



DESTINATION: INTERNATIONAL STUDENT INSURANCE

EMERGENCY HOSPITAL & MEDICAL POLICY

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

IMPORTANT NOTICE

Please read *your* policy carefully.

To help *you* better understand *your* policy

Key terms in this policy are printed in *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 *pre-existing 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 must notify SelectCare Worldwide (toll free 1-866-261-1723 or worldwide collect 416-340-1553) 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 SelectCare Worldwide 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 attached) to the *insurer*. Please take care in filling out the form, as any missing information may cause delay.

Is my personal information protected?

We are committed to protecting the privacy, confidentiality and security of the personal information *we* collect, use and disclose. *Your* personal information, including *your* medical history, will be collected, used and disclosed only for the purpose of providing *you* with the requested insurance services. For a copy of the *insurer's* privacy policy, please contact *us*.

I want to stay longer. Can I purchase further 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

SelectCare Worldwide and the *insurer* will use their best efforts to provide assistance for a *sickness* or *injury* arising anywhere in the world. However, SelectCare Worldwide, the *insurer*, 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 service.

Mandatory Statement of Health and Consent

We 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*:

- be a *student* enrolled in a *school* in Canada; or
- be an accompanying *dependent** of an eligible *student*, and
- be currently in good health; and
- be less than 69 years of age at the time of application; and
- 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. If *you* are not insured under the government health insurance plan of the province or territory in which *you* reside, the portion that would have been refunded by the provincial or territorial government health insurance plan is not a benefit of this insurance.

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

1. 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.

If *you* are not insured under the government health insurance plan in the province or territory in which *you* reside, the portion that would have been refunded by the provincial or territorial government health insurance plan is not a benefit of this Insurance (Canadian *students* only).

2. 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*:
 - a) **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.
 - b) **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.
3. *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:

1. **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.
2. **Emergency Medical**

The *insurer* agrees to pay for:

 - a) The *reasonable and customary* services of a legally licensed *physician*, surgeon or anaesthetist.
 - b) Diagnostics, lab tests and/or x-ray examinations as ordered by a *physician*.
 - c) 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.
 - d) Private duty services of a registered graduate nurse (who is not related to *you* by blood or marriage), up to \$15,000.*
 - e) Rental of crutches, wheelchair or hospital-type bed (standard nonelectric 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.*
 - f) Oxygen and rental of equipment for its administration.*
 - g) Blood and blood plasma, except when donated.

* Must be pre-approved by SelectCare Worldwide.

3. 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.

4. 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.

5. Maternity Benefit

The *insurer* agrees to pay up to \$25,000 for the costs for:

- a) pre-natal care (including but not limited to tests and prescribed medication), and
- b) 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 postnatal care.

6. Eye Examination

When a minimum of 12 months consecutive coverage has been purchased the *insurer* agrees to pay for 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 pay for 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 SelectCare Worldwide, to the nearest appropriate medical facility or to *your country of origin*. To be eligible for reimbursement, SelectCare Worldwide must preapprove these costs.

9. Transportation of Family

The *insurer* agrees to reimburse *you* up to a maximum of \$5,000 for the cost to transport one member of *your* family by roundtrip 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 SelectCare Worldwide.

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 burial coffin is excluded.

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 *accident*. 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. 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

SelectCare Worldwide must be notified 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.

SelectCare Worldwide 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 prior to 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 while sane or insane 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 16); 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;
 - armed forces activities;
 - a commercial sexual transaction;
 - 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:
 - the use of alcohol, prohibited drugs or any other intoxicant;
 - the noncompliance with a prescribed *treatment* or medical therapy;
 - the use of medication or drugs that have not been approved by the appropriate government authority; or
 - the misuse of medication.
11. Any treatment, investigation or hospitalization which is a continuation of 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 SelectCare Worldwide.
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 or participating in:
 - speed contests usually and customarily in excess of 60 km per hour;
 - motor sport contests;
 - stunt activities, exhibitions or demonstrations of any kind;
 - 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;
 - b) patent or proprietary medications;
 - c) vitamins or vitamin preparations;
 - d) drugs or medications which can be purchased without a prescription;
 - e) acne medications;
 - f) nicotine resin products;
 - g) dietary supplements or weight loss products;
 - h) quantities of any drug or medication which exceed a 30-day supply within one month prior to the policy expiry date;

- i) contraceptives prescribed for any purpose, with the exception of the “morning-after pill”, which is limited to one per *period of coverage*;
- j) contraceptive consultation or testing, except as specifically provided under Physical Exam (Benefit 7);
- k) fertility drugs or testing;
- 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 20).

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*.

DEFINITIONS

Accident(al) means a sudden, unexpected, unforeseeable, unavoidable external event.

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.

Aggregate limit means the total number or the maximum value of insured losses resulting from any one *accident* or event causing loss.

Common carrier means any land, air or water conveyance operated by those whose occupation or business is transportation of persons for hire, and that issues tickets or boarding passes.

Country of origin means the country in which *you* maintained a permanent residence prior to entry into Canada.

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) mean(s) 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 nervous 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.

Insured person means an eligible person named on the application, who has been accepted by the *insurer* or its authorized representative, and has paid the required premium.

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.

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.

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;
- 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 the *insured person* and for which coverage is in effect.

We, us and **our** means CUMIS General Insurance Company, a member of The Co-operators group of companies.

You or Your means the *insured person*.

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 each *insured person* during one *period of coverage*. Benefits are only payable under one policy, for each *insured person* during the *period of coverage*. If more than one SelectCare policy is in effect at the same time, benefits will only be paid under one insurance policy, the one with the greatest sum insured. Benefits are only payable for the plans and the specific sum insured selected, paid for and accepted by the *insurer* 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.

Claim Submission

You or the claimant, if other than *you*, shall be responsible for the verification of:

Any medical costs incurred and shall obtain itemized accounts of all medical services which have been provided.

Any payment that would have been made if the *insured person* had been covered by a provincial or territorial hospital/medical plan.

Any payment made by any other insurance plan or contract.

Providing substantiating medical documentation from *your country of origin* at the request of the *insurer*.

Failure to provide substantiating documents shall invalidate all claims under this insurance.

Contract

The application, any completed medical questionnaire, confirmation of coverage, this policy, any document attached to this policy when issued, and any amendment to the policy agreed upon in writing after it is issued, constitute the entire contract. Each policy or term of coverage is considered a separate contract.

The *insurer* reserves the right to decline any application or any request or extensions of coverage. No condition of this policy shall be deemed to have been waived, either in whole or in part, unless the waiver is clearly expressed in writing and signed by the *insurer*.

Coordination of Benefits

Coverage under this policy is in excess of all or any existing coverage concurrently in force held by or available to *you*, including but not limited to any government health insurance plan, homeowners, tenants, multi-risk, any credit card, third party liability, group or individual basic or extended health insurance or any private or legislative plan of motor vehicle insurance providing hospital, medical or therapeutic coverage. The *insurer* 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 pursuant to any policy or legislative plan of motor vehicle insurance.

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

Currency

All amounts stated in the policy, including premium, are in Canadian currency. At the option of the *insurer*, benefits may be paid in the currency of the country where the loss occurred.

Governing Law

This policy will be governed by the laws of the Canadian province or territory where the policy was issued. At no time

will this policy be governed by the laws and regulations of any other country.

Limit on Liability

It is a condition precedent to liability under this policy that at the time of application, *you* know of no reason to seek medical attention.

Limitation of Action

Every action or proceeding against the *insurer* for the recovery of insurance money payable under this policy is absolutely barred unless commenced within the time set out in the Insurance Act or any other applicable legislation.

Misrepresentation or Nondisclosure

A failure to disclose or misrepresentation of any material fact by *you*, or fraud, either at the time of application or at the time of claim, shall render the entire contract null and void, and any claim submitted thereunder shall not be payable.

Premiums

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

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.

Subrogation (Right of Recovery)

In the event of any payment of benefits under this policy, the *insurer* shall be subrogated to all *your* rights including without limitation, the right to proceed in *your* name, but at the *insurer's* cost, against any third party that may be responsible for giving rise to a claim under this policy. *You* shall execute all documents required and shall cooperate fully with the *insurer* to secure such rights. *You* shall do nothing after the loss to prejudice the *insurer's* right of recovery.

Time

Expiry time of coverage is the time within the time zone where *you* were residing when the application was made.

REFUNDS

When submitting *your* refund request, please include:

1. a written request; and
2. a copy of 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. The *insured person* permanently returns to his/her *country of origin* 30 days or more prior to the *expiry date* of coverage.
3. The student is no longer enrolled in a school within Canada or the country of study.
4. The *insured person* becomes 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.

EXTENSIONS OF COVERAGE

If *you* decide to extend *your* trip, *you* may apply for a new *period of coverage* provided *you* meet the Eligibility requirements of the new policy.

If *you* have incurred a claim, *we* will review *your* file before deciding on granting an extension.

Each policy or term of coverage is considered a separate contract.

The *insurer* reserves the right to decline any request for new terms of coverage.

Important Notes:

1. In the event of a *sickness* or *injury*, SelectCare Worldwide 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.
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 SelectCare Worldwide.

SEND YOUR CLAIMS TO:

SelectCare Worldwide Claims Department

2100 – 250 Yonge Street

Toronto, Ontario, Canada M5B 2L7

Collect worldwide: 416-340-8809

Toll free Canada/ U.S.A.: 1-866-261-1723

STATUTORY CONDITIONS

Despite any other provision contained in the contract, this contract is subject to the statutory conditions in the Insurance Act respecting contracts of Accident and Sickness Insurance. For Québec residents, notwithstanding any other provisions herein contained, this contract is subject to the mandatory provisions of the Civil Code of Québec respecting contracts of Accident and Sickness Insurance.

Administered 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

Underwritten by:

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

Claims & Assistance by:

SelectCare Worldwide
2100 – 250 Yonge Street
Toronto, Ontario M5B 2L7
Canada

EMERGENCY PROCEDURES

In the event of an *injury* or *sickness*, you must notify SelectCare Worldwide 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 SelectCare without reasonable cause, then the *insurer* may reduce the benefits payable to you under this policy.

We are here to help. Our service is available 24 hours a day, 7 days a week.

SelectCare Worldwide 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*.

SELECTCARE WORLDWIDE

Toll free Canada/U.S.A.: 1-866-261-1723

If unable to contact us through the toll-free numbers
call collect: 416-340-1553

