



ADVANTAGE Schedule of Benefits

ADVANTAGE – 30 Day Travel Policy

Policy Number: 47836931

This booklet contains further clauses which may limit coverage. Please read all the benefit description pages carefully. Please note that all dollar amounts are expressed in Canadian currency.

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BENEFIT SUMMARY

Overall maximum for all benefits: \$5 million CAD

Medical Referral	Up to \$75,000 per lifetime
Hospital	Reasonable & Customary Costs
Incidental Hospital Expenses	Up to \$250
Physician	Reasonable & Customary Costs
Prescriptions	30-day supply per prescription Up to \$250 for lost prescriptions
Diagnostic Services	Reasonable & Customary Costs
Medical Appliances	Reasonable & Customary Costs
Ambulance Services	Reasonable & Customary Costs
Paramedical Practitioners	\$500 per practitioner, per emergency
Nursing Care	Up to \$5,000 per emergency
Treatment of Dental Accidents	Up to \$2,000
Treatment of Dental Plan	Up to \$300
Medical Evacuation	Reasonable & Customary Costs
Return of Travel Companion	One way economy airfare
Family/Friend Hospital Visit	Single round-trip economy airfare, plus up to \$150 per day, \$3,000 per trip
Child Care	Up to \$5,000 per trip
Return of Vehicle	Up to \$5,000
Meals & Accommodation	Up to \$150 per day, \$3,000 per trip
Return of Deceased	Up to \$5,000

EMERGENCY INCIDENTAL BENEFITS

Alternate Transportation	Up to \$5,000
Trip Cancellation	Up to \$5,000 per trip
Baggage Insurance	Up to \$1,000 per trip
Business Expenses	Up to \$1,000 per trip



Viator Group Travel Advantage Medical Emergency Insurance & Assistance Program

IMPORTANT NOTICE - PLEASE READ CAREFULLY

Travel insurance is designed to cover losses arising from sudden and unforeseen circumstances occurring while temporarily travelling outside your province or territory of residence. It is important to read and understand this plan before travelling.

This booklet includes information on your eligibility, qualifications for eligible dependents, effective and termination dates, and details about your benefits. If you have any questions or need more information, please contact the plan administrator at your place of employment.

The information provided here is a summary of your benefits program and does not in itself constitute an agreement. If there is any discrepancy between this information and the plan master policy and governing documents, the terms of the latter take precedence.

Global Excel Management, Inc. (called "Global Excel") provides medical assistance and claims services under the policy.

IN THE EVENT OF A MEDICAL EMERGENCY, IT IS EXTREMELY IMPORTANT THAT YOU CONTACT GLOBAL EXCEL:

The emergency telephone numbers are listed in this booklet under Contact Information (page 15) and on the back of the medical assistance card provided.

Global Excel must be contacted before seeking medical treatment or as soon as possible after being admitted to a hospital. Upon verification, Global Excel will confirm eligibility for coverage to the hospital. If a condition renders you unable to contact Global Excel, someone else must advise Global Excel of the situation immediately. It remains your responsibility to ensure that Global Excel has been contacted prior to receiving medical treatment or as soon as is reasonably possible.

VIATOR Out-of-Province/Canada Group Travel Advantage Medical Emergency Insurance and Assistance Program is underwritten by Royal & Sun Alliance Insurance Company of Canada and administered by Expert Travel Financial Security (E.T.F.S.) Inc. (called "ETFS"), a member of the ETFS Financial Group.

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ELIGIBILITY

1. You must be a permanent resident of Canada;
2. You must be employed in Canada;
3. You must be covered under the Government Health Insurance Plan of your province or territory of residence;
4. You must qualify for coverage under your employer's basic group extended health care plan;
5. You must be younger than the termination age specified in the Schedule of Benefits;
6. (a) If you are covered as an employee, you must:
 - i. work the minimum number of hours per week specified by your employer in the master application; and
 - ii. satisfy the waiting period specified by your employer in the master application; or
- (b) If you are covered as a member of the policyholder who is other than an employer, you must:
 - i. be a member in good standing of the policyholder; and
 - ii. be on the monthly list of members entitled to coverage provided by the policyholder.

Coverage will become effective on the later of:

1. the date the policy becomes effective; or
2. the date you qualify for coverage under the policyholder's basic group extended health care plan.

Eligible Dependents

Your dependents become eligible for coverage on the date you become eligible or the date they first become your dependent, whichever is later. You must be eligible for coverage in order for your dependents to be eligible. Dependents must have their primary residence with you, and:

1. be covered under the Government Health Insurance Plan of their province or territory of residence;
2. qualify for coverage as a dependent under the policyholder's basic group extended health care plan.

Spouse

The person to whom you are legally married, or a person with whom you have been residing with for the cohabitation period specified by your employer in the master application.

Dependent Child

Your unmarried child, or the unmarried child of your spouse, who is:

1. under the age limit specified by your employer in the master application; and
2. primarily dependent on you for support; and
3. not employed on a full-time basis; or
4. any age and physically or mentally disabled and totally dependent on you for support.

TERMINATION

Coverage will terminate immediately upon the first to occur of:

1. the date you or a dependent cease to meet the above eligibility requirements for coverage;
2. the date employment terminates (voluntary or not);
3. the date the premium is due if the policyholder does not remit your premium, except where this is the result of clerical error; or
4. the date the policy is terminated.

Note: Coverage for disabled employees or employees who are not actively at work (as indicated in the master application) on the date their coverage would normally become effective will become effective on the date the employee resumes active work, or immediately if the required premiums are paid (except for employees on leave of absence).

Note: You may only provide coverage for one spouse at a time.

Note: Dependents registered for full-time school at an accredited institute of learning outside of Canada are **only** eligible for benefits that result from an emergency. As such, during an emergency, students may be required to return to their province or territory of residence (see Limitations page 11). Proof of school attendance must be provided at time of claim.

Note: In the event of your death, coverage for dependents will continue for the length of time specified by your employer's basic group extended health care plan or to the date a dependent ceases to be eligible or remarries (whichever occurs first), provided the policyholder continues to make the required premium payments.

BENEFITS

Referral Benefit

1. Reasonable and customary medical and transportation expenses in excess of those expenses covered by the insured person's Government Health Insurance Plan for the insured person and an approved escort, to a lifetime maximum of \$75,000, for pre-approved medical referral, subject to the following conditions:
 - a) The treatment must not be available within five hundred (500) kilometres from your residence;
 - b) All referral services must be obtained in Canada, if available, regardless of any waiting lists;
 - c) Your attending Canadian physician and a qualified Canadian medical specialist from an appropriately related medical field must recommend the treatment;
 - d) All referral services must be eligible for reimbursement by your Government Health Insurance Plan whether reimbursement is in whole or in part;
 - e) Medical services and travel must take place within thirty (30) days of receiving approval from your Government Health Insurance Plan, unless the earliest possible treatment date exceeds thirty (30) days from the date of approval; and
 - f) All Medical Referrals must be pre-approved and submitted in writing to Global Excel, along with supporting documentation.

Out-of-Province Medical Benefits

An emergency is described as an acute sickness or accidental injury that requires immediate treatment. The emergency treatment must be **medically necessary** and prescribed by a physician. The emergency must occur while the insured person is travelling outside of their province or territory of residence. Such emergency no longer exists when, in the opinion of Global Excel, the insured person is able to return to his province or territory of residence.

The maximum amount payable for all benefits listed will not exceed five (5) million in Canadian funds per insured person.

The following benefits are payable up to the maximum amounts specified. Reasonable and customary costs are those that do not exceed the standard reimbursement of other providers of similar standing in the same geographical area. Only legally insurable expenses incurred as a result of an emergency in excess of the amount paid by any other insurance will be considered. However, certain expenses, as specified below, are covered only if the prior approval of Global Excel is obtained.

1. Hospital
 - a) Room and board costs up to the private room rate charged by a general public active treatment hospital.
 - b) The reasonable and customary cost of services provided on an out-patient basis by a general public active treatment hospital.
 - c) Up to \$250 per hospital stay for out-of-pocket expenses such as telephone charges, television rental and parking.If coverage terminates for any reason during the hospital stay, benefits continue until discharge.
2. Physician
Charges for treatment by a physician.
3. Doctor Prescribed Treatments/Services/Appliances
The prescription benefits are limited to a 30-day supply per prescription, unless the insured person is hospitalized.

Note: "**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 the insured person's condition or quality of medical care; and
- d) cannot be delayed until the insured person returns to his province or territory of residence.

Note: "Hospital" means an institution which is designated as a hospital by law; which is continuously staffed by one or more physicians available at all times; which continuously provides nursing services by graduate registered nurses; which is primarily engaged in providing diagnostic services and medical and surgical treatment of sickness and/or injury in the acute phase, or active treatment of a chronic condition; 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, or drug or alcohol abusers.

- a) Prescriptions: Drugs, including injectable drugs and sera, that can only be obtained upon medical prescription, that are prescribed by a physician and that are supplied by a licensed pharmacist when medically necessary for emergency treatment.
- b) Lost Prescriptions: The replacement of lost prescription medication when approved in advance by Global Excel, to a maximum of \$250.
- c) Diagnostic Services: Laboratory tests and x-rays prescribed by the attending physician that are part of the emergency treatment. Magnetic resonance imaging (MRI), cardiac catheterization, computerized axial tomography (CAT) scans, sonograms or ultrasounds and biopsies must be authorized in advance by Global Excel.
- d) Medical Appliances: The reasonable and customary cost of splints, casts, crutches, canes, slings, trusses, walkers or the temporary rental of a wheelchair when authorized in advance by Global Excel.

4. Ambulance Services

When reasonable and medically necessary, licensed ground ambulance service to the nearest medical facility.

5. Paramedical Practitioners

The services (including x-rays) of a licensed chiropractor, physiotherapist, podiatrist or osteopath, to a maximum of \$500 per practitioner listed above, per emergency, when approved in advance by Global Excel.

6. Nursing Care

The services of a nurse, when prescribed by a physician and while hospitalized, to a maximum of \$5,000 per insured person, per emergency, when approved in advance by Global Excel.

7. Dental Treatment

- a) Treatment of Dental Accidents: Up to \$2,000 per insured person for emergency dental treatment to repair natural, vital and sound teeth or permanently attached artificial teeth provided the injury was caused by an external, accidental blow to the mouth or face. The insured person must consult a physician or dentist immediately following the injury. An accident report is required from a physician or dentist for claims purposes.
- b) Treatment of Dental Pain: Up to \$300 per insured person for the relief of acute dental pain, excluding services related to crowns, root canals or temporomandibular joint dysfunction (TMJ), when treatment is rendered at least five hundred (500) kilometres outside the insured person's province or territory of residence.

8. Medical Evacuation

When approved and arranged in advance by Global Excel:

- a) air ambulance to the nearest appropriate medical facility or to a Canadian hospital for immediate emergency treatment; or
- b) transport on a licensed airline with an attendant (where required) to return the insured person to his province or territory of residence for immediate emergency treatment.

9. Return of Travel Companion

If an insured person is returned to his province or territory of residence under the Medical Evacuation benefit or the Return of Deceased benefit, the insurer will reimburse the cost of a single one-way economy airfare for a travel companion to return to Canada, when approved in advance by Global Excel.

10. Family/Friend Hospital Visit

When approved in advance by Global Excel, a single round-trip economy airfare from Canada, plus up to \$150 per day to a maximum of \$3,000, for the cost of meals and commercial accommodation for one person to:

Note: A doctor visit to have the replacement prescription prescribed is eligible if arranged and approved in advance by Global Excel.

Note: A professional nurse is a graduate registered nurse, licensed practical nurse, or registered nursing assistant.

Note: Dental treatment must begin during the coverage period and be completed prior to the return to the province or territory of residence.

Note: A travel companion is any person who accompanies the insured person on the trip, who shares accommodation or transportation with the insured person and who has paid such accommodation and transportation in advance of departure.

- a) be with the insured person if the insured person is travelling alone and has been hospitalized as the result of an emergency. To be payable, this benefit requires that the insured person eventually be hospitalized as an in-patient for at least three (3) consecutive days outside his province or territory of residence and that the attending physician provide written certification that the situation was serious enough to warrant the visit; or
- b) identify the deceased insured person prior to the release of the body, where necessary.

The insurer will only reimburse covered expenses evidenced by original receipts.

11. Child Care

When approved in advance by Global Excel, to a maximum of \$5,000 per trip for one of the following child care assistance benefits:

- a) Economy class airfare for the return of dependent children who are under sixteen (16) years of age in the event you or your spouse is hospitalized as a result of an emergency. Where necessary, arrangements will include provision for an escort for the children; or
- b) The cost of caregiver services (other than a relative) for dependent children who are under sixteen (16) years of age in the same location where you or your spouse is hospitalized as a result of an emergency; or
- c) The cost of caregiver services (other than a relative) for dependent children who are under sixteen (16) years of age in their home province or territory of residence when left unattended due to an emergency involving you or your spouse while travelling.

12. Return of Vehicle

Up to \$5,000, if neither the insured person, nor someone travelling with him, is able to operate the insured person's vehicle, whether owned or rented, during the trip, due to sickness and/or injury. Arrangements and payment will be made for the return of the vehicle to the home of the insured person in his province or territory of residence or the nearest appropriate rental agency when approved and/or arranged in advance by Global Excel. The insurer will only reimburse covered expenses evidenced by original receipts.

Exclusion: *Benefits will only be payable for a single person to return the vehicle. This benefit does not cover wages lost by the person driving your vehicle.*

13. Meals and Accommodation

Up to \$150 per day, to an overall maximum of \$3,000 per trip, per insured person, for the cost of commercial accommodation and meals when a trip is extended beyond the last day of the scheduled trip due to sickness and/or injury suffered by an insured person or a travel companion. This benefit must be authorized in advance by Global Excel. The fact that an insured person or a travel companion is unable to travel must be certified by the attending physician and the claim must be supported with original receipts from commercial organizations.

Note: *A travel companion is any person who accompanies the insured person on the trip, who shares accommodation or transportation with the insured person and who has paid such accommodation and transportation in advance of departure.*

14. Return of Deceased

Up to \$5,000 towards the cost of preparation and transportation of the deceased insured person to his province or territory of residence, in the event of death due to a sickness and/or injury. In the case of cremation and/or burial at the place of death of the insured person, this benefit is limited to \$2,500. The cost of the casket or urn is not covered.

EMERGENCY INCIDENTAL BENEFITS

1. Alternate Transportation

When approved in advance by Global Excel, to a maximum of \$5,000, if, while travelling, the insured person's private vehicle is stolen or rendered inoperable due to an accident, the cost of one way economy airfare(s) will be provided to the insured person(s) to return to their province or territory of residence. To file a claim, the insured person must supply an official police report of the loss or accident.

Note: *To claim, please contact Global Excel as soon as the event occurs and submit original receipts and all supporting documentation.*

2. Trip Cancellation

The cost of trip cancellation to a maximum of \$5,000 per insured person per trip for any of the following occurrences that prevent an insured person from departing on a scheduled trip. To be payable, the prepaid travel arrangements must be cancelled prior to the scheduled departure date. Only the expenses that are non-refundable on the date of the event forcing cancellation shall be considered for the purpose of the claim. The insured person must contact Global Excel and the supplier of his travel services on the day the event occurs or the next business day to advise of the cancellation. A trip may be cancelled due to one of the following:

- a) Death, emergency hospitalization due to sickness or injury, or quarantine of an insured person, a travel companion, an immediate family member, a travel companion's immediate family member, a business partner, a key employee, a caregiver or the host at trip destination. To file a claim, the insured person must supply supporting medical records, or a death certificate.
- b) A new formal notice issued by the Canadian Government prior to the date of departure, warning Canadian residents not to travel to a specific region of any country that is part of the trip.
- c) The insured person is summoned to perform jury duty or subpoenaed as a witness in a case. This applies only when the trial is scheduled to be heard during the scheduled trip dates and the summons or subpoena is received after the travel arrangements were purchased. This must be substantiated by court documents.

3. Baggage Insurance

The cost of replacement of an insured person's luggage to a maximum of \$1,000 per insured person per trip due to theft, damage or loss by a bus, taxi, train, boat, airplane or other vehicle which is licensed, intended and used to transport paying passengers. Reimbursement will be limited to the actual cash value or the maximum specified, whichever is less, with respect to any one item or set of items.

4. Business Expenses

Business expenses to a maximum of \$1,000 per insured person per trip for the temporary use or rental of a computer or portable phone in the event of theft provided such use or rental is required in connection with the business, trade or professional occupation of the insured person. Original receipts and a police report are required for reimbursement.

TRAVEL ASSISTANCE BENEFITS

Global Excel is available to take your calls 24 hours a day, 7 days a week. No matter where you travel, professional assistance personnel are ready to take your call. Global Excel can also provide you with Canada Direct instructions and codes so that you only deal with Canadian telephone operators.

Medical Assistance Services

Global Excel will:

1. Assist in locating an appropriate physician, clinic or hospital;
2. Confirm coverage and arrange direct billing with the hospital or physician;
3. Monitor and supervise medical treatment and keep the family informed;
4. Arrange for approved transportation of a family member to the patient's bedside;
5. Arrange to transport the patient home, if medically permissible.

General Assistance Services

Global Excel will:

1. Provide emergency response in most major languages;
2. Assist in contacting your family, business partner or family physician;
3. Arrange for the transmission of urgent messages to family members or business partners;
4. Assist in the event of lost passports or airline tickets;
5. Coordinate claims submission and negotiate health care provider discounts;
6. Coordinate claims processing with government health plans.

Note: *Immediate family members are limited to: spouse, son, daughter, father, mother, brother, sister, stepson, stepdaughter, stepfather, stepmother, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, grandson, granddaughter, grandfather, or grandmother.*

Exclusion: *Baggage insurance does not cover: animals, cash, securities, credit cards and any other negotiable instruments, luggage not checked, luggage held seized, quarantined or destroyed by customs or any other government agency.*

Note: *Whenever possible, Global Excel will instruct the hospital, clinic or physician to bill the insurer directly and arrange direct payment of covered expenses.*

Note: *Global Excel will ensure you receive the necessary claim forms and will answer any questions regarding your claim, the standard verification procedures and/or the way the policy benefits are administered.)*

EXTENSION OF COVERAGE

An automatic seventy-two hour (72-hour) extension of coverage will be granted to insured persons who have not reached the termination age, if scheduled return is delayed due to:

1. a medical emergency or the insured person being hospitalized on the last day of coverage. The coverage of the insured person will remain in force for as long as the insured person is hospitalized and the 72-hour extension commences upon release from hospital;
2. a late train, boat, bus, plane or other vehicle in which an insured person is a passenger (including by reason of inclement weather);
3. the private vehicle in which the insured person is travelling is involved in a traffic accident or mechanical breakdown.

To file a claim incurred after your original scheduled return date, you must supply proof of the event resulting in your delayed return.

LIMITATIONS

1. Benefits are payable for expenses incurred only during the period the contract is in force.
2. You must contact Global Excel and your supplier of travel services on the day the event forcing trip cancellation occurs or the next business day to advise them of the cancellation. Failure to notify Global Excel may limit the benefits payable to you.
3. If you incur expenses without prior approval from Global Excel, reimbursement may be limited to the reasonable and customary costs for any treatment received. You will be responsible for paying any difference between the amount incurred and the reasonable and customary costs.
4. Global Excel reserves the right to limit the benefits payable, or may not accept liability for hospitalization and related services if the assistance centre is not contacted within twenty-four (24) hours of admission. Failure to contact the assistance centre may result in the payment of medical expenses being denied or delayed.
5. During an emergency, whether prior to admission or during a covered hospitalization, Global Excel reserves the right to transfer the insured person to another hospital or return the insured person to their province or territory of residence. Refusal to comply with the transfer request will absolve the insurer of any further liability related to the emergency.
6. Once the insured person is deemed medically stable to return to Canada (with or without medical escort) either in the opinion of Global Excel or by virtue of discharge from a medical facility, the emergency will be deemed to have ended, whereupon any further consultation, treatment, recurrence or complication related to the emergency will no longer be eligible for coverage under this policy.
7. Neither Global Excel nor the insurer shall be responsible for the availability, quality or results of any medical treatment or transportation or the failure of the insured person to obtain medical treatment.

EXCLUSIONS

This policy does not cover losses or expenses caused directly or indirectly, in whole or in part, by any of the following:

1. A trip cancelled due to quarantine, death or hospitalization for a pre-existing medical condition if at any time in the ninety (90) days prior to the purchase of the travel arrangements the medical condition was not stable.
2. Any trip booked or commenced contrary to medical advice or after receipt of a terminal prognosis.

Note: A medical condition is considered stable if:

- There has been no new diagnosis, treatment or prescribed medication;
- There has been no change in treatment or change in medication, including the amount of medication to be taken or how often it is taken.
- There have been no new symptoms, more frequent symptoms or more severe symptoms;
- There have been no test results showing deterioration;
- There has been no hospitalization or referral to a specialist (made or recommended) and test results or further investigations for the medical condition must not be pending.

Exceptions: see next page

3. Treatment or services normally covered or reimbursable under a Government Health Insurance Plan or under other insurance the insured person may have.
4. 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 (except under the terms of the Referral Benefit).
5. Treatment, surgery, medication, services or supplies that are not required for the immediate relief of acute pain and suffering or that the insured person elects to have provided outside his province or territory of residence when medical evidence indicates that the insured person could return to his province or territory of residence to receive such treatment. The delay to receive treatment in the province or territory of residence has no bearing on the application of this exclusion.
6. Treatment not performed by or under the supervision of a physician, licensed dentist, or a paramedical practitioner.
7. Services or supplies related to any of the following:
 - a) a general health examination for "check-up" purposes, or routine ongoing care, or related care of a medical condition when the initial emergency has ended (as determined by Global Excel);
 - b) home health care, chronic care, or the chronic unit of a general hospital, Long Term Care Facility, or nursing home;
 - c) care in a psychiatric hospital;
 - d) rehabilitation or ongoing care in connection with drugs, alcohol or any other substance abuse; or non-compliance with any prescribed medical therapy or treatment;
 - e) a rest cure, health spa, exercise program, weight reduction clinic or travel for health purposes;
 - f) experimental drugs (not formally approved by the regulatory bodies in Canada or the U.S.) or investigative services;
 - g) vitamins, food supplements and over-the-counter drugs or medicines, whether prescribed or not; or
 - h) cosmetic or elective services.
8. Services or supplies related to any of the following:
 - a) a disorder, disease, condition or symptom that is emotional, psychological or mental in nature unless the insured person is hospitalized;
 - b) suicide (including any attempt thereat) or self-inflicted injury, whether or not the insured person is sane;
 - c) abuse or overdose of prescribed medication, toxic substances, alcohol or non-prescription drugs;
 - d) driving a motorized vehicle while impaired by drugs, toxic substances or an alcohol level of more than 80 milligrams in 100 millilitres of blood; or
 - e) commission of or attempt to commit, directly or indirectly, an illegal act or a criminal act.
9. Participation in and/or voluntary exposure to any risk from: war or act of war, whether declared or undeclared; invasion or act of a foreign enemy; declared or undeclared hostilities; civil war, riot, rebellion or insurrection; act of military power; or any service in the armed forces.
10. Sickness, injury or medical condition suffered or contracted by the insured person 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 the insured person's departure date**, advising Canadians not to travel to that specific country, region or area.

Exceptions: *the routine adjustment of Coumadin, Warfarin, insulin or oral medication to control diabetes (as long as they are not newly prescribed or stopped) and a change from a brand name medication to a generic medication (provided that the dosage is not modified).*

If the Canadian Government issues a travel advisory or formal notice to leave that specific country, region or area, **after the insured person's departure date**, 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 reasonably 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 any complications arising therefrom.

11. Treatment, hospitalization or expenses caused by:
 - a) participation in any sport as a professional athlete (person who engages in an activity as one's main paid occupation);
 - b) participation in any competitive motorized sporting events, racing or speed contests;
 - c) scuba diving (unless you hold a basic SCUBA designation from a Canadian certified school), hanggliding, rock climbing, paragliding, skydiving, parachuting, bungee jumping or mountaineering; or
 - d) a flight accident unless the insured person is riding as a fare paying passenger on a commercial airline or charter aircraft with a seating capacity of six people or more.
12. Treatment or hospitalization of mother or child as a result of:
 - a) pregnancy, miscarriage, childbirth or complications of any of these conditions occurring in the eight (8) weeks before or after the expected delivery date; or
 - b) a pregnancy being deemed a high risk pregnancy by a physician, at any time; or
 - c) induced abortion.
13. Dental Services related to crowns, root canals or temporomandibular joint dysfunction (TMJ).
14. Any service, treatment or supply related to locating organ donors for transplants, nor any service, treatment or supply in connection with the use of artificial organs.
15. Baggage insurance does not cover: animals, cash, securities, credit cards and any other negotiable instruments, luggage not checked, luggage held seized, quarantined or destroyed by customs or any other government agency.

GENERAL PROVISIONS

1. Co-ordination of Benefits and Other Insurance

If other insurance exists, the insurer will pay covered expenses **only in excess** of those covered by that other insurer or other responsible party. This includes insurance from credit cards, private or public health plans, private or provincial auto plans, or any other insurance, whether collectable or not, which provides some or all of the benefits and coverage provided under this policy.

If, however, the other insurance is also "excess only", the covered expenses will be coordinated so that payment from all benefit plans (group, individual or government) does not exceed 100 percent of the eligible expense.
2. Subrogation

If an insured person suffers a loss covered under this policy, the insurer is granted the right from the insured person to take action to enforce all the insured person's rights, powers, privileges, and remedies, to the extent of benefits paid under this policy, against any person, legal person or entity which caused such loss. Additionally, if "no fault" benefits or other collateral sources of payment of medical expenses are available to the insured person, regardless of fault, the insurer is granted the right to make demand for, and recover, those benefits. If the insurer institutes an action it may do so at its own expense, in the name of the insured person, and the insured person will

attend at the place of loss to assist in the action, in addition to providing the insurer all information, cooperation and assistance as the insurer may reasonably require. If the insured person institutes a demand or action for a

Note: A *high risk pregnancy* is one in which any cause places the mother, the developing fetus, or both at risk and the mother is on leave from her regular employment in order to reduce or avoid such risk.

Note: All coordination follows the *Canadian Life and Health Insurance Association guidelines*.

covered loss, the insured person shall immediately notify the insurer so that the insurer may safeguard its rights.

Notwithstanding any provisions in this policy to the contrary, the insurer's rights under this paragraph shall be governed by the laws of the state, province, or district where the loss occurs, or where benefits under this policy are paid.

The insured person shall take no action after a loss that will impair the rights of the insurer set forth in this paragraph and shall do all such things as are necessary to secure such rights.

3. Examination of the Policy

The policy, including any endorsements, will be kept at the office of the policyholder. You may request to consult the policy during the regular business hours of the policyholder.

4. Evidence of age

The insurer reserves the right to request proof of age of any insured person.

CLAIMS

Your benefit plan provides for direct payment to providers in order to reduce out-of-pocket expenses. Whenever possible Global Excel will arrange for direct billing with providers, and you may choose to assign benefits to the provider of the service (hospital, clinic, physician). To facilitate direct billing be sure to present your medical assistance card to the provider.

Claims you pay out-of-pocket must be submitted directly with **all original receipts and a completed claim form** including the following information:

1. Your name and complete address;
2. Canadian provincial or territorial Government Health Insurance Plan number with its expiry date or version code (if applicable);
3. Claimant's date of birth, name and, if applicable, relationship to you;
4. Proof of the departure date(s) and return date(s);
5. All original prescription drug receipts (not cash register receipts), and/or itemized bills from the medical provider(s) stating the date(s) of the service(s) provided, the diagnosis, all dates and types of treatment, and the name of the medical facility and/or physician;
6. For trip cancellation claims, the original airline tickets, electronic copy of your airline booking if applicable, and/or proof of all requested applicable refunds;
7. For baggage insurance, a report by the police and one of either the hotel manager, tour guide or transportation authorities in whose custody the insured property was at the time of loss, and adequate proof of loss, ownership and itemized value along with a detailed statement.
8. For medical evacuation claims, the unused portion of the insured person's air ticket must be returned to Global Excel.

Currency

All sums in the plan are in Canadian currency unless otherwise indicated. If you have paid a covered expense in a currency other than Canadian currency, you will be reimbursed in Canadian currency at the prevailing rate of exchange on the date that the claim payment is made. This insurance will not pay interest.

Processing and Submission Timeframes

Settling a medical emergency claim involves several steps. Due to the complexity of travel claims, please allow a minimum of 4-6 weeks for the submission of medical records, itemized invoices, and documentation review. Additional information pertinent to your claim may be required by Global Excel, and it is very important for you to provide requested information in a timely manner.

Note: *You must sign and return the authorization form to allow Global Excel to recover payment from the Canadian provincial or territorial Government Health Insurance Plan.*

Note: *Covered expenses are the lesser of actual expenses or reasonable and customary charges for the covered services or supplies.*

Note: *Claims must be submitted within 12 months from the date of service to be reimbursed under this plan.*

To facilitate the process, submit claims as soon as possible after the date of service. This significantly increases our ability to obtain any required additional information, and allows us to maximize cost containment attempts. On termination of coverage (for any reason), claims for services incurred prior to the termination date must be submitted within 90 days of the termination date.

CONTACT INFORMATION

In the event of an emergency, call:

Canada/USA, toll free 1-866-870-1898
Collect..... (819) 566-1898

Trip Cancellation/Baggage Insurance Desk, call:

Canada/USA, toll free 1-877-644-4215
Collect..... (819) 566-4215

To purchase Top-Up coverage, call:

Canada/USA, toll free 1-866-254-8573
Collect..... (819) 566-8573

For claims, submit documentation to:



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

Note: Your policy number is required to waive the top-up administration fee.

For verification of claim status, call during regular business hours:

Canada, toll free 1-866-870-1898
Collect..... (819) 566-1898

All other inquiries should be directed to your plan administrator.

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PROTECTING YOUR PRIVACY

For privacy information, please see www.royalsunalliance.ca, or call 1-800-716-4339.

We at ETFS recognize and respect every individual's right to privacy. When you apply for benefits, we establish a confidential file of your personal information. We use the information to administer the benefit plan under which you are covered. This includes many tasks, such as:

- Determining your eligibility for coverage under the plan;
- Assessing your claims and providing you with payment;
- Managing your claims;
- Verifying and auditing eligibility and claims; and
- Underwriting activities, such as determining the cost of the plan and analyzing the design options of the plan.

We limit access to information in your file to staff, to persons authorized by us who require it to perform their duties, to persons to whom you have granted access, and to persons authorized by law. We may also exchange information, when necessary to administer the benefit plan, with your health care provider, other insurance and reinsurance companies, and your plan administrator.

IDENTIFICATION OF INSURER

Underwritten by:



Administered by:



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