

# — POLICY —

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### IN THE EVENT OF AN EMERGENCY, YOU MUST CALL GLOBAL EXCEL IMMEDIATELY:

From Canada and U.S., call TOLL FREE 1-800-715-8833

From anywhere, call COLLECT 819-566-8839

Do not assume that someone will contact *Global Excel* on *your* behalf. It remains *your* responsibility to ensure that *Global Excel* has been contacted prior to receiving treatment or as soon as reasonably possible. Failure to do so limits benefits to 80% of eligible expenses to a maximum of \$25,000 in the event of hospitalization, and to one outpatient consultation per *sickness* or *injury* (see Section VI - Limitations and Restrictions).

#### SECTION I

#### IMPORTANT NOTICES

- Throughout this policy, words in italics have a specific meaning and are defined in Section II - Definitions.
- This insurance is designed to cover losses arising from sudden and unforeseeable circumstances. It is important that *you* read and understand *your* policy, as *your* coverage may be subject to certain limitations and exclusions.
- A pre-existing medical condition exclusion applies to medical conditions and/or symptoms that existed prior to *your* trip. Check to see how this applies in *your* policy and how it relates to *your* effective date.
- In the event of an *accident, injury* or *sickness*, *your* prior medical history will be reviewed after a claim has been reported.
- All amounts are in Canadian currency, unless indicated otherwise.

Please read this policy carefully.

#### SECTION II

#### DEFINITIONS

THROUGHOUT THIS POLICY, DEFINED WORDS ARE IN ITALICS.

**Accident** means a fortuitous, sudden, unforeseen and unintentional event exclusively attributable to an external cause resulting in bodily *injury*.

**Child(ren)** means a dependent and unmarried child of the *insured* or his/her *spouse*, who is at least 15 days old and under 22 years of age on the date of application, or is over 21 years of age and has a permanent physical impairment or a permanent mental deficiency on the date of application and who is dependent on *you* for support.

**Country of Origin** means the country for which *you* hold a passport. Where *you* hold more than one passport, the country of origin will be taken to mean the country that *you* have declared on the application form. Where a *family* is to be covered by the policy, there will be deemed to be one country of origin for the *family*, which will be the country of origin declared on the application form.

**Deductible** means the amount in Canadian dollars (\$50) for which *you* are liable before any remaining eligible expenses are reimbursed under this policy. The deductible applies once per *insured*, per covered *trip*.

**Emergency** means that *you* require immediate *medical treatment* for the relief of acute pain or suffering resulting from an unexpected and unforeseen *sickness* or *injury* occurring while on a covered *trip* and that such *medical treatment* cannot be delayed until the end of such *trip*.

**Family** means *you* and/or *your spouse* and *your children* as named on the application form and confirmation of insurance.

**Global Excel** means the company appointed by the Insurer to provide medical assistance and claims services.

**Hospital** means an institution which is designated as a hospital by law; which is continuously staffed by one or more *physicians* at all times; which continuously provides nursing services by graduate registered nurses; which is primarily engaged in providing diagnostic services and/or medical and surgical treatment of *sickness* and *injury* in the acute phase, or active treatment of chronic *sickness*; which has facilities for diagnosis, major surgery and in-patient care. The term hospital does not include convalescent, nursing, rest or skilled nursing facilities, whether separate from or part of a regular general hospital, nor a facility operated exclusively for the treatment of persons who are mentally ill, aged, drug or alcohol abusers.

**Immediate Family Member** means *your* mother, father, sibling, child, *spouse*, grandparent, grandchild, aunt, uncle, niece, nephew, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law or sister-in-law.

**Injury** means an unexpected and unforeseen harm to the body caused by an *accident*, occurring while on a covered *trip* and requires immediate *emergency* treatment that is covered by this policy.

**Insured, you, your** and **yourself** means any eligible person who is named on the application form or the confirmation of insurance.

**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.

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

- is appropriate and consistent with the diagnosis according to accepted community standards of medical practice;
- is not experimental or investigative in nature;
- cannot be omitted without adversely affecting *your* condition or quality of medical care; and
- cannot be delayed until the end of *your* covered *trip*.

**Minor Ailment** means any *sickness* or *injury* which does not require the use of medication for a period of greater than 15 days, more than one 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 application for this insurance.

**Physician** means a medical practitioner whose legal and professional standing within his/her jurisdiction is equivalent to that of a doctor of medicine (M.D.) licensed in Canada, who is duly licensed in the jurisdiction in which he/she practices, who prescribes drugs and/or performs surgery and who gives medical care within the scope of his/her licensed authority. A physician must be a person other than *you* or an *immediate family member*.

**Reasonable and Customary Costs** means costs that are incurred for approved, eligible medical services or supplies and that do not exceed the standard fee of other providers of similar standing in the same geographical area, for the same treatment of a similar *sickness* or *injury*.

**Sickness** means a disease or disorder of the body which results in loss while this coverage is in effect. The sickness must be sufficiently serious to prompt a reasonably prudent person to consult a *physician* for the purpose of *medical treatment*.

**Spouse** means the person to whom *you* are legally married or with whom *you* have been residing for at least the last 12 months.

**Sum Insured** means the maximum sum payable (either \$15,000, \$25,000, \$50,000, \$100,000 or \$150,000) that *you* have selected at the time of purchase and paid for, or that applies to a given insurance coverage.

**Terminal Illness** means a medical condition that is cause for a *physician* to estimate that *you* have less than six months to live or for which palliative care is received.

**Trip** for Canadian residents means the duration of *your* insurance coverage under this policy as specified on the application form or the confirmation of insurance; for non-Canadian residents, means travel outside *your* country of origin.

#### SECTION III

#### ELIGIBILITY

To be eligible for coverage under this plan:

- You* must be a visitor to Canada, a person with a work visa, an immigrant to Canada or a Canadian resident, who is not eligible for a provincial or territorial government health insurance plan in Canada.
- You* must be at least 15 days of age and less than 86 year of age.
- You* must NOT be travelling against the advice of a *physician* and/or have been diagnosed with a *terminal illness*.
- You* must NOT have a kidney disease requiring dialysis.
- You* must NOT be experiencing new or undiagnosed symptoms.
- This insurance may be purchased prior to *your* arrival in Canada or within 30 days thereof. However, if *you* have been in Canada for more than 30 days at the time of application, *you* may purchase this insurance if *you* meet the following conditions:
  - you* have not seen a doctor for a condition other than a *minor ailment* since *you* arrived in Canada; and
  - you* know of no reason to seek medical attention at this time.
- Your spouse* or *child(ren)* must also meet all the above criteria to be eligible for coverage under this plan.

1. **The Contract**

**This contract offers coverage up to the *sum insured* selected at the time of application.**

This policy, the application and the confirmation of insurance constitute *your* contract of insurance.

The Insurer reserves the right to decline an application or any request for an extension of coverage.

Proof of *your* date of arrival may be required. The premium is based on *your* age as of the application date. The plan type purchased and the *sum insured* selected cannot be changed after the effective date indicated on *your* confirmation of insurance.

When more than one policy of this form is issued by the Insurer and is in force with respect to *you* at the time of claim, only one such policy, the earliest by effective date, will apply.

2. **Payment of Premium**

a) The required premium is due and payable at the time of application and will be determined according to the schedule of premium rates then in effect. Premium rates, policy terms and conditions are subject to change without prior notice to reflect actual experience in the marketplace. A minimum premium of \$20 applies.

If the premium is insufficient for the period of coverage selected, we will:

- i) charge and collect any underpayment; or
- ii) alter the policy period to coincide with the premium paid.

b) Coverage will be null and void if the premium is not received, if a cheque is not honored for any reason, if credit card charges are invalid or if no proof of *your* payment exists.

3. **Family Plan**

a) Covers the *insured* and all *family* members named on the application (see the definition of *Family* in SECTION II);

b) Coverage dates must be the same for all *family* members;

c) All *family* members must live at the same address while in Canada; and

d) The premium for *family* coverage must be paid prior to the effective date of the policy, as shown on *your* confirmation of insurance.

4. **Duration of Coverage**

The insurance coverage must be issued in Canada and not exceed 365 days per *trip* for persons up to age 59 inclusively or 180 days for persons age 60 to 85 inclusively. No coverage is available in excess of these periods either by extension, renewal or new policy for any *insured*, unless pre-approved by *Global Excel*. Application may be made before or after *your* arrival in Canada.

5. **Effective Date**

*Your* insurance policy commences on the date and time shown on the application and confirmation of insurance, provided the premium has been paid.

6. **Waiting Period**

When coverage is purchased any time after *your* arrival in Canada, a 48-hour waiting period applies on *sickness*. During this period, only losses as a result of an *accident* are covered. The waiting period does not apply if *you* are presently insured under an insurance policy administered by ETFS and *you* pay the insurance premium for the new policy prior to the termination date of *your* existing policy. The waiting period does not apply to an extension. Please refer to SECTION VII - Exclusion #1.

7. **Termination of Insurance**

*Your* insurance policy will end on the earliest of the following dates:

- a) the date *you* return to *your country of origin*;
- b) the date that *you* become eligible for a provincial or territorial government health insurance plan in Canada;
- c) the date that *you* reach age 86; or
- d) the expiry date indicated on *your* confirmation of insurance.

8. **Automatic Extension of Coverage**

Coverage will be extended automatically without additional premium for up to 72 hours if a *trip* is prolonged beyond the period for which insurance has been purchased due to the following reasons:

- a) *you* are hospitalized due to a medical *emergency* on the *expiry date* indicated on *your* confirmation of insurance. *Your* coverage will remain in force for as long as *you* are hospitalized and the 72 hour extension will commence upon release from *hospital*;
- b) a late train, boat, bus, plane, or other vehicle in which *you* are a passenger causes *you* to miss *your* scheduled return to *your* province, territory of residence or *country of origin* (including by reason of inclement weather);
- c) the private vehicle in which *you* are travelling is involved in a traffic *accident* or mechanical breakdown that prevents *you* from returning to *your* province, territory of residence or *country of origin* on or before *your* return date;
- d) *you* must delay *your* scheduled return to *your* province, territory of residence or *country of origin* because *you* are not deemed medically stable in the opinion of *Global Excel*.

**Note:** All claims incurred after *your* original return date must be supported by documented proof of the event resulting in *your* delayed return. This policy does not cover any costs associated with flight changes.

9. **Optional Extensions**

Coverage under this plan can be extended provided that:

- a) a claim has not been made under this policy;
- b) *you* have not experienced any changes in *your* health since *your* effective date or departure date;
- c) *you* remain eligible for insurance;
- d) the Insurer has received the extension request and appropriate premium not more than 10 days prior to the expiry date of *your* coverage; and
- e) the required premium is charged to *your* credit card.

**Note:** The minimum premium is \$20 per extension. The cost of additional days of insurance will be calculated based on the total *trip* duration, the age of the *insured* on the date of application for the extension and using the premium schedule in effect at the time the extension is requested.

10. **Premium Refunds**

a) If cancellation of *your* policy is requested prior to the effective date of *your* policy, the full amount of premium paid may be refunded.

b) If termination of *your* policy is requested because *you* must return to *your country of origin* prior to *your* scheduled return date or if *you* become eligible for a provincial or territorial government health insurance plan in Canada, a partial amount (less an administration fee of \$25 per insurance policy) of the premium paid may be refunded, provided no claim has been incurred at any time during *your trip*.

c) Requests for refunds must be made in writing to *your* broker or sales agent. If *your* broker or sales agent receives satisfactory proof (ex. airline ticket or customs/immigration stamp or proof of provincial or territorial health insurance coverage) of *your* actual return date to *your country of origin*, *your* refund will be calculated from that date, otherwise calculation of such refunds will be based on the postmarked date of *your* written request. No refund will be issued if the amount of premium to be reimbursed is less than \$10 per policy.

11. **Coverage Offered**

a) This insurance provides coverage for the *reasonable and customary costs* incurred by *you* (less any applicable *deductible*) in case of an *emergency* occurring during a *trip* in Canada, for the benefits set out in Section V. *Your trip* must start and end in Canada.

b) This insurance also provides coverage for the *reasonable and customary costs* incurred by *you* (less any applicable *deductible*) in case of an *emergency* occurring while on a temporary visit to another country (excluding *your country of origin*), provided *you* spend at least 51% of *your trip* duration in Canada, for the benefits set out in Section V.

The Insurer will pay such eligible expenses, up to the *sum insured*, only in excess of those reimbursable under any group, individual, private or public plan or contract of insurance, including any auto insurance plan. Benefit limits are per *insured* person, per *trip*, including any extension.

A *deductible of \$50* applies to the *reasonable and customary costs* incurred by *you* (unless *you* have chosen to have no deductible at the time of application for this insurance and the appropriate premium has been paid).

**In order to be covered, many benefits listed in this section require the prior approval of *Global Excel*.**

1. **Hospital Accommodation**

a) *Inpatient*: Up to the semi-private room rate (or an intensive or coronary care unit where *medically necessary*), up to 60 days per *sickness* or *injury*.

b) *Outpatient*:

- i. When *you* have been hospitalized, immediately following discharge, up to two visits per *sickness* or *injury*;
- ii. When *you* have not been hospitalized, up to three visits per *sickness* or *injury*.

2. **Physician Charges:**

a) *Inpatient*: *Medical treatment* by a *physician*.

b) *Outpatient*:

- i. When *you* have been hospitalized, immediately following discharge, up to two visits per *sickness* or *injury*;
- ii. When *you* have not been hospitalized, up to three visits per *sickness* or *injury*.

3. **Diagnostic Services:** Laboratory tests and X-rays prescribed by the attending *physician* due to an *emergency*. **Note:** This policy does not cover magnetic resonance imaging (MRI), cardiac catheterization, computerized axial tomography (CAT) scans, sonograms, ultrasounds or biopsies unless such services are approved in advance by *Global Excel*.

4. **Private Duty Nursing:** The professional services of a registered private nurse (other than by an *immediate family member*) as the result of a covered *emergency*, when *medically necessary* and while hospitalized, when ordered by the attending *physician* and approved in advance by *Global Excel*.

5. **Ambulance Services:** When reasonable and *medically necessary*, licensed ground ambulance service (also covers taxi fare in lieu of ground ambulance) to the nearest *hospital*.

6. **Prescriptions Drugs:** Up to \$500, unless *you* are hospitalized, drugs, serums and injectables that can only be obtained upon medical prescription, that are prescribed by a *physician* and that are supplied by a licensed pharmacist when required as a result of an *emergency*. This benefit does not cover drugs, serums and injectables needed to stabilize a chronic condition or a medical condition which *you* had before *your trip*. Limited to a 30-day supply per prescription.

**Note:** To file a claim, *you* must provide original receipts issued by the pharmacist, *physician* or *hospital*, indicating the total cost, prescription number, name of medication, quantity, date and name of the prescribing *physician*.

7. **Medical Appliances:** When prescribed by a *physician* and approved in advance by *Global Excel*, minor appliances such as crutches, casts, splints, canes, slings, trusses, braces, walkers and/or the temporary rental of a wheelchair.

8. **Paramedical Services:** Services of a chiropractor, physiotherapist, osteopath, chiropractist or podiatrist, including X-rays, to a maximum of \$500 per profession listed, when approved in advance by *Global Excel*.

9. **Treatment of Dental Accident:** *Emergency* dental treatment to a maximum of \$3,000 to repair or replace sound natural teeth or permanently attached artificial teeth injured as the result of an accidental blow to the face provided *you* consult a *physician* or a dentist immediately following the injury. An accident report is required from the *physician* or dentist for claims purposes. This benefit excludes crowns and root canals for which *you* previously received treatment or advice.

10. **Emergency Relief of Dental Pain:** Up to \$500 for *emergency* relief of dental pain. This benefit excludes crowns and root canals.

11. **Emergency Air Transportation:** When approved in advance and arranged by *Global Excel* (See SECTION VI – Limitations and Restriction # 7):

- a) air ambulance to the nearest appropriate medical facility, to a Canadian *hospital* or to a *hospital* in *your country of origin* for *medical treatment*;
- b) transport on a licensed airline with an attendant (when required) for *emergency* return to *your* province or territory of residence for immediate medical attention;
- c) the fare for additional airline seats to accommodate a stretcher to return *you* to *your* province, territory of residence or *country of origin*; or
- d) up to the cost of a one-way economy airfare to *your* province, territory of residence or *country of origin*.

12. **Preparation and Return of Remains:** In the event of death, up to a maximum of \$10,000 towards the actual cost incurred for preparation of remains and homeward transportation of the deceased *insured* person to his/her *country of origin*; or up to a maximum of \$4,000 for cremation and/or burial at the place of death of the *insured* person. The cost of the casket or urn is not covered by this benefit.

1. **Pre-Approval of Surgery, Invasive Procedure, Diagnostic Testing and Treatment:** *Global Excel* must approve in advance any surgery, invasive procedure, diagnostic testing or treatment (including, but not limited to, cardiac catheterization), prior to *you* undergoing such surgery, procedure, testing or treatment. It remains *your* responsibility to inform *your* attending *physician* to call *Global Excel* for approval, except in extreme circumstances where such action would delay surgery required to resolve a life-threatening medical crisis.
2. **Failure to Notify *Global Excel***  
*You* must contact *Global Excel* prior to seeking *medical treatment*. Do not assume that someone will contact *Global Excel* on *your* behalf. It remains *your* responsibility to ensure that *Global Excel* has been contacted prior to seeking treatment. If it is not reasonably possible for *you* to contact *Global Excel* due to the nature of *your* medical *emergency*, *you* must have someone else call on *your* behalf or *you* must call as soon as medically possible. Failure to do so limits the benefits payable to:
  - a) in the event of hospitalization, 80% of eligible expenses based on *reasonable and customary costs* to a maximum of \$25,000; and
  - b) in the event of an outpatient consultation, a maximum of one visit per *sickness or injury*. *You* will be responsible for payment of any remaining charges.
3. **Limitation of Benefits**  
Once *you* are deemed medically stable either in the opinion of the Insurer or by virtue of discharge from a *hospital*, *your emergency* is considered to have ended, whereupon any further consultation, *medical treatment*, recurrence or complication related to the *emergency* will no longer be eligible for coverage under this policy.
4. **Benefits Limited to *Reasonable and Customary Costs***  
If *you* pay eligible expenses directly to a health service provider without prior approval by *Global Excel*, the cost of these services will be reimbursed to *you* on the basis of the *reasonable and customary costs* that would have been paid directly to such 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.

5. **Benefits Limited to Incurred Expenses**  
If any of the benefits are duplicated under a similar benefit or under another insurance coverage in this policy or another policy issued by the Insurer, the maximum *you* are entitled to is the largest amount specified under any one benefit or insurance coverage. The total amount paid to *you* from all sources cannot exceed the actual expense *you* incur.
6. **Availability and Quality of Care**  
The Insurer, ETFS or *Global Excel* shall not be held responsible for the availability or quality of any *medical treatment* (including the results thereof) or transportation, or *your* failure to obtain *medical treatment* while this coverage is in effect.
7. **Transfer or Medical Repatriation**  
During an *emergency* (whether prior to admission, during a hospitalization, or after *your* release from the *hospital*) the Insurer reserves the right to:
  - a) transfer *you* to one of our preferred health care providers, and/or
  - b) return *you* to *your* province or territory of residence, or country of origin for the *medical treatment* of *your* *sickness or injury* without danger to *your* life or health.
 If *you* choose to decline the transfer or return when declared medically stable by the Insurer, the Insurer will be released from any liability for expenses incurred for such *sickness or injury* after the proposed date of transfer or return. *Global Excel* will make every provision for *your* medical condition when choosing and arranging the mode of *your* transfer or return and, in the case of a transfer, when choosing the *hospital*.

This insurance does not cover losses or expenses caused directly or indirectly, in whole or in part, by:

1. Any *sickness* or symptoms which manifested or were contracted or treated within the first 48 hours following the effective date if *you* purchase this policy after *your* arrival in Canada.
2. **Pre-existing Condition:**
  - a) Any *sickness, injury* or medical condition for which:
    - i. *you* have had symptoms;
    - ii. *you* have been hospitalized;
    - iii. *you* have been prescribed medication (including prescribed as needed);
    - iv. *you* have taken medication; or
    - v. *you* have undergone a medical or surgical procedure,
 at any time in the 180 days prior to *your* effective date.
  - b) *Your* heart condition if, for any heart condition:
    - i. *you* have had symptoms;
    - ii. *you* have been hospitalized;
    - iii. *you* have been prescribed medication (including prescribed as needed);
    - iv. *you* have taken medication; or
    - v. *you* have undergone a medical or surgical procedure,
 at any time in the 180 days prior to *your* effective date.
  - c) *Your* lung condition if, for any lung condition:
    - i. *you* have had symptoms;
    - ii. *you* have been hospitalized;
    - iii. *you* have been prescribed medication (including prescribed as needed);
    - iv. *you* have taken medication;
    - v. *you* have undergone a medical or surgical procedure; or
    - vi. *you* have been treated with home oxygen or taken oral steroids (e.g. Prednisone),
 at any time in the 180 days prior to *your* effective date.
3. **For insured children under two years of age:** Any *sickness* or medical condition arising from or related to a birth defect.
4. Expenses for which no charge would normally be made in the absence of insurance.
5. Committing or attempting to commit an illegal act or a criminal act.
6. *Your* participation in and/or voluntary exposure to any risk from : war or act of war, whether declared or undeclared; invasion or act of foreign enemy; declared or undeclared hostilities; civil war, riot, rebellion; revolution or insurrection; act of military power; or any service in the armed forces.
7. Medication, drugs or toxic substance abuse or overdose (whether or not *you* are sane); alcohol abuse, alcoholism or an accident while being impaired by drugs or alcohol or having an alcohol concentration that exceeds 80 milligrams in 100 millilitres of blood.
8. Suicide (including any attempt thereat) or self-inflicted *injury* whether or not *you* are sane.
9. A disorder, disease, condition or symptom that is emotional, psychological or mental in nature.
10. Expenses incurred as a result of symptomatic or asymptomatic HIV infection or HIV-related conditions and AIDS (acquired immune deficiency syndrome), including any associated diagnostic tests or charges.
11. Treatment or surgery during a *trip* when the *trip* is undertaken for the purpose of securing or with the intent of receiving medical or *hospital* services, whether or not such *trip* is taken on the advice of a *physician* or surgeon.
12. A *sickness, injury* or related condition for which:
  - a) future investigation or treatment (except routine monitoring) is planned before *your trip*; or
  - b) it was reasonable to expect treatment or hospitalization during *your trip*.
13. Treatment or hospitalization of mother or child(ren) as a result of pregnancy, miscarriage, childbirth or complications of any of these conditions occurring in the nine weeks before and/or after the expected delivery date.
14. **For policy extensions only:** *Sickness* or *injury* which first appeared was diagnosed or received treatment prior to the effective date of the insurance extension.
15. 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 or which are not required as a result of a medical *emergency*.
16. Hospitalization or services rendered in connection with general health examinations for "checkup" purposes, treatment of an ongoing condition, regular care of a chronic condition, home health care, investigative testing, rehabilitation or ongoing care or treatment in connection with drugs, alcohol or any other substance abuse.
17. Noncompliance with any prescribed *medical treatment* (as determined by *Global Excel*) or failure to carry out a *physician's* instructions.
18. Treatment of an acute *sickness* or *injury* after the initial medical *emergency* has ended (as determined by *Global Excel*).
19. Treatment, surgery, medication, services or supplies that are not required for the immediate relief of acute pain or suffering, or that *you* elect to have provided outside *your country of origin* when medical evidence indicates that *you* could return to *your country of origin* to receive such treatment. The delay to receive treatment in *your country of origin* has no bearing on the application of this exclusion.
20. Cardiac catheterization, angioplasty and/or cardiovascular surgery including any associated diagnostic test(s) or charges unless approved by *Global Excel* prior to being performed, except in extreme circumstances where such surgery is performed on an *emergency* basis immediately upon admission to a *hospital*.
21. Magnetic resonance imaging (MRI), computerized axial tomography (CAT) scans, sonograms, ultrasounds or biopsies unless approved by *Global Excel*.
22. Medical services in *your country of origin*.
23. *Emergency* air transportation and/or car rental unless approved and arranged in advance by *Global Excel*.
24. Services provided by an optometrist or for cataract surgery.
25. Upgrading charges and cancellation penalties for airline tickets, unless approved in advance by *Global Excel*.
26. Participation in:
  - a) any sports as a professional athlete (person who engages in an activity as one's main paid occupation);
  - b) any competitive motorized sporting events, racing or speed contests;
  - c) scuba diving (unless *you* hold a basic SCUBA designation from a Canadian certified school), hang-gliding, rock climbing, paragliding, skydiving, parachuting, bungee jumping or mountaineering.
27. Flight accident (unless *you* are traveling as a fare paying passenger on a commercial airline).
28. The purchase or replacement cost (prescribed or not), loss or damage to hearing devices, eyeglasses, sunglasses, contact lenses, or prosthetic teeth, limbs or devices and prescription resulting therefrom.
29. Crowns and root canals.
30. Preventive medicines or vaccines.
31. Medical examinations performed at the request of a third party (including medical examinations for immigration purposes) or consultations with a *physician* by telephone or e-mail.
32. *Sickness, injury* or medical condition *you* suffer or contract in a specific country, region or area for which the Department of Foreign Affairs and International Trade of the Canadian Government has issued a travel advisory or formal notice, before *your* departure date, advising travellers not to travel to that specific country, region or area. If the Canadian Government issues a travel advisory or formal notice to leave that specific country, region or area, after *your* departure date, *your* coverage for *sickness, injury* or medical condition is limited to a period of 10 days from the date the advisory was issued, or to a period that is reasonable necessary to safely evacuate the country, region or area. In this exclusion "sickness, injury or medical condition" means any *sickness, injury* or medical condition that is attributable to the reason for which the travel advisory or formal notice was issued or complications arising from such "sickness, injury or medical condition". This exclusion only applies to temporary visits outside of Canada.

*Global Excel* answers *your* questions 24 hours a day, seven days a week.

### 1. Emergency Call Centre

No matter where *you* travel, professional assistance personnel are ready to take *your* call. Please consult *your* confirmation of insurance for emergency numbers. We can also provide *you* with Canada Direct instructions and codes so that *you* deal only with Canadian telephone operators.

### 2. Benefit Information

Explanation of *your* policy is available to *you* and to the medical providers who are treating *you*.

### 3. Medical Consultants

Our team of medical professionals, available 24 hours a day, will monitor the services given in the event of a serious *emergency*. If necessary, we will help *you* to return to Canada for the care *you* need.

### 4. Interpretation Service

We can connect *you* to a foreign language interpreter when required for *emergency* services in foreign countries.

### 5. Direct Billing

Whenever possible, we will instruct the *hospital* or clinic to bill *Global Excel* directly.

### 6. Claims Information

We will answer any questions *you* have about the eligibility of *your* claim, our standard verification procedures and the way that *your* policy benefits are administered.

### 1. Notice and Proof of Claim

— The *insured* or a beneficiary entitled to make a claim, or the agent of any of them, shall:

- Give written notice of claim to *Global Excel* by delivery thereof or by sending it by registered mail to *Global Excel* not later than 30 days from the date the claim arises under the contract on account of an *accident* or *sickness*;
- Within 90 days from the date a claim arises under the contract on account of an *accident* or *sickness*, furnish to *Global Excel* such proof of claim as is reasonably possible in the circumstances of the happening of the *accident* or the commencement of the *sickness*, and the loss occasioned thereby, the right of the claimant to receive payment, his or her age, and the age of the beneficiary if relevant; and
- If so required by *Global Excel* or the Insurer, furnish a satisfactory certificate as to the cause or nature of the *accident* or *sickness* for which claim may be made under the contract.

### 2. *You* are responsible for providing all the documents outlined below and for any charges levied for these documents.

- Any notice of claim or correspondence concerning a claim must include *your* policy number, the patient's name and date of birth.
- Submit all original itemized bills from the medical provider(s) stating the patient's name, diagnosis, the date(s) and type of treatment, and the name of the medical facility and/or *physician*. Only original bills will be considered for payment. Photocopies, facsimile transmissions or carbon copies are not acceptable.
- Receipts for prescription drugs must indicate the name of the prescribing *physician*, prescription number, name of preparation, date, quantity and the total cost.
- If *you* refuse or fail to sign the medical authorization form or refuse to provide any information pertinent to *your* claim, it may result in a delay in processing *your* claim.

### 3. Failure to Give Notice or Proof

— Failure to give notice of claim or furnish proof of claim within the time prescribed by this statutory condition does not invalidate the claim if the notice or proof is given or furnished as soon as reasonably possible, and in no event later than one year from the date of the *accident* or the date a claim arises under the contract on account of *sickness* if it is shown that it was not reasonably possible to give notice or furnish proof within the time so prescribed.

### 4. When Money Payable

— All money payable under this contract shall be paid by the Insurer within 60 days after it has received proof of claim.

### 5. Payment of Benefits

— All payments under this policy are payable to *you* or on *your* behalf. Benefits for loss of life are paid to *your* estate unless a beneficiary is designated in writing to *Global Excel* or the Insurer. Any claims paid to *you* will be payable in Canadian funds. If *you* have paid a covered expense, *you* will be reimbursed in Canadian currency at the prevailing rate of exchange on the date that the claim payment is made. No sum payable shall bear interest.

### 6. Send all pertinent documents to:

Global Excel Management Inc  
73 Queen Street  
Lennoxville, Quebec  
J1M 1J3



GlobalExcel®

Telephone: 1-800-336-9224 (toll free) or 819-566-8698 (collect) during business hours.

[www.globalexcel.ca](http://www.globalexcel.ca)

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### 1. Subrogation

If *you* suffer a loss covered under this policy, the Insurer is granted the right from *you* to take action to enforce all *your* rights, powers, privileges and remedies upon making payment or accepting the claim to the extent of the incurred losses, against any person, legal person or entity which caused such loss. Additionally, if No Fault benefits or other collateral sources of payment of expenses are available to *you*, regardless of fault, the Insurer is granted the right to make a demand for, and recover those benefits. If the Insurer institutes an action, the Insurer may do so at its own expense, in *your* name, and *you* will attend at the place of loss to assist in the action. If *you* institute a demand or action for a covered loss *you* shall immediately notify the Insurer so that it may safeguard its rights.

*You* shall take no action after a loss that will impair the rights of the Insurer set forth in this paragraph and shall do such things as are necessary to secure the Insurer's rights.

### 2. Other Insurance

This insurance is a second payor plan. For any loss or damage *insured* by, or for any claim payable under any other liability, group or individual basic or extended health insurance plan, or contracts including any private or provincial or territorial auto insurance plan providing *hospital*, medical, or therapeutic coverage, or any other insurance in force concurrently herewith, amounts payable hereunder are limited to those covered benefits incurred outside the province or territory of residence that are in excess of the amounts for which *you* are *insured* under such other coverage.

All coordination with employee related plans follows Canadian Life and Health Insurance Association Inc. guidelines. In no case will the Insurer seek to recover against employment related plans if *your* lifetime maximum for all in-country and out-of-country benefits is \$50,000 or less. If *your* lifetime maximum is greater than \$50,000, the Insurer will coordinate benefits only above this amount.

### 3. Misrepresentation and Non-disclosure

The entire coverage under this policy shall be void if the Insurer determines, whether before or after loss, *you* have concealed, misrepresented or failed to disclose any material fact or circumstance concerning *your* policy or *your* interest therein, or if *you* refuse to disclose information or permit the use of such information, pertaining to any of the *insured* persons under this contract of insurance.

### 4. Arbitration

Notwithstanding any clause in the present policy, the parties hereto undertake to submit to an arbitration procedure, to the exclusion of the courts, any present or future dispute relating to a claim. The arbitration proceedings shall be governed by the arbitration laws in force in the Canadian province or territory in which this policy was issued. The parties agree that any action will be referred to arbitration.

### 5. Limitation

An action, arbitration or similar proceeding against the Insurer for the recovery of a claim under this contract shall not be commenced more than one year (two years in the Northwest Territories, three years in the province of Quebec) after the date the insurance money became payable or would have become payable if it had been a valid claim. If this limitation is invalidly shorter than the limitation prescribed by the laws of the province or territory in which this policy was issued, an action, arbitration or similar proceeding against the Insurer shall not be commenced later than the shortest limitation period prescribed by the laws of that province or territory in which this policy was issued. The limitation periods stated in this section apply to all plans and benefits of this policy and to all endorsements thereof.

### 6. Applicable Law

This contract of insurance is governed by the laws of the province or territory in which the policy was issued. Any legal proceeding by *you*, *your* heirs or assigns shall be brought in the courts of the Canadian province or territory in which this policy was issued.

### 7. Safeguarding Your Privacy

The Insurer places great importance on the protection of *your* privacy. The Insurer collects *your* personal information when *you* apply for this insurance and in the event of a claim, to provide *you* with insurance services and to analyze *your* claim. This information remains confidential, as is required under applicable federal and provincial laws. In the event of a claim, the Insurer may collect *your* personal health information held by a third party. This information may be released to employees of *Global Excel* and the Insurer for claims analysis and to better serve *you*. In no case will the Insurer release this information to any person or organization that is not clearly entitled to it without first seeking *your* consent.

For privacy information, please see [www.royalsunalliance.ca](http://www.royalsunalliance.ca), or call us at 1-800-716-4339.

Underwritten by:



Administered by:

