



## DESTINATION: INTERNATIONAL STUDENT INSURANCE

Updated August 2018

### EMERGENCY HOSPITAL & MEDICAL POLICY

Underwritten by CUMIS General Insurance Company, a member of The Co-operators group of companies.

Claims Administration and Emergency Assistance Services provided by Allianz Global Assistance, formerly known as SelectCare. Allianz Global Assistance is a registered business name and SelectCare is a trademark of AZGA Service Canada Inc.

Managed and Distributed by: The Destination: Travel Group Inc.

**IMPORTANT NOTICE: This policy contains a provision removing or restricting the right of the insured person to designate persons to whom or for whose benefit insurance money is to be payable.**

### RIGHT TO EXAMINE POLICY

Please review this policy when *you* receive it to ensure it meets *your* needs.

*You* have 10 days after purchase to return this policy for a full refund, provided *your* coverage has not started. Please refer to the sections of the policy that explain when coverage begins.

### IMPORTANT NOTICE

Please read *your* policy carefully when *you* receive it.

To help *you* better understand *your* policy

Key terms in this policy are printed in *bold italics* and are defined in the Definitions section on page 5.

#### What am I covered for?

Please read the section titled Benefits. This policy is intended to cover losses arising from sudden, unexpected and unforeseeable circumstances.

#### What is not covered?

This policy does not cover everything. *Your* insurance has exclusions, conditions and limitations. *You* should read *your* policy carefully when *you* receive it, so that *you* are aware of, and understand the limits of *your* coverage.

*You* may not have coverage for costs incurred due to *preexisting medical conditions* or symptoms that began before the *effective date* of *your* policy. *You* should review this and all other exclusions that apply to *your* plan.

#### What if I have an emergency or claim?

*You* or someone on *your* behalf must notify Allianz Global Assistance (toll free 1-800-995-1662 or worldwide collect 416-340-0049) within 24 hours of admission to a *hospital* or before any *medical consultation* or surgery is performed.

#### Limits on Coverage

If *you* fail to notify Allianz Global Assistance without reasonable cause, then the *insurer* may reduce the benefits payable to *you* under this policy.

#### How do I make a claim?

To apply for benefits under this policy, *you* will need to send a completed claim form (with all original bills and receipts from commercial organizations attached) to Allianz Global Assistance. Please take care in filling out the form, as any missing information may cause delay.

#### I want to stay longer. Can I purchase additional coverage?

Yes, *you* can, subject to policy terms and conditions. Just call *your* agent or **The Destination: Travel Group Inc. (1-855-337-3532)** during business hours before coverage under *your* policy expires. *You* must be in good health, not know of any reason to seek medical attention and have not have incurred any losses during the first *period of coverage*.

#### Assistance

Allianz Global Assistance will use its best efforts to provide assistance for a *sickness* or *injury* arising anywhere in the world. However, Allianz Global Assistance, the *insurer*, nor The Destination: Travel Group Inc. and their agents will not be responsible for the availability, quantity, quality, or results of any medical *treatment* received, or for failure of any person to provide or obtain medical services.

#### Mandatory Statement of Health and Consent

The *insurer* may require *you* to complete and sign an application, which may include a statement on *your* state of health with a consent to access *your* medical history when necessary.

### ELIGIBILITY

#### Applicable to International Students studying in Canada:

To be eligible for coverage a person must, as of the *effective date*:

- a) be a *student* enrolled in a *school* in Canada; or
- b) be an accompanying *dependent\** of an eligible *student*; and
- c) be currently in good health; and
- d) be less than 69 years of age at the time of application; and
- e) not be insured or eligible for benefits under a Canadian government health insurance plan. If *you* become eligible for and insured under the government health insurance plan of the province or territory in which *you* study, the insurance will then apply in excess of this provincial or territorial government health insurance plan.

**\*Coverage for dependents is only available to International Students age 59 or younger.**

### Applicable to Canadian Students studying abroad:

To be eligible for coverage a person must, as of the *effective date*:

- be a *student* age 40 or younger at the time of application enrolled in a *school* outside Canada; or
- be an accompanying *dependent* under age 40 of an eligible *student*; and
- be currently in good health; and
- be insured or eligible for benefits under the government health insurance plan of the province or territory in which *you* reside.

### Effective Date

When an application has been made and the premium has been paid, coverage begins on the **latest** of the date:

- the completed application is accepted by the *insurer* or its representative; or
- indicated as the *effective date* on the application; or
- you* depart from *your country of origin*.

### Expiry Date

Coverage ends on the **earliest** of the date:

- indicated as the *expiry date* on *your* confirmation of coverage; or
- 365 days after the *effective date* for this policy; or
- you* no longer meet this policy's definition of *student*; or
- 60 days after *you* are no longer enrolled in a *school*.

### DESCRIPTION OF COVERAGE

- The *insurer* agrees to pay up to \$2,000,000 for *reasonable and customary* costs incurred unexpectedly as a result of *your sickness* or *injury* occurring as a result of an *emergency* during the *period of coverage*. Costs are paid for *emergency* hospitalization, *emergency* medical, or other covered costs as provided in the Benefits section, due to *sickness* or *injury* occurring during the *period of coverage*. Eligible costs will be reimbursed in accordance with the applicable provincial *medical/dental association schedule of fees* or the amount specified in this policy, whichever is less.
- The *insurer* will pay for eligible costs incurred, up to the sum insured, for acute *emergency sickness* or *injury* incurred during the *period of coverage*:
  - for **International Students studying in Canada** while *you* are travelling worldwide, other than *your country of origin*, provided *you* spend at least 51% of the *period of coverage* within Canada.
  - for **Canadian Students studying abroad** while *you* are travelling worldwide, provided *you* spend at least 51% of the *period of coverage* in *your* country of study.

Coverage will be provided during *school* breaks as long as the insurance is in effect during these periods.
- Your dependents* are covered only when *dependent* coverage is selected and paid for at the time of application. Newborns will be covered from 15 days of age, provided

they meet the eligibility requirements, following written approval by the *insurer*.

### BENEFITS

Benefits are payable for the following costs:

- Emergency Hospital**  
The *insurer* agrees to pay for semi-private *hospital* accommodation and for *reasonable and customary* services and supplies *necessary* for *your emergency* care during confinement as a resident in-patient.
- Emergency Medical**  
The *insurer* agrees to pay for:
  - The *reasonable and customary* services of a legally licensed *physician*, surgeon or anaesthetist.
  - Diagnostics, lab tests and/or x-ray examinations as ordered by a *physician* for the purpose of diagnosis.
  - The use of a licensed local land or sea ambulance to the nearest *hospital*. If an ambulance is *necessary* but is unavailable, the *insurer* will reimburse up to \$150 for taxi expenses.
  - Private duty services of a registered graduate nurse (who is not related to *you* by blood or marriage), up to \$15,000.\*
  - Rental of crutches, wheelchair or hospital-type bed (standard non-electric model only), not exceeding the purchase price; the cost of splints, trusses, braces or other approved prosthetic appliances; initial purchase of casts; artificial limbs, eyes or other approved prosthetic or medical appliances.\*
  - Oxygen and rental of equipment for its administration.\*
  - Blood and blood plasma, except when donated.

**\* Must be pre-approved by Allianz Global Assistance.**
- Professional Services**  
The services of a legally licensed physiotherapist, chiropractor, chiropodist, osteopath, podiatrist, acupuncturist, naturopath and speech therapist (all of whom are not related to *you* by blood or marriage). A referral from a *physician* is required for acupuncturist and naturopath. Not to exceed \$600 per practitioner per calendar year.
- Drugs or Medications**  
Prescription drugs or medications that require a *physician's* written prescription, up to a maximum of \$10,000 not exceeding a one-month supply.
- Maternity Benefit**  
The *insurer* agrees to reimburse to \$25,000 for the costs for:
  - pre-natal care (including but not limited to tests and prescribed medication), and
  - involuntary termination of pregnancy or resulting complications,

provided that the pregnancy commenced during the *period of coverage* and the costs are incurred in the country of study.

No benefits will be payable for expenses incurred for childbirth, voluntary termination of pregnancy, or post-

natal care.

**6. Eye Examination**

When a minimum of 12 months consecutive coverage has been purchased, the *insurer* agrees to reimburse the services of a registered optometrist for diagnostic procedures to determine the presence of any observed abnormality in the visual system.

Limited to one visit in any consecutive 12-month *period of coverage*.

**7. Physical Examination**

When a minimum of 12 consecutive months coverage has been purchased, the *insurer* agrees to reimburse the cost of one routine physical examination or one consultation and prescription for the “morning-after pill” in any 12 consecutive month period, to a maximum of \$150.

**8. Emergency Air Transportation / Return Home**

If a covered *sickness* or *injury* necessitates *your* immediate transportation or return, the *insurer* agrees to pay the cost of one-way transportation by the most appropriate means, including the use of an air ambulance or stretcher accommodation and medical escort if deemed medically *necessary* by Allianz Global Assistance, to the nearest appropriate medical facility or to *your country of origin*. To be eligible for reimbursement, Allianz Global Assistance must pre-approve these costs.

**9. Transportation of Family**

The *insurer* agrees to reimburse up to a maximum of \$5,000 for the cost to transport one member of *your* family by round-trip economy class (using the most direct route), and \$150 per day up to a maximum of \$1,500 for the reasonable costs incurred by the member of *your* family after arrival if:

- a) the attending *physician* advises the necessary attendance by such a person; or
- b) the local authorities legally require the attendance of a member of *your* family to identify *your* remains in the event of *your* death due to a covered *sickness* or *injury*.

**10. Non-Emergency Treatment**

When required as a result of a covered *emergency sickness* or *injury*, up to \$3,000 will be paid to continue medical *treatment*.

**\* Must be pre-approved by Allianz Global Assistance.**

**11. Accidental Dental**

The *insurer* agrees to reimburse *you* up to \$5,000 for *emergency treatment* or services to whole or sound natural teeth (including capped or crowned teeth) caused by an *accidental* blow to the face.

*Treatment* relating to any dental claim must be completed no later than 90 days after *treatment* began and must be completed prior to *your* return to *your country of origin*.

**12. Dental Emergencies**

The *insurer* agrees to reimburse *you* up to \$600 for the immediate relief of acute dental pain caused by other than a blow to the face.

*Treatment* relating to any dental claim must be completed

no later than 90 days after *treatment* began and must be completed prior to *your* return to *your country of origin*.

**13. Wisdom Teeth**

The *insurer* agrees to reimburse *you* up to \$150 per tooth for dental and/or oral surgical procedures which are *necessary* for the extraction of impacted wisdom teeth.

**14. Return of Deceased**

In the event of *your* death due to a covered *sickness* or *injury*, the *insurer* will pay up to \$15,000 for the return of *your* remains in a standard transportation container to *your country of origin*; or up to \$5,000 for the cremation or burial of *your* remains at the place of death.

The cost of a coffin, urn or funeral service, is not covered.

**15. Mental Health Care**

The *insurer* agrees to reimburse the expenses incurred for *treatment* of mental, nervous or emotional disorders, as follows;

- a) inpatient hospitalization, up to a lifetime maximum of \$25,000; and
- b) outpatient services, up to a maximum of \$1,000 in any 12 consecutive month *period of coverage*.

**16. Prescription Glasses, Contact Lenses, and Hearing Aids**

Up to a maximum of \$200 for prescription glasses, contact lenses and hearing aids required as a result of *accidental injury*. This benefit does not cover the repair or replacement of prescription glasses, contact lenses and/or hearing aids.

**17. Tutorial Services**

Up to \$20/hour to a maximum of \$400 for the costs of a qualified private tutorial service in the event *you* are hospitalized for 30 consecutive days or more.

**18. Trauma Counselling**

Up to a maximum of \$500 for trauma counselling within 90 days from the date of *sickness* or *injury*. The *insurer's* maximum liability is \$5,000 per event under this policy and all other policies issued by the company within one calendar year. Where the aggregate eligible claims within a calendar year exceed this limit, the eligible claims will be reduced on a pro-rata basis and will be paid at the end of the year.

**19. Tuberculosis Testing and Vaccination**

Up to a maximum of \$100 for tuberculosis testing and vaccination or immunization during a 12 consecutive month period, provided the minimum term of insurance purchased is 180 days with no lapse in coverage. Coverage for tuberculosis testing is not payable if testing is mandated by the *school* board or *school* as a requirement for program enrolment.



## 20. Accidental Death & Dismemberment

The *insurer* agrees to pay up to a maximum sum insured of \$10,000, for loss of life, limb or sight occurring during the *period of coverage* resulting directly from *accidental injury*:

- a) **Flight Accident and Common Carrier**  
as a result of an *accident* sustained during the *period of coverage* while riding as a fare-ticket passenger or while entering or leaving a lawfully operated licensed *common carrier*; or
- b) **24-Hour Accident**  
as a result of an *accident* during the *period of coverage* in any other situation not specifically mentioned under a) above.

Benefits are payable according to the following schedule. Only **one** amount is payable (the largest) if the insured suffers more than one of these losses.

- a) 100% of sum insured resulting from the same *accidental injury* for loss of:
  - i. life; or
  - ii. entire sight of both eyes; or
  - iii. both hands; or
  - iv. both feet; or
  - v. one hand and entire sight of one eye; or
  - vi. one foot and entire sight of one eye.
- b) 50% of sum insured resulting from the same *accidental injury* for loss of:
  - i. entire sight of one eye; or
  - ii. one hand; or
  - iii. one foot.

Loss of hand or hands, or foot or feet means severance through or above the wrist joint or ankle joint, respectively. Loss of eye or eyes means total and irrecoverable loss of the entire sight.

### SPECIFIC CONDITIONS

*You* or someone on *your* behalf must notify Allianz Global Assistance within 24 hours of admission to a *hospital* or before any *medical consultation* or any surgery is performed.

#### Limits on Coverage

If *you* fail to do so without reasonable cause, then the *insurer* may reduce the benefits payable to *you* under this policy. *You* will be responsible for any expenses that are not payable by the *insurer*.

The *insurer* reserves the right, as reasonably required, to transfer *you* to any *hospital* or to transport *you* to *your country of origin* if *you* are unable to continue *your* studies due to a covered *sickness* or *injury*. If *you* refuse to be transferred or transported when declared medically fit to travel, any continuing costs incurred after *your* refusal will not be covered and the payment of such costs becomes *your* sole responsibility. Coverage ceases upon *your* refusal and no coverage will be provided to *you* for the remainder of the *period of coverage*.

General Provisions of this policy apply. Refer to page 7.

## EXCLUSIONS

Benefits are not payable for costs incurred due to:

1. Any *pre-existing medical condition* that was not *stable* within the 90 days immediately before the *effective date*.
2. Any *pre-existing medical condition* or any related conditions for which, prior to *your* arrival date in Canada or country of study, *you* had, were scheduled or recommended for a *medical consultation* for the purpose of establishing a diagnosis, and for which results had not yet been received at the time of departure from *your country of origin*.
3. Test and investigative consultation including, but not limited to biopsies, except when performed at time of an *emergency sickness or injury*; except as specified under the Non-Emergency Treatment (Benefit 10).
4. Losses incurred due to:
  - a) *your* emotional or mental disorders resulting from any cause, including but not limited to anxiety or depression, except as specifically provided under Mental Health Care (Benefit 15); or
  - b) *your* suicide or attempted suicide; or
  - c) *your* intentional self-inflicted *injury*.
5. Medical *treatment* and expenses incurred while in *your country of origin*.
6. A medical condition which originated while visiting *your country of origin* during the *period of coverage* or any condition wholly or partly, directly or indirectly, related thereto.
7. *Act of war*; kidnapping; *act of terrorism* caused directly or indirectly by *nuclear, chemical or biological* means; riot, strike or civil commotion; unlawful visit in any country.
8. The participation by *you* or a *dependent* in:
  - protests; or
  - armed forces activities; or
  - a commercial sexual transaction; or
  - the commission or attempted commission of any criminal offence; or
  - the contravention of any statutory law or regulation in the area where the loss occurred.
9. Any *sickness, injury* or medical condition, for which a diagnosis need not have been made, where the policy is purchased or the *trip* is undertaken for the purpose of securing medical *treatment* or advice.
10. Loss, death or *injury*, if at the time of the loss, death or *injury*, evidence supports *you* were affected by, or the medical condition causing the loss was in any way contributed to by:
  - *your* use of alcohol, prohibited drugs or any other intoxicant; or

- *your* non-compliance with a prescribed *treatment* or medical therapy before or after the *effective date*; or
  - *your* use of medication or drugs that have not been approved by the appropriate government authority; or
  - *your* misuse of medication.
11. Any *treatment*, investigation or hospitalization which is a continuation of, or subsequent to, an *emergency*, except as specified under the Non-Emergency Treatment benefit.
  12. Any *treatment*, investigation or hospitalization which exceeds 30 days following the initial day that outpatient *treatment* began, unless approved in advance by Allianz Global Assistance.
  13. Travelling against the advice of a *physician* or any loss resulting from a *sickness* or medical condition that was diagnosed by a *physician* as *terminal* prior to the *effective date* of this policy.
  14. *Injury* resulting from training for, competing or participating in:
    - motorized speed contests;
    - stunt activities;
    - *professional* sport activities; or
    - *high-risk activities*.
  15. Any loss incurred as a result of pregnancy, abortion, miscarriage, childbirth, or complications thereof, except as specifically provided under the Maternity Benefit (Benefit 5).
  16. Medical expenses incurred by an infant 14 days old or less.
  17. *Sickness* or *injury* resulting from a motor vehicle *accident* where *you* are entitled to receive benefits pursuant to any policy or legislative plan of motor vehicle insurance.
  18. Cosmetic surgery unless such surgery is a result of a covered *sickness* or *injury*.
  19. Any *medical consultation* that is elective or related to a prior elective procedure.
  20. Dental care, services or supplies, except as specifically provided under Accidental Dental (Benefit 11), Dental Emergencies (Benefit 12) or Wisdom Teeth (Benefit 13).
  21. *Treatment* or services that contravene, or are prohibited by, legislation under a provincial or territorial hospital/medical plan.
  22. Costs that exceed the *reasonable and customary* rate for the area where the *treatment* or services are being performed.
  23. Loss or repair of or damage to eye glasses, contact lenses, hearing aids and/or prescriptions for any of these items.
  24. Any nuclear occurrence, however caused.
  25. General assessments or checkups, or any services requested by a third party.
  26. Air travel other than as a passenger in a commercial aircraft licensed to carry passengers for hire, except while being transported under the terms of the Emergency Air Transportation /Return Home benefit.
  27. The purchase of:
    - a) medications or drugs not approved for use by the appropriate government authority; or
    - b) patent or proprietary medications; or
    - c) vitamins or vitamin preparations; or
    - d) drugs or medications which can be purchased without a prescription; or
    - e) acne medications; or
    - f) nicotine resin products; or
    - g) dietary supplements or weight loss products; or
    - h) quantities of any drug or medication which exceed a 30-day supply within one month prior to the policy *expiry date*; or
    - i) contraceptives prescribed for any purpose, with the exception of the "morning-after pill", which is limited to one per *period of coverage*; or
    - j) contraceptive consultation or testing, except as specifically provided under Physical Exam (Benefit 7); or
    - k) fertility drugs or testing; or
    - l) drugs, medications, or other costs paid for by any other agency; or
    - m) experimental drugs, preventative medications or vaccines (except as specifically state in Benefit 19).
  28. Any loss incurred outside of *your* country of study, except for loss due to acute *emergency hospital* and other covered *emergency* costs due to *sickness* or *injury* occurring during the *period of coverage* while *you* are travelling, other than *your country of origin*, provided *you* spend the majority of the *period of coverage* within *your* country of study.
  29. Benefits are not payable for costs incurred due to any *sickness* or *injury* when such *sickness* or *injury* occurs in a city, region, or country for which Global Affairs Canada issued a written warning prior to the *effective date* to avoid all travel, or to avoid non-essential travel, to that city, region, or country, and such *sickness* or *injury* is related to or due to the reason for the warning.

## DEFINITIONS

**Accident(al)** means a sudden, unexpected, unforeseeable, unavoidable external event and excludes disease or infections.

**Act of terrorism** means an act, including but not limited to the

use of force or violence and/or the threat thereof or commission or threat of a dangerous act, of any person or group(s) or government(s), committed for political, religious, ideological, social, economic or similar purposes including the intention to intimidate, coerce or overthrow a government (whether de facto or de jure) or to influence, affect or protest against any government and/or to put the civilian population, or any section of the civilian population, in fear.

**Act of war** means any loss or damage arising directly or indirectly from, occasioned by, happening through or in the consequence of: war; invasion; acts of foreign enemies; hostilities or warlike operations (whether war is declared or not) by any government or sovereign, using military personnel or other agents; civil war; rebellion; revolution; insurrection; civil commotion assuming the proportions of or amounting to an uprising; military or usurped power.

**Common carrier** means a licensed carrier offering its transportation services to paying passengers at published rates and scheduled times.

**Country of origin** means the country in which *you* maintained a permanent residence prior to entry into Canada or, if different, the country which issued *your* passport. If *you* have more than one passport, country of origin will be the country *you* indicated as such when applying for this insurance.

**Dependent** means:

- a) *your* legally married spouse or a person with whom *you* have been cohabitating in a common-law relationship for at least 12 consecutive months prior to the date of application; and
- b) any unmarried children residing with *you*, who are more than 15 days of age and age 25 or under and dependent upon *you* for their sole means of support; and
- c) *your* parent, stepparent, legal guardian, brother, sister, stepbrother, or stepsister who are living with the *student* while in the country of study.

Dependents are covered only when dependent coverage is selected and paid for at the time of application.

**Effective date** means the date and time coverage begins as provided for in the section titled Effective Date.

**Emergency** means a sudden, unforeseen *sickness* or *injury* occurring during the *period of coverage*, which requires immediate intervention by a *physician* or legally licensed dentist and cannot reasonably be delayed. An emergency is deemed to no longer exist when medical evidence indicates that *you* are able to continue *your trip* or return to *your* place of ordinary residence or *country of origin*.

**Expiry date** means the date coverage ends as indicated in the section titled Expiry Date.

**High-risk activity(ies)** includes any skiing or snowboarding out of bounds, heliskiing, ski jumping, skydiving, sky-surfing, scuba diving (except if certified by internationally recognized and accepted program such as NAUI or PADI, or if diving depth does not exceed 30 meters), white water rafting (except grades 1 to 4), street luge, skeleton activity, *mountaineering*, or participation in any rodeo activity.

**Hospital** means a facility incorporated or licensed as a hospital by the jurisdiction where such services are provided and which has accommodation for resident in-patients, a laboratory, a registered graduate nurse and *physician* always on duty and an operating room where surgical operations are performed by a *physician*. In no event shall this include a convalescent or nursing home, home for the aged, health spa, or an institution for the care of drug addicts, alcoholics or persons suffering from mental or emotional disorders.

**Injury** means bodily harm which is directly caused by or resulting from an *accident*, being a sudden and unforeseen event, excluding bodily harm that results from deliberate or voluntary action and independent of *sickness* and all other causes.

**Insurer** means CUMIS General Insurance Company, a member of The Co-operators group of companies.

**Medical consultation** means any medical services obtained from a licensed medical practitioner for any *injury*, *sickness* or medical condition, including but not limited to any or all of: history taking, medical examination, investigative testing, advice or *treatment*, and for which a diagnosis of the condition need not have been definitively made. This does not include regular medical check-ups where no medical signs or symptoms existed or were found during the check-up.

**Medical/Dental Association schedule of fees** means the official schedule of fees published by the medical/dental association, society or college of the province or territory in which the *treatment* or service occurred. If the province or territory does not publish an official schedule of fees, benefits payable under this policy will be in accordance with the provincial medical/dental association schedule of fees in Canada closest to where the *treatment* or service occurred.

**Mountaineering** means the ascent or descent of a mountain requiring the use of specified equipment including crampons, pick axes, anchors, bolts, carabiners and lead-rope or top rope anchoring equipment.

**Necessary** means medically required *treatment* for an unexpected *sickness* or *injury*.

**Nuclear, chemical or biological** means the use of any nuclear weapon or device or the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical agent and/or biological agent, including the resultant contamination where:

- **Nuclear** means any occurrence causing bodily *injury*, *sickness*, disease, or death or loss of or damage to property, or for loss of use of property, arising out of or resulting from the radioactive, toxic, explosive, or other hazardous properties of source, special nuclear, or by-product material.
- **Chemical agent** shall mean any compound which, when suitably disseminated, produces incapacitating, damaging or lethal effects on people, animals, plants or material property.
- **Biological agent** shall mean any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) which cause



illness and/or death in humans, animals or plants.

**Period of coverage** means the period from the *effective date* to the *expiry date* as indicated in this policy and for which premium has been paid.

**Physician** means a person other than *you*, who is legally qualified and licensed to practice medicine or perform surgery in the location where the services are performed, and is not related to *you* by blood or marriage.

**Pre-existing medical condition** means a *sickness, injury* or medical condition, whether or not diagnosed by a *physician*:

- a) for which *you* exhibited signs or symptoms; or
- b) for which *you* required or received *medical consultation*; and
- c) which existed prior to the *effective date* of *your* coverage.

**Professional** means *you* are considered professional by the governing body of the sport and are paid for *your* participation whether *you* win or lose.

**Reasonable and customary** means the services customarily provided or the costs customarily incurred for covered losses, which are not in excess of the standard practice or fee in the geographical area where the services are provided or costs are incurred for comparable *treatment, services* or supplies for a similar *sickness* or *injury*.

**School** means a school, university, college or other recognized institution of learning that is accredited by the local authorities.

**Sickness** means illness or disease.

**Stable** means a *pre-existing medical condition* that:

- a) did not require, or was not referred for any *medical consultation*; and
- b) did not require a change in type or dosage of medication.

**Student** means a person:

- a) who regularly attends *school*, college, university, or other accredited educational institution; and
- b) who is enrolled in a minimum of 60% of the usual course requirements for the program in which they are enrolled; or
- c) who remains in their country of study for up to 60 days immediately after completion of studies as described under a) and b) of this definition.

**Terminal** means a *sickness* or medical condition for which a *physician* gave a prognosis of eventual death or for which palliative care was received, prior to the *effective date*.

**Treatment** means medical, therapeutic or diagnostic procedure prescribed, performed or recommended by a *physician* including, but not limited to, prescribed medication, investigative testing or surgery.

**Trip** means the period of travel contracted by *you* and for which coverage is in effect.

**You or Your** means an eligible person named on the application, who has been accepted by Allianz Global Assistance or its authorized representative, and has paid the required premium

for a specific plan of insurance.

## GENERAL PROVISIONS

### Assignment

Any benefits payable or which may become payable under this policy cannot be assigned by *you* and the *insurer* is not responsible for and will not be bound by any assignment entered into by *you*.

### Automatic Extension of Coverage

Coverage will be automatically extended for up to 72 hours in the event of a delay during the *period of coverage* of the conveyance in which *you* are riding or are scheduled to ride as a passenger. This delay must be due to circumstances beyond *your* control and the conveyance must be scheduled to arrive during the *period of coverage*.

Coverage will be automatically extended for up to 5 days, if *you* are hospitalized due to a covered *sickness* or *injury* on or before the coverage *expiry date*.

### Benefit Payments

Unless otherwise stated, all provisions in this policy apply to *you* during one *period of coverage*. Benefits are only payable to *you* under one policy during the *period of coverage*. If more than one policy issued by the *insurer* is in effect at the same time, benefits will only be paid under one insurance policy, the one with the highest amount of insurance. Benefits are only payable for the plans and the specific amount of insurance selected, paid for and accepted by Allianz Global Assistance on the *insurer's* behalf at the time of application. Any benefits payable do not include interest charges. Benefits payable as a result of *your* death will be payable to *your* named beneficiary or to *your* Estate.

### Conformity with Law

Any policy provision in conflict with any law to which this policy is subject is hereby deemed to be amended to conform thereto.

### Coordination of Benefits

Amounts payable under this plan are in excess of any amounts available or collectible under any existing coverage concurrently in force held by or available to *you*.

Other coverage includes but is not limited to:

- homeowners insurance;
- tenants insurance;
- multi-risk insurance;
- any credit card, third-party liability, group or individual basic or extended health insurance;
- any private or legislative plan of motor vehicle insurance providing *hospital, medical* or therapeutic coverage.

Allianz Global Assistance, on the *insurer's* behalf, will coordinate all benefits in accordance with the Canadian Life and Health Insurance Association guidelines.

Reimbursement will not be made for any costs, services or supplies that are payable to *you* under a motor vehicle insurance policy or legislative plan pursuant to the no-fault

benefits schedule under any Insurance Act, or for which *you* receive benefits from any other party under any policy or legislative plan of motor vehicle insurance, until such benefits are exhausted.

*You* may not claim or receive in total more than 100% of the loss caused by the insured event.

If *you* are retired with an extended health plan provided by a former employer, with a lifetime limit of up to \$100,000, Allianz Global Assistance will not coordinate benefits with that provider on the *insurer's* behalf, except in the event of *your* death.

#### Currency

At the option of Allianz Global Assistance, benefits may be paid in the currency of the country where the loss occurred. If currency conversion is necessary, the exchange rate in effect on the date the service was supplied to *you* will be used.

#### Emergency Assistance

Allianz Global Assistance will use its best efforts to provide assistance for a medical *emergency* arising anywhere in the world. However, Allianz Global Assistance, the *insurer*, nor The Destination: Travel Group Inc. and their agents will not be responsible for the availability, quantity, quality, or results of any medical *treatment* received, or for the failure of any person to provide or obtain medical services.

#### Extending Your Trip

##### Applicable to International Students studying in Canada:

If *you* decide to apply for additional coverage before *you* have left *your country of origin*, contact your agent or **The Destination: Travel Group Inc.** at 1-855-337-3532.

If *you* decide to apply for additional coverage after *you* have left *your country of origin*, *you* may apply for a new term of coverage if *you*:

- a) purchase additional coverage before the *expiry date*; and
- b) are in good health; and
- c) have no reason to seek *treatment* during the new term of coverage.

If *you* have incurred a claim, Allianz Global Assistance on the *insurer's* behalf will review *your* file before deciding on granting a new term of coverage.

Each policy or *period of coverage* is considered a separate contract and all limitations and exclusions will apply.

Allianz Global Assistance on the *insurer's* behalf reserves the right to decline any request for new terms of coverage.

##### Applicable to Canadian Students studying abroad:

If *you* decide to apply for additional coverage before *you* have left *your* province or territory of residence, contact *your* agent or **The Destination: Travel Group Inc.** at 1-855-337-3532.

If *you* decide to apply for additional coverage after *you* have left *your* province or territory of residence, *you* may apply for a new term of coverage if *you*:

- a) purchase additional coverage before the *expiry date*; and

- b) are in good health; and
- c) have no reason to seek *treatment* during the new term of coverage.

If *you* have incurred a claim, Allianz Global Assistance on the *insurer's* behalf will review *your* file before deciding on granting a new term of coverage.

Each policy or *period of coverage* is considered a separate contract and all limitations and exclusions will apply.

Allianz Global Assistance on the *insurer's* behalf reserves the right to decline any request for new terms of coverage.

#### General Terms

Insurance terms and conditions are subject to change with each new policy purchased, without prior notice, to reflect actual experience in the marketplace.

#### Governing Law

This policy will be governed by the laws of the Canadian province or territory where the policy was issued.

#### Language

The parties request that the policy and all related documentation be drawn in English. Les parties demandent que la présente police ainsi que toute documentation pertinente soient rédigées en anglais.

#### Limit on Liability

It is a condition precedent to liability under this policy that on the *effective date*, *you* are in good health and know of no reason to seek medical attention.

#### Limitation of Action

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the *Insurance Act* (for actions or proceedings governed by the laws of Alberta and British Columbia), *The Insurance Act* (for actions or proceedings governed by the laws of Manitoba), the *Limitations Act, 2002* (for actions or proceedings governed by the laws of Ontario), *The Limitations Act* (for actions or proceedings governed by the laws of Saskatchewan) or other applicable legislation. For those actions or proceedings governed by the laws of Quebec, the prescriptive period is set out in the *Quebec Civil Code*.

#### Misrepresentation or Nondisclosure

*Your* failure to disclose or misrepresentation of any material fact, or fraud, either at the time of application or at the time of claim, shall render the entire contract null at the *insurer's* option, and any claim submitted thereunder shall not be payable.

Where there is an error as to *your* age, provided that *your* age is within the insurable limits of this policy, the premiums will be adjusted according to *your* correct age.

#### Premiums

The total premium amount is due and payable at the time of application.



### Right to be Reimbursed (Subrogation)

As a condition to receiving benefits under the policy, *you* agree to:

- a) reimburse the *insurer* for all *emergency* medical and *hospital* costs paid under the policy from any amounts *you* receive from a third party responsible (in whole or in part) for *your injury* or *sickness* whether such amounts are paid under a judgment or settlement agreement;
- b) whenever reasonable, initiate a legal action against the third party to recover *your* damages, which include *emergency* medical and *hospital* costs paid under the policy;
- c) include all *emergency* medical and *hospital* costs paid under the policy in any settlement agreement *you* reach with the third party;
- d) act reasonably to preserve the *insurer's* rights to be reimbursed for any *emergency* medical or *hospital* costs paid under the policy;
- e) keep the *insurer* informed of the status of any legal action against the third party; and
- f) advise *your* counsel of the *insurer's* right to reimbursement under the policy.

*Your* obligations under this section of the policy in no way restrict the *insurer's* right to bring a subrogated claim in *your* name against the third party and *you* agree to cooperate with the *insurer* fully should the *insurer* choose to exercise its right of subrogation.

### Sanctions

Benefits are not payable under this policy for any losses or expenses incurred due to or as a result of *your* travel to a sanctioned country for any business or activity that would violate any Canadian or any other applicable national economic or trade sanction law or regulation.

### Time

Applicable to International Students studying in Canada: This policy will be governed by the local time of the Canadian province or territory in which *your* policy was issued.

Applicable to Canadian *Students* studying abroad: This policy will be governed by the local time of the Canadian province or territory in which *you* normally reside.

## STATUTORY CONDITIONS

### Contract

The application, this policy, any document (including but not limited to the completed medical questionnaire, Confirmation of Coverage) attached to this policy when issued and any amendment to the contract agreed on in writing after this policy is issued, constitute the entire contract, and no agent has the authority to change the contract or waive any of its provisions.

Allianz Global Assistance on the *insurer's* behalf reserves the right to decline any application or any request for new terms of coverage.

### Waiver

The *insurer* shall be deemed not to have waived any condition of this contract, either in whole or in part, unless the waiver is clearly expressed in writing signed by the *insurer*.

### Copy of Application

The *insurer* shall, upon request, furnish *you* or a claimant under the contract a copy of the application.

### Material Facts

No statement made by *you* or a person insured at the time of application for the contract shall be used in defence of a claim under or to avoid the contract unless it is contained in the application or any other written statements or answers furnished as evidence of insurability.

### Termination

*You* may at any time request that this contract be terminated and the *insurer* shall, as soon as practical after *you* make the request, refund the amount of premium actually paid by *you* that is in excess of the short-rate premium calculated to the date of the request according to the table in use by the *insurer* at the time of the termination.

Refer to Premium Refunds on page 10

10.

### Notice and Proof of Claim

Please refer to the Claims Procedures on page 10.

*You* or the claimant, if other than *you*, shall be responsible for providing Allianz Global Assistance with the following:

1. receipts from commercial organizations for all medical costs incurred and itemized accounts of all medical services which have been provided; and
2. any payment made by any other insurance plan or contract, including a government hospital/ medical plan; and
3. supporting medical documentation, at the request of Allianz Global Assistance.

If *you* do not provide the required supporting documentation, *your* claim will not be paid.

### Failure to Give Notice and Proof

Failure to give notice of claim or furnish proof of claim within the time prescribed does not invalidate the claim if:

- a) the notice or proof is given or furnished as soon as reasonably possible, and in no event later than 1 year from the date of the *accident* or the date a claim arises under the contract on account of *sickness* or disability if it is shown that it was not reasonably possible to give notice or furnish proof within the time so prescribed; or
- b) in the case of *your* death, if a declaration of presumption of death is necessary, the notice or proof is given or furnished no later than 1 year after the date a court makes the declaration.

### Insurer to Furnish Forms for Proof of Claim

Claims forms are available by contacting Allianz Global Assistance's Claims Department and shall be furnished to *you* upon request.

### Rights of Examination

The claimant shall provide the *insurer* with the opportunity to examine *you* when and so often as it reasonably requires while a claim is pending. In the case of *your* death, the *insurer* may require an autopsy, subject to any laws of the applicable jurisdiction relating to autopsies.

### When Money Payable

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

### REFUNDS

A full refund will be provided for policies which are returned within 10 days of purchase, as described in the section titled Right To Examine Policy.

#### When submitting *your* refund request, please include:

1. a written request; and
2. a copy of *your* confirmation of coverage; and
3. confirmation of *your* early departure such as boarding pass or itinerary, or any other written proof of *your* early return to *your country of origin*; and
4. any other documentation to support *your* refund request.

#### Refunds are payable when:

1. The *student* fails to meet visa entry eligibility requirements.
2. *You* return *your country of origin* 30 days or more prior to the *expiry date* of coverage, without intending to return to Canada.
3. The *student* is no longer enrolled in a *school* within Canada or the country of study.
4. *You* become covered under a provincial or territorial health/medical plan.

Premium refund requests, regardless of method of payment, should be submitted to The Destination Travel Group Inc.

There will be no refund of premium if any losses have been incurred whether or not a claim has been made.

Premiums which are 100% refundable are subject to a \$10 administration fee, except when cancelled during the 10 day examination period.

Partial cancellations are charged a \$25 administration fee.

These fees are deducted from the net premium to be refunded.

Refunds will not be provided for amounts less than the minimum required premium for the plan purchased.

Refunds will be calculated from the date of permanent return to *your country of origin*, or from the date *you* became covered under a provincial or territorial government health care plan (inbound *students* only) or the day *you* are no longer enrolled in a *school* within Canada or *your* country of study.

### CLAIMS PROCEDURES

#### Important Notes:

1. In the event of a *sickness* or *injury*, Allianz Global Assistance must be notified within 24 hours of admission to a *hospital* or before any *medical consultation* or any surgery is performed.
2. To make *your* claim, fill out the claim form completely and include all original bills. Incomplete information will cause delay.
3. Claims must be reported within 30 days of occurrence.
4. Written proof of claim must be submitted within 90 days of occurrence.
5. Any costs incurred for documentation or required reports are *your* or the claimant's responsibility.

#### When submitting *your* claim, please include:

1. A completed and signed claim form with all original bills and receipts from commercial organizations. Incomplete forms will delay *your* claim.
2. Medical records including an emergency room report and diagnosis from the medical facility or a Medical Certificate completed by the treating *physician*. Any fee for completion of the certificate is not a benefit under this insurance.
3. Further documentation may be required upon review of *your* claim.

All claim forms are available by calling Allianz Global Assistance's Claims Department.

#### SEND YOUR CLAIMS TO:

##### Allianz Global Assistance Claims Department

2100 – 250 Yonge Street  
 Toronto, Ontario, Canada M5B 2L7  
 Collect worldwide: 416-340-8809  
 Toll free Canada/ U.S.A.: 1-800-869-6747

### PRIVACY INFORMATION NOTICE

CUMIS General Insurance Company (the "insurer") and the insurer's insurance administrator, Allianz Global Assistance, and the insurer's agents, representatives and reinsurers (for the purpose of this Personal Information Notice collectively "we" "us" and "our") require personal information including:

- details about you including your name, date of birth, address, telephone numbers, e-mail address, employer, and other identification;
- medical records and information about you;
- records that reflect your business dealings with and through us.

This personal information is collected for the following insurance purposes when offering and providing insurance and related services:

- to identify and communicate with you;
- to consider any application for insurance;
- if approved, to issue a Policy or Certificate of insurance;
- to administer insurance and related benefits;

- to evaluate insurance risk, manage and coordinate claims, re-price medical expenses and negotiate payment of claims expenses;
- to investigate claims and to determine eligibility for insurance benefits;
- to provide assistance services;
- for fraud prevention and debt collection purposes;
- as required or permitted by law.

We only collect personal information necessary for insurance purposes from individuals who apply for insurance, from Certificate or Policy holders, insureds and claimants. In some cases we also collect personal information from members of a Certificate or Policy holder's, insured's or claimant's family or their friends when they are unable, for medical or other reasons, to communicate directly with us. We also collect and disclose information for the insurance purposes from, to and with, third parties such as, but not necessarily limited to, health care practitioners and facilities in Canada and abroad, government and private health insurers and family members and friends of the insured, Certificate or Policy holder or claimant. We may also use and disclose information from our existing files for the insurance purposes. Our employees who require this information for the purposes of their duties will have access to this file.

Upon your request and authorization, we may also disclose this information to other persons.

From time to time, and if permitted by applicable law, we may also collect, use or disclose personal information in order to offer additional or upgraded products and services (the "optional purposes").

When an individual applies for, purchases, or is covered by one of our insurance policies or submits a claim for insurance benefits, he or she is presumed to consent to the personal information practices described in this notice. If an individual does not wish to have their personal information used for the optional purposes they need only notify Allianz Global Assistance. A person may decline to have their information collected, used or disclosed for the insurance purposes but in that instance we will likely be unable to provide insurance and related services.

Personal information is maintained in the Policy or Policy holder's, insured's or claimant's file that we establish and maintain in the offices of Allianz Global Assistance. In some instances we may additionally maintain or communicate or transfer information to health care and other service providers located outside of Canada. As a result, personal information may be accessible to regulatory authorities in accordance with the law of these other jurisdictions. For information about how to obtain access to written information about our policies and procedures with respect to service providers outside of Canada, please contact the Privacy Officer at [privacy@allianz-assistance.ca](mailto:privacy@allianz-assistance.ca).

We will retain the personal information we collect for a specified period of time and in a storage method appropriate with legal and our internal corporate requirements. Personal information will be securely destroyed following the expiration of the

appropriate retention period. Individuals have a right to request to access or correct personal information we have on file by contacting the Privacy Officer at [privacy@allianz-assistance.ca](mailto:privacy@allianz-assistance.ca) or by writing to:

Privacy Officer  
Allianz Global Assistance  
250 Yonge Street, Suite 2100  
Toronto, Ontario M5B 2L7  
Fax: (416) 340-2707

For a complete copy of our Privacy Policy please visit [www.allianz-assistance.ca](http://www.allianz-assistance.ca).

## QUESTIONS?

If *you* have any questions or concerns about our products or services, or *your* policy or claim please feel free to contact Allianz Global Assistance anytime:

Toll Free: 1-800-869-6747  
Collect: (416) 340-8809

### Underwritten by:

CUMIS General Insurance Company  
P.O. Box 5065, 151 North Service Road  
Burlington, Ontario L7R 4C2  
Canada

### Claims Administration and Emergency Assistance Services provided by:

Allianz Global Assistance  
2100 – 250 Yonge Street  
Toronto, Ontario M5B 2L7  
Canada

### Managed and Distributed by:

#### The Destination: Travel Group Inc.

307 – 211 Consumers Road  
Toronto, Ontario M2J 4G8  
Canada

Toll-Free: 1-855-337-3532  
Local: 416-499-1900  
Fax: 416-499-1901



## EMERGENCY PROCEDURES

In the event of an *injury* or *sickness*, *you* or someone acting on *your* behalf must notify Allianz Global Assistance (toll free 1-800-995-1662 or worldwide collect 416-340-0049) within 24 hours of admission to a *hospital* or before any *medical consultation* or any surgery is performed.

### Limits on Coverage

If *you* fail to notify Allianz Global Assistance without reasonable cause, then the *insurer* may reduce the benefits payable to *you* under this policy. *You* will be responsible for any expenses that are not payable by the *insurer*.

Allianz Global Assistance is here to help with service available 24 hours a day, 7 days a week.

Allianz Global Assistance also provides support and recommendations for non-medical emergencies, providing *you* with access to resources to help resolve any unexpected difficulties *you* encounter during *your period of coverage*.

**ALLIANZ GLOBAL ASSISTANCE**  
**Toll free Canada/U.S.A.: 1-800-995-1662**

**If unable to contact us through the toll-free numbers  
call collect: 416-340-0049**