dollars (\$100,000) to transport You to the nearest appropriate medical facility. If you must be transported to your original country of residence for immediate medical attention following a covered emergency, the Company will pay to transport You to your original country of residence by Air Ambulance, provided You are unable to return by regular flight, and prior written approval is obtained from the Medical Director. If you must be transported to Your original country of residence for immediate medical attention following an Emergency, the Company will pay up to the maximum, for the extra cost (i.e., one-way economy fare, accommodation for a stretcher, and a medical attendant) to return You by regular flight when approved by the Medical Director.

This Company will pay up to a maximum of five thousand dollars (\$5,000) for the necessary cost of returning You to Your home country of residence by regular flight if You are totally disabled as the result of an Emergency. Once returned to Your original country of residence, all benefits and coverages cease.

6. REPATRIATION

In the event of Your death the Company will pay up to a maximum of five thousand dollars (\$5,000) for the cost of returning Your remains to Your country of residence or burial or cremation at the place of death. The Company will not pay for the cost of a burial coffin.

7. TRANSPORTATION OF RELATIVE and IDENTIFICATION OF REMAINS

If You are hospitalized for a covered critical Injury or Sickness, the Company will pay the cost, up to a maximum of two thousand dollars (\$2,000), of transporting a relative or member of Your family who is not travelling with you to Your bedside. (Your relative should consider purchasing their own insurance coverage.) The Company will also pay for meals and accommodation for the covered person up to a maximum of one hundred dollars (\$100) a day, when your attending Physician expects You to remain in Hospital for seven (7) days or more, or in the event of your death to identify your remains.

8. RETURN OF TRAVELLING COMPANION/ DEPENDENT CHILDREN

If You return home under the terms of Benefits 5 or 6, the Company will pay up to two thousand dollars (\$2,000) for the return of Your travelling companion(s) and/or Dependent(s) who are travelling with You at the time of the Medical Emergency if they are insured with the same Travel Insurance Policy.

9. ESCORT OF INSURED CHILDREN

The Company will pay up to one thousand dollars (\$1,000) to reimburse you for the cost of the services of a care giver (other than a relative) contracted by you to escort your Insured children (under the age of 16) to their home in the event You are Hospitalized or must be Medically repatriated when such services are arranged by the Company and approved in advance.

10. MEALS & COMMERCIAL ACCOMMODATION

The Company will pay up to two hundred dollars (\$200) a day up to a maximum of fifteen hundred dollars (\$1,500) when the return portion of an Insured Trip is delayed beyond the scheduled date due to a Medical Emergency or death of Your extended family member or a travelling companion.

11. VEHICLE RETURN

While in North America and when approved in advance by the Company You will be Reimbursed the reasonable commercial expenses, up to a maximum of one thousand dollars (\$1,000), for the return of Your private or rental Vehicle or mobile home in the event of Your medical incapacitation or Hospitalization; or You will be reimbursed for the reasonable economy fare to Return to your residence if your private Vehicle is stolen or inoperative due to an Accident.

(B) EXTENDING YOUR STAY

Coverage will be extended at the option of the Company provided no event has occurred which would give rise to or result in a claim. Extension of coverage will

be void and of no force or effect if a claim has occurred in the period immediately prior to the effective date of Your extension coverage. Minimum premium levels apply. This coverage cannot be purchased after Your Departure Date without the express written approval of the Company. Extension coverage is effective on the date immediately following the Termination Date of Your existing emergency travel health insurance coverage provided You have paid the appropriate premium prior to the Termination Date of Your existing coverage.

V LIMITATIONS & EXCLUSIONS WHAT IS NOT COVERED FOR: HEALTH INSURANCE

No coverage shall be provided under this contract and no payment shall be made for any Loss resulting in whole or in part from, or contributed to by, or as a natural and probable consequence of, any of the following excluded risks:

1. Any Pre-existing Condition, unless You have been approved for Pre-existing Condition coverage and received written confirmation of coverage from the Company;
2. Diabetes: if You have been previously diagnosed with diabetes, Treatment for cardiovascular or cerebrovascular conditions is not covered (excluded) unless you have disclosed Your complete medical history, submitted it for underwriting approval and obtained an endorsement issued by the Company to cover Your specified pre-existing conditions;
3. Any loss, Sickness or Injury related directly or indirectly to symptoms which occurred in the three (3) months before the effective date of coverage on the covered trip or any loss. Sickness or Injury a Sickness or injury if Your Period of Stability for that Sickness or injury is less than 3 months or any loss;
4. Sickness or Injury occurring while this policy is not in effect;
5. Expenses incurred as a result of asymptomatic or symptomatic HIV infection, Acquired Immune Deficiency Syndrome (AIDS), AIDS related conditions (ARC) or the presence of HIV, including any associated diagnostic tests or charges or other sexually transmitted disease;
6. Hospital or Medical Treatment, where this policy is specifically purchased to obtain such services, whether or not authorized by a Physician;
7. A Sickness, injury or related condition during a Trip undertaken;
 - a. with the knowledge that You will require or seek Treatment or surgery for that Sickness, injury or related condition, or
 - b. for the purpose of obtaining Treatment or surgery.
8. Non-Emergency Medical Treatment or investigation, check-ups, cosmetic surgery, chronic care, rehabilitation, Elective Treatment or any complications directly or indirectly related thereto, or Treatment which can be reasonably delayed until You can return to your country of normal residence by the next available means of transportation The delay to receive Treatment in Your country of normal residence or territory of residence has no bearing on the application of this exclusion;
9. Sickness or Injury when travel is booked or commenced contrary to medical advice, with prior knowledge of an Unstable Condition, or after determination of a Terminal Prognosis;
10. Major medical or surgical procedures, including but not limited to cardiac surgery, which are not approved in advance by the Medical Director;
11. Expenses arising from Sickness or Injury related to a change in a pre-approved Pre-existing Condition if You failed to notify the Company of that change prior to your Departure Date;
12. Any Medical Treatment, investigation, or hospitalization which is a continuation of or subsequent to a Medical Emergency, unless You are declared medically unfit to return to your country of normal residence by the Medical Director;
13. Childbirth, miscarriage, deliberate termination of pregnancy or any complications incident to pregnancy;
14. Mental, nervous or emotional disorders, misuse of medication, abuse of drugs or intoxicants, any Sickness related to and/or induced by alcohol, medication, drug and/or toxic substance abuse, any accident related to and/or induced by an excessive consumption of alcohol (determined by a blood-alcohol level in excess of eighty (80) milligrams per one hundred (100) milliliters of blood) or Treatment thereof;
15. Suicide or attempt thereat, or self-inflicted Injury, whether sane or insane;
16. Sickness or Injury arising from civil disorders, war or act of war, declared or not, or willful exposure to peril except in an attempt to save human life;

17. Eye examinations, replacement of lost or damaged eyeglasses, contact lenses, hearing aids or prescriptions for same Eye examinations, replacement or damages for loss of hearing devices, eyeglasses, sunglasses, contact lenses, or prosthetic teeth or limbs, or any prescription for same;
18. Committing or attempting to commit any criminal or illegal activity;
19. Air travel other than as a passenger in a commercial aircraft with a seating capacity of six people or more, licensed to carry passengers for hire;
20. An automobile Accident where You are entitled to benefit under an automobile insurance act (including but not limited to no-fault benefits), or under an applicable Insurance Act;
21. Participation in sanctioned competitive sports, professional sports or, participation in aerobatic or stunt flying, hang gliding, mountaineering, skydiving, parachuting, bungee jumping, scuba diving without being properly certified, extreme fighting, any racing or speed contests unless the Insurance Company has accepted the risk and issued a Rider;
22. For children under two (2) years of Age: Any Sickness or medical condition related to a birth defect;
23. Treatment or surgery for a specific condition, or a related condition, which:
 - a. had caused Your Physician to advise You not to travel, or
 - b. You contracted in a country during Your Trip when, before Your Effective Date, a written formal notice was issued by the Department of Foreign Affairs and International Trade of the Canadian government, advising Canadians not to travel to that country, region or city;
24. Noncompliance with prescribed medical therapy or Treatment;
25. The replacement of an existing prescription, whether by reason of loss, renewal or inadequate supply, or the purchase of drugs and medications (including vitamins) which are commonly available without a prescription or which are not legally registered and approved in Canada:
 - a. cardiac catheterization, angioplasty and/or cardiovascular surgery including any associated diagnostic test(s) or charges unless approved in advance by the Company prior to being performed, except in extreme circumstances where such surgery is performed as a Medical Emergency immediately upon admission to Hospital;
 - b. magnetic resonance imaging (MRIs), computerized axial tomography (CAT) scans, sonograms, ultrasounds or biopsies unless approved in advance by the Company;
26. Services in connection with general health examinations, routine prenatal care, regular care of a chronic condition;
27. The continuing care and/or Medical Treatment of an acute Sickness or Injury after the initial Medical Emergency has ended (as determined by Our Medical Director) or a medical consultation where the Physician observes no Change in a previously noted condition, symptom or problem;
28. Medical care or surgery that is cosmetic in nature;
29. Cataract surgery or services provided by a naturopath or an optometrist or in a convalescent home, nursing home, rehabilitation centre or health spa;
30. Air ambulance services unless approved in advance and arranged by the Company;
31. Expenses for which no charge would normally be made in the absence of insurance or expenses which exceed the reasonable and customary charges for the region where the services were provided or any loss, Sickness or Injury if the expense is incurred in your original country of residence;
32. The Company reserves the right to transfer You to an appropriate Hospital within its Global Health Network ®, provided You are medically fit to be transferred or to arrange transportation to return You to Country of normal residence following a Medical Emergency. If You decline to return to Country of normal residence when declared medically fit to travel by the Medical Director, any continuing expenses for such Sickness or Injury shall not be covered;
33. Failure to contact Emergency Assistance within the first 24 hours of hospitalization for a Medical Emergency will limit benefits under this policy to 70% of eligible expenses to a maximum of twenty five thousand dollars (\$25,000). For claims resulting from an eligible Medical Emergency other than hospitalization, an additional two hundred and fifty dollar (\$250) deductible per Insured will be applied if You fail to Contact Emergency Assistance immediately. This Deductible amount will be waived in the event of critical Medical Emergency if You or Your

travelling companion is unable to phone immediately. All coverages and benefits cease upon Your return to your original country of residence.

VI GENERAL TERMS AND CONDITIONS

1. Co-ordination of benefits with other insurance plans: This policy is designed to pay in excess of any existing coverage held by You and shall not substitute for any other coverage which would have been in effect and would have reimbursed for expenses incurred if this insurance was not in effect, including but not limited to, homeowners insurance, tenants insurance, multi-risk insurance, extended health care insurance, automobile insurance, credit card Policy or any other Insurer's individual Plan. Benefits payable under all policies or plans shall not exceed 100% of the eligible expenses incurred.
2. The required premium is due and payable at the time of application (Application Date). Premium will be calculated according to the schedule of premium rates in effect on the Application Date based on Your age on the Effective Date.
3. Policy Terms and Conditions are subject to change with each new policy purchase, without prior notice, to reflect actual experience.
4. This policy is void if You makes any false or fraudulent statements in the application for insurance, the medical declaration, a claim for insurance benefits or if You are covered under insurance benefits from any other insurer for an accident or Sickness claim being made under this policy.
5. Coverage will be null and void if the premium is not received, if a cheque is not honoured for any reason, if credit card charges are invalid, if no proof of Your payment exists or if You did not answer the qualifying medical questions truthfully, accurately or completely. The Company reserves the right to decline an application, or any request for extensions of coverage.
6. Benefit limits and premium payments made under this policy shall be in Canadian currency, the deductible is in Canadian currency and no sum payable shall carry interest.
7. This policy shall be governed by the laws of Canada in all respects including matters of construction, validity and performance.
8. Notwithstanding any other provision contained herein, this contract is subject to Statutory Conditions in the Insurance Act.
9. No payment is provided for expenses incurred in Your country of normal residence even when you are returned to your original country of residence by the Company.

VII DEFINITIONS

"Company" means AIG Insurance Company of Canada.

"Deductible" means the amount in Canadian dollars, which the You must pay before any remaining covered expenses, are reimbursed under this policy. The deductible applies once per Insured person per trip.

"Departure Date" means the earlier of the date You (a) board Your ticketed transportation or (b) leave Country of normal residence on an Insured Trip.

"Dependent(s)" means any unmarried children residing at home, who are at least 15 days of age but under age 19 and who are living with and dependent upon You for their sole means of support.

"Effective Date" means the date, indicated on Your Confirmation Letter, provided the Company or its Representative has received the appropriate premium. If coverage is purchased after Your Departure Date, Emergency Sickness-related benefits shall become effective 48 hours after the date and time the required premium is received by the Company.

"Elective Treatment" means Medical Treatment, surgery or any other procedure scheduled by Your Physician to occur at a later date.

"Emergency" means an unexpected or unforeseeable Sickness or Injury which requires immediate non-discretionary medical attention, Treatment or care for the immediate relief of acute symptom, which upon the advice of a physician cannot be delayed until you return to your country of normal residence or territory of residence.

"GHIP" means the health insurance coverage that Canadian provincial or territorial governments provide for their residents.

"Hospital" means a facility equipped to perform surgery, on a Medical Emergency in-patient and out-patient basis, but in no event shall this include a nursing home, rest home, convalescent home, rehabilitation centre, or home for the aged, a place for the Treatment of alcohol or drug addiction.

"Insured" means a person(s) named on the application form for which insurance coverage is in effect under this policy.

"Insured Trip" means a trip on which You are travelling outside Your Country of normal residence and for which coverage is in effect. Coverage on a trip begins on Your Departure Date and ends on the earlier of the date (i) You return to Your Country of normal residence, or (ii) the number of days of coverage You purchased expires.

"Medical Director" means the medical doctor acting for the Company.

"Medical Emergency" means an unexpected or unforeseeable Sickness or Injury not related to a Pre-existing Condition (unless a rider has been issued to cover specified pre-existing conditions) which requires immediate medical attention, Treatment or care during Your Insured Trip.

"Medically Necessary" in reference to a given service or supply, means such service or supply:

- a. is appropriate and consistent with the diagnosis according to accepted community standards of medical practice;
- b. is not experimental or investigative in nature;
- c. cannot be omitted without adversely affecting Your condition or quality of medical care;
- d. cannot be delayed until Your return to Your country of normal residence or territory of residence; and
- e. is delivered in the most cost effective manner possible, at the most appropriate level of care and not primarily by reason of convenience.

"Medical Treatment" means medical advice, consultation, care, service, diagnosis or prescription, given on an Emergency basis, rendered by a Physician for Your Sickness or Injury.

"Minor Ailment" means any Sickness or injury which does not require the use of medication for a period greater than 15 days, more than one follow up visit to a physician, hospitalization, surgical intervention, or referral to a specialist, which ends at least thirty (30) days prior to Your Departure Date. Please note that a chronic condition or any complication thereof is not considered a Minor Ailment it is a Pre-existing Condition.

"Period of Stability" means that, during the period selected in Your application, there has been : NO increase in symptoms or development of new symptoms; NO reduction, increase or stoppage in medication dosage or its frequency; NO new medications prescribed; You have NOT been hospitalized or required medical consultation (other than a routine examination); AND NO medical, therapeutic or diagnostic procedure has been prescribed, received or performed, or recommended by a Physician, including but not limited to investigative testing and surgery, during the period selected on your application form,

"Physician" means a person, other than a relative, who is legally qualified and licensed to practice medicine or perform surgery. The following are not considered to be Physicians: naturopath, herbalist and homeopath.

"Pre-existing Condition" means a medical or physical condition, symptom, illness or disease, whether diagnosed or not, for which Treatment has been received or taken, or which exhibited symptoms, at any time preceding Your Departure Date and includes a medically recognized complication or Recurrence of a medical condition but does not include a Minor Ailment.

The Pre-existing Condition exclusions will apply to a loss or expenses resulting from a medical conditions and/or symptoms that existed on or prior to Your Departure Date, unless you have selected underwriting to cover Your pre-existing conditions and paid the corresponding additional premium. Check to see how this applies in Your policy and how it relates to Your Departure Date, date of purchase and Effective Date. In the event of an accident, Injury or Sickness, Your prior medical history will be reviewed when a claim is reported. You must notify Emergency Assistance prior to any medical Treatment. Your policy may limit benefits should You not contact Emergency Assistance within a specific time period. If You have been diagnosed with diabetes, losses or expenses incurred for or as the result of Treatment for heart or stroke conditions will not be covered unless You have obtained an underwriting endorsement, guarantee of coverage which discloses Your medical history and You have paid the additional premium.

"Reasonable and Customary" means the costs customarily charged for covered benefits, which are not in excess of the standard fee in the geographical area where the charges are incurred for comparable Medical Treatment, services or supplies for a similar Sickness or Injury.

"Recurrence" means the appearance of symptoms caused by or related to a medical condition which was previously diagnosed by a Physician or for which Treatment was previously received.

"Representative" means the agent or other location where the Company has made acceptance of payment arrangements.

"Return date" means the date on which You are scheduled to return to Your original point of departure from Your trip as shown on Your application for Insurance.

"Sickness" means the onset of Sickness or disease requiring medical Treatment, care or advice while you are travelling anywhere in the world outside of your country of normal residence or territory of residence while your coverage under this Policy is in force, which causes a Loss covered by this Policy while you are outside your country of normal residence or territory of residence after the Effective Date and before the Expiry Date.

"Spouse" means the person to whom You are legally married or, if there is no such person, the person with whom You reside and have resided for at least twelve (12) months and whom You present publically as Your Spouse (regardless of sex).

"Stable and Controlled" means that within three months immediately preceding Your Departure Date Your condition is not worsening and there has been:

- a. NO increase in symptoms or development of new symptoms;
- b. NO reduction, increase or stoppage in medication dosage or its frequency;
- c. NO new medications prescribed;
- d. You have NOT been hospitalized or required medical consultation (other than a routine examination); AND
- e. NO medical, therapeutic or diagnostic procedure has been prescribed, received or performed, or recommended by a Physician, including but not limited to investigative testing and surgery.

"Terminal Prognosis" means a clinical assessment performed by a licensed Physician who determines that an existing medical condition, Sickness or Injury is expected to result in Your premature death within the twelve (12) month period following any Departure Date.

"Termination Date" means the date any coverage ends, being the earlier of the date (i) You return to Your Country of normal residence, or (ii) the number of days of coverage You purchased expires.

"Treatment" means a medical, therapeutic or diagnostic procedure, prescribed, performed or recommended by a Physician, including but not limited to prescribed medication, investigative testing, hospitalization and surgery.

"Trip" means travel outside Your country of normal residence or territory of residence which commences after Your departure date and which terminates before Your return date.

"Unstable Condition" means a Sickness or Injury which would cause an ordinarily prudent person to expect the need for Medical Treatment or investigation following departure.

"Vehicle" under the Return of Vehicle benefit, means any one of a private or rental automobile or mobile home but does not include any trailers, motorcycles or towed Vehicle.

"You" or **"Your"** means each Insured Person.

VIII REFUNDS

If You are not completely satisfied with this policy, You may return it by registered mail to Your Agent within 10 days of purchase, provided the Effective Date of Your coverage has not started during the 10-day period. In this case any premium You paid will be refunded in full.

If You wish to cancel Your policy more than ten (10) days after purchase, requests for a pro-rata premium refund will be considered if no claim has been paid or is pending and no assistance services by the Assistance Centre have been provided. A refund will be calculated from the date of written notification to us, subject to a 12% charge for the cost of processing the policy and the recovery of credit card fees, plus an administration fee of \$25.00 per application and a minimum refund amount of \$10.00 per policy per Insured. The Termination will be dated after the date of Your written request.

IX EMERGENCY PROCEDURE

Call Emergency Assistance immediately from anywhere in the world, ask the operator to place a collect call to Canada at 514-875-5005.

If You require medical services or within 24 hours of hospitalization, You must call Emergency Assistance. Failure to notify Emergency Assistance as directed will delay the processing and payment of Your claim and may limit the Company's liability (See What is Not Covered - Limitations and Exclusions # 33).

X CLAIM PROCEDURE

When submitting a claim, please include a brief explanation of the medical situation, e.g., how, where and when the loss, Sickness or Injury took place. Claims must be reported within thirty (30) days of occurrence and written proof of claim is required within ninety (90) days of occurrence. Claims cannot be considered unless the claim form is fully completed and signed by the claimant and submitted along with all required documentation including original receipts. All documentation must be supplied free of expense to the Company.

General Inquires: Please call Your Representative

Claims Service provided by:
Globe Insurance Management Company Inc.
Call 514-875-5005 collect from anywhere in the world
service@globeassurances.com

Mail or Delivery to:
GLOBE Insurance Management Inc.
1100, Boul. Rene-Levesque Ouest, suite 1100
Montreal QC H3B 4N4

This Policy is Administered by Special Risks MRM Inc.
Neither the Representative nor the Company is responsible for the availability, quantity, quality or results of any medical Treatment received by You or Your failure to obtain medical assistance.

IN WITNESS WHEREOF, the Company has issued this policy.
Underwritten by the "Company"
AIG INSURANCE COMPANY OF CANADA



President



Secretary



Countersigned by Authorized Representative