



ASSOCIATION
OF MATURE
CANADIANS

IN THE EVENT YOU HAVE TO FILE A CLAIM YOU MUST CALL GLOBAL EXCEL MANAGEMENT INC.
(HEREINAFTER CALLED "GLOBAL EXCEL") ON THE DAY THE INSURED RISK OCCURS OR ON THE NEXT BUSINESS DAY:
From Canada and U.S. call 1-800-715-8833 / From anywhere, call collect +819-566-8839

RIGHT TO EXAMINE POLICY – You have the right to cancel this policy within 10 days of receipt of the policy and receive a full refund. Upon such request, this policy will be considered to never have been in effect and the insurer will have no liability under this insurance. You must notify your broker or sales agent immediately if you wish to cancel your coverage and written confirmation must be received within 10 days of receipt of the policy.

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Section I – Important Notice

- Throughout this policy, words in italics have a specific meaning and are defined in Section X - Definitions.
- Please read this policy carefully before you travel.
- Travel insurance is designed to cover losses arising from sudden and unforeseeable circumstances. It is important that you read and understand your policy before you travel, as your coverage may be subject to certain limitations and exclusions.
- Pre-existing medical condition exclusions may apply to medical conditions and/or symptoms that existed prior to your trip. Refer to your policy to determine how these exclusions may affect your coverage and how they relate to your departure date, date of purchase or effective date.
- In the event of a sickness or injury, your prior medical history will be reviewed after a claim has been reported.
- All amounts are in Canadian currency, unless indicated otherwise.
- If, while you are on a covered trip, you return to your province, territory of residence or Canada for any reason prior to your expected return date, you must contact your broker or sales agent to discuss how your coverage may be affected.
- If there is a change in your departure date or effective date as indicated on your confirmation of insurance, you must contact your broker or sales agent before your departure date. Evidence of your departure date will be required at the time of claim and failure to contact your broker or sales agent may result in your policy being void.
- This policy contains clauses which may limit the amounts payable.
- This policy contains a provision removing or restricting the right of the insured to designate persons to whom or for whose benefit insurance money is to be payable.

Section II – Eligibility

- This insurance must be:
 - Issued in Canada for travel arrangements booked through a supplier of travel services; and
 - Purchased prior to the contracted date of departure from your province, territory of residence or Canada.
- For Trip Cancellation benefits to apply to your covered trip, coverage must be in effect within 7 days of the initial deposit for your covered trip or prior to any cancellation penalties being applicable for your covered trip.
- You must meet the following conditions to be eligible for this insurance:
 - You must be a Canadian resident and be covered by the government health insurance plan (GHIP) of your Canadian province or territory of residence for the entire duration of your trip;
 - You must NOT be travelling against the advice of a physician or have been diagnosed with a terminal illness or metastatic cancer;
 - You must NOT have a kidney disease requiring dialysis;
 - You must NOT have been prescribed or used home oxygen during the 12 months prior to your date of application; and
 - You must be at least 15 days old.
- You must complete and submit the Application prior to the effective date of insurance. You are subject to the eligibility criteria as outlined on the Application and in this Policy.
- If this insurance is purchased in any other manner than as stated in this Section, this policy shall be null and void and the Insurer's sole liability will be limited to the refund of the insurance premium paid.

Section III – Insurance Agreement

A. The Contract — This Medi-Select Advantage Non-Medical Travel Insurance Policy, the Application and the Policy Confirmation all form part of your insurance contract and must be read as a whole. The Insurer will pay eligible benefits specified in this Policy upon payment of the required premium, submission of a correct and complete Application and occurrence of an insured risk, subject to the terms, conditions, limitations, exclusions, definitions and other provisions of this Policy.

B. Plans Offered

1. Non-Medical Single Trip Plan

- Provides coverage for a single trip outside your province or territory of residence or Canada.
- Coverage must be purchased for the entire duration of your trip.
- Coverage must be purchased prior to departure from your province or territory of residence or Canada.

Effective Date for Trip Cancellation

Coverage begins on the date you purchase this insurance to cover your trip (either at the time of initial deposit or prior to any cancellation penalties being applicable to your covered trip), shown as your effective date on your confirmation of insurance.

Effective Date for Trip Interruption, Accidental Death and Dismemberment and Baggage and Personal Effects

Coverage begins on the later of the following:

- your departure date from your province or territory of residence; or
- your effective date as indicated on your confirmation of insurance.

Termination of Insurance

Coverage terminates on the earliest of the following:

- the date you return to your province or territory of residence; or
- the expiry date as indicated on your confirmation of insurance; or
- the date the Insured Risk occurs (if the covered trip is cancelled prior to the contracted date of departure).

2. Non-Medical Multi-Trip Annual Plan

- Provides coverage between the effective date and the expiry date of your policy as indicated on your confirmation of insurance for any number of trips outside your province or territory of residence up to the allowed trip duration option you selected at time of purchase.
- Trips must be separated by a return to your province or territory of residence.
- You are not required to provide advance notice of the departure and return date of each trip; however, you will be required to provide evidence of your departure date and return date when filing a claim (e.g., airline ticket or customs/immigration stamps).
- If you make a deposit or full payment for travel arrangements for a trip departing after the expiry date of your Non-Medical Multi-Trip Annual policy, a new Non-Medical Multi-Trip Annual Plan must be purchased before your policy expires for another year for that trip to be covered for Trip Cancellation benefits under your new policy. New policy terms and conditions will apply.
- If the value of your trip exceeds the amount offered under the Non-Medical Multi-Trip Annual Plan, a Non-Medical Single Trip Plan may be purchased to cover the additional value of your trip. **Note:** When purchasing the Non-Medical Single Trip Plan for the additional value of your covered trip, only the Trip Cancellation and Interruption benefit amounts will increase. The maximum sum insured for the Accidental Death and Dismemberment and Baggage and Personal Effects will remain as outlined in the Non-Medical Single Trip Plan benefit summary.
- Top Up Coverage is available for additional number of days of travel (see D. Top Ups for the Non-Medical Multi-Trip Annual Plans).

Effective Date for Trip Cancellation

Coverage for each trip begins on the later of the following:

- the date you purchase your covered trip (either at the time of initial deposit or prior to any cancellation penalties being applicable to your covered trip); or
- your effective date as indicated on your confirmation of insurance.

Effective Date for Trip Interruption, Accidental Death and Dismemberment and Baggage and Personal Effects

Coverage for each trip begins on the later of the following:

- your departure date from your province or territory of residence; or
- your effective date as indicated on your confirmation of insurance.

Termination of Insurance

- Coverage under the Non-Medical Multi-Trip Annual Plan policy terminates on the day prior to the one-year anniversary of your effective date.
- Coverage for each trip terminates on the earliest of the following:
 - the date you reach the maximum sum insured per policy period; or
 - the date you reach the maximum number of consecutive days allowed under the trip duration you selected at the time of purchase; or
 - the date you return to your province or territory of residence; or
 - the expiry date as indicated on your confirmation of insurance.

Section IV – Trip Cancellation and Interruption

Benefits amounts shown apply per insured per covered trip.

A. Coverage Offered

Benefits specified below are provided upon the occurrence of an insured risk.

Any of the following occurrences that prevent you from departing, travelling or returning on the dates of the covered trip is an insured risk.

Insured Risks

- Sickness, injury, death or quarantine of you, a travel companion, an immediate family member, a travel companion's immediate family member or a caregiver.

- Death or emergency hospitalization of a business partner, a key employee or a close friend occurring within 10 days of the contracted departure date or during the covered trip.
- Death or emergency hospitalization of your host at trip destination.
- Complete cancellation of a cruise within 30 days of departure by the cruise line when the cruise ship is rendered inoperative as a result of a collision at sea, an onboard fire or the complete breakdown of the ship's engines (see paragraph B.5. under Benefits for Trip Cancellation). The cruise ship must weigh a minimum of 10,000 tons and your ticket must be issued and paid in full at the time of cancellation.

This Policy provides the following insurance coverage (benefits listed are per insured):

Benefits	Non-Medical Single Trip Plan	Non-Medical Multi-Trip Annual Plan
Trip Cancellation	Up to sum insured per policy period	\$2,500 per insured, per trip (to a maximum of \$5,000 per insured, per policy period and \$10,000 per family, per policy period)
Trip Interruption	Up to sum insured per policy period	\$5,000 per insured, per trip (to a maximum of \$10,000 per insured, per policy period and \$20,000 per family, per policy period)
Accidental Death and Dismemberment		
Flight Accident	\$150,000	\$150,000 per insured
Common Carrier Accident	\$75,000	\$75,000 per insured
24-Hour Accident	\$25,000	\$25,000 per insured
Baggage and Personal Effects	\$1,000	\$1,000 per insured, per trip (to a maximum of \$2,000 per insured, per policy period and \$4,000 per family, per policy period)
Baggage Delay	\$400	\$400 per insured, per trip (to a maximum of \$800 per insured, per policy period and \$1,600 per family, per policy period)

C. Period of Coverage

Plan	Age	Maximum Trip Duration
Non-Medical Single Trip Plan	All Ages	Up to 182 days (or any number of days allowed in your province or territory of residence)*
Non-Medical Multi-Trip Annual Plan	0-79	4, 9, 16 or 30 consecutive days
	80+	4, 9 or 16 consecutive days

*Note: Coverage beyond the Maximum Trip Duration (to a limit of one year) is permitted providing you have been granted an extension on your GHIP coverage. A policy cannot be issued for more than one year.

D. Top Ups for Non-Medical Multi-Trip Annual Plans

When a planned trip extends beyond the maximum number of days allowed under the trip duration option of your Non-Medical Multi-Trip Annual Plan or if your Non-Medical Multi-Trip Annual Plan policy expires during your trip, you may purchase a Top Up for the additional number of days required for your trip. Each policy or term of coverage is considered a separate contract.

Note: When purchasing a Top Up to cover the number of days in excess of the maximum trip duration allowed, only the Trip Interruption, Accidental Death and Dismemberment and Baggage and Personal Effects benefits will apply for the additional number of days. The maximum sum insured for Trip Interruption, Accidental Death and Dismemberment and Baggage and Personal Effects will remain as outlined in the Non-Medical Multi-Trip Annual Plan summary.

When purchasing a Top Up:

- Your additional coverage must be purchased for the entire number of remaining days of your trip and commence the day after expiry of your current coverage.
- The total trip duration outside your province or territory of residence, including the Top Up, cannot exceed the maximum number of days allowed under your GHIP coverage for which you are eligible.
- Your additional coverage must be purchased prior to departure from your province or territory of residence.

Note: The cost of additional days of insurance will be calculated based on the total trip duration, the age of the insured person on the purchase date of the Top Up and using the premium schedule in effect at the time the Top Up is requested.

E. Family Coverage

- Available on the Non-Medical Multi-Trip Annual Plan for applicants up to age 59.
 - Offers coverage for the insured person, as well as your spouse and children.
 - In case of separation or divorce, all insureds remain covered until the expiry date.
 - All insureds may travel independently of one another.
- Not available on the Non-Medical Single Trip Plan.

F. Payment of Premium — Coverage is conditional on the payment of your premium and does not take effect until your initial premium is paid. The premium must be paid on the date of purchase. Coverage will be null and void if the premium is not received, if a cheque is not honoured for any reason, if credit card charges are invalid or if no proof of your payment exists.

G. Refunds — The premium paid is non-refundable.

Section IV – Trip Cancellation and Interruption (continued)

- The relocation of *your* principal residence or that of a *travel companion* by reason of an unforeseen transfer initiated by the employer with whom *you*, *your spouse*, a *travel companion* or a *travel companion's spouse* are employed at the time of purchase of this insurance or the booking of the trip. This insured risk does not apply to cases of self-employment or temporary contract work.
- Involuntary loss of permanent employment without just cause by *you*, *your spouse*, a *travel companion*, a *travel companion's spouse*, *your parent* or legal guardian (if *you* are under 16 years of age) provided that, at the time *you* purchased this insurance or booked the trip, the imminent loss was not public knowledge, nor were the aforementioned persons aware that such loss of permanent employment was imminent. This insured risk does not apply if employment began after this insurance was purchased or to cases of self employment, temporary contract work, temporary layoffs or if *you* were in the trial period for a new permanent employment.
- Your* principal residence or that of a *travel companion* is rendered uninhabitable or *your* place of business or that of a *travel companion* is rendered inoperative. This insured risk does not cover losses caused by *your* intentional fault.
- A new official travel notice issued by the Canadian Government after this insurance was purchased and after *you* booked *your* trip, warning Canadian residents not to travel to, or advising to leave, a specific region or country that is part of *your covered trip*.
- A delay that causes *you* to miss or interrupt any part of *your covered trip* when, the private or rented vehicle which *you* are driving or in which *you* are a passenger, or a *common carrier* or a prepaid connecting flight aboard which *you* are a passenger, is delayed due to weather, a mechanical failure, an emergency road closure by the police or an accident, provided that the vehicle or the *common carrier* was scheduled to arrive at the *contracted* departure or return point at least two hours (or the required minimum arrival reporting time, whichever is the greater) in advance of the *contracted* time of departure or return.
- You* or a *travel companion* are the victim of a hijacking or a direct, violent attack during the *covered trip*.

B. Benefits for Trip Cancellation

You must report the cancellation of your covered trip immediately. See Section IV – G. How to Report a Trip Cancellation or Interruption for instructions.

When the insured risk occurs before departure, this Policy provides for payment of one of the following amounts specified below, up to the maximum described in B. Plans Offered:

- The portion of unused travel arrangements booked through a *supplier of travel services*, which are non-refundable and non-transferable to another date that *you* have paid for prior to *your* departure. This benefit applies to insured risks 1 to 9; or
- the penalty fee charged for the reinstatement of the unused travel points. This benefit applies to insured risks 1 to 9; or
- upgrade expenses for the extra cost of the next occupancy charge when any of the insured risks 1 to 9 prevents a *travel companion* from departing on the *covered trip* and *you* elect to continue with the *covered trip*; or
- reasonable transportation costs for *you* to travel to the destination of *your covered trip* by the most direct route if *you* miss the *contracted* departure due to the occurrence of insured risk 1, 2, 7 or 9; or
- a maximum of \$1,200 for prepaid accommodation and non-refundable prepaid airfare, not forming part of a fly-cruise package, booked and scheduled so that *you* may join the cruise ship that is part of *your covered trip* at its original point of embarkation, when the cruise departure is cancelled by the cruise line because the cruise ship (minimum weight 10,000 tons) has been rendered inoperative as a result of a collision at sea, an onboard fire or the complete breakdown of the ship's engines.

C. Benefits for Trip Interruption

You must report the interruption of your covered trip immediately. See Section IV – G. How to Report a Trip Cancellation or Interruption for instructions.

When the insured risk occurs after departure, this Policy provides for payment of the following amounts specified below, up to the maximum described in B. Plans Offered:

- If *you* must return earlier or later than the *contracted* date of return due to the occurrence of insured risk 1, 2, 3, 7, 8, 9 or 10:
 - up to the cost of a one-way economy airfare to the *contracted* point of departure or the fee charged by the airline to change *your contracted* date of return as shown on *your* current and usable ticket, whichever is less; and
 - the unused portion of *your* travel arrangements booked through a *supplier of travel services*, purchased before *your* departure date, that are non-refundable and non-transferable to another travel date. This does not include reimbursement for prepaid unused transportation home.

Note: This benefit does not reimburse the unused portion of any travel ticket.

- If *you* miss part of the *covered trip* due to the occurrence of insured risk 1, 2, 3, 8, 9 or 10:
 - reasonable and additional transportation costs for *you* to rejoin the tour or group by the most direct route; and
 - the unused portion of *your* travel arrangements booked through a *supplier of travel services*, purchased before *your* departure date, that are non-refundable and non-transferable to another travel date. This does not include reimbursement for prepaid unused transportation to *your* next destination point.

When an applicable insured risk occurs, the insured is eligible for interruption benefits 1 or 2 above.

- When an insured risk occurs, *you* will also be reimbursed for reasonable and necessary commercial lodging and meals, commercial automobile rental, essential telephone calls and taxi transportation, to a maximum of \$1,500, subject to a limit of \$150 per day, provided:
 - you* miss part of a *covered trip*; or
 - your* or an *insured travel companion's* return to the *contracted* point of departure is delayed beyond the *contracted* date of return; or
 - you* must return earlier than the *contracted* date of return.To file a claim for such expenses, *you* must supply original receipts from commercial organizations.
- In the event of *your* death, up to a maximum benefit of \$5,000 towards the actual cost incurred for preparation of remains, homeward transportation of the deceased *insured* to their province or territory of residence; or cremation and/or burial at the place of death of the *insured*. The cost of the casket or urn is not covered by this benefit.

D. Benefits for Flight Itinerary Schedule Change

- Covered Risks** — If an unexpected and unplanned change in the schedule (not a flight delay) of *your* confirmed, prepaid and ticketed flight reservations is announced, *you* will be reimbursed any additional expenses incurred for *your* re-scheduled flight(s) arising under the following conditions:
 - when a change by any of the *non-aligned air carriers* providing a portion of the air transportation for *your covered trip* requires *you* to re-schedule a flight to complete *your covered trip*; or
 - when *your* original flight itinerary, not forming part of a fly-cruise package, is changed more than 72 hours prior to departure, and *you* incur additional expenses for new flight arrangements to join *your* cruise embarkation at the point of cruise departure.This coverage applies to any flight that is part of *your covered trip*, from *your contracted* date and point of departure up to and including *your contracted* date of return to *your* original point of departure, subject to one *Flight Itinerary Schedule Change* per connecting point in the *covered trip*, to a maximum of \$1,200 per *covered trip*.
- Benefits** — The Insurer will reimburse to *you*, for re-scheduled flights forming part of the *covered trip*, the lesser of the difference in cost (including usual and customary agency service fees, if normally applicable for similar reservation services) between *your* refundable and/or unusable ticket(s) and the cost of:
 - the change fee for *your* new ticket, charged to *you* by the agency and/or air carrier(s) involved to bring *you* to the next connecting point or the point of initial cruise embarkation as shown on *your* original ticket itinerary; or

- a one-way economy ticket by the most cost-effective route, charged to *you* by the agency and/or air carrier(s) involved to bring *you* to the next connecting point or to the point of initial cruise embarkation on *your* original ticket itinerary.

E. Limitations and Restrictions

- Coverage Limited to Non-refundable Sums** – Failure to notify *Global Excel* may limit benefits payable to *you*. Only the sums that are non-refundable and non-transferable to another date on the *day* the insured risk occurs shall be considered for the purpose of the claim.
- Penalties Applicable to your Trip** - Prior to paying the deposit or the full amount of *your covered trip*, *you* must have in *your* possession, printed and documented evidence that clearly outlines the details of all the penalties that are applicable to the cancellation and/or interruption of *your covered trip*.
- Flight Itinerary Schedule Change:**
 - At the time of booking, *you* and/or *your supplier of travel services* must be completely unaware of any pending announcement regarding a *Flight Itinerary Schedule Change* that is applicable to *your covered trip*.
 - You* must make new flight arrangements within five business days of the *Flight Itinerary Schedule Change* announcement made to *you* or *your supplier of travel services* by the air carrier(s) involved to bring *you* to the next connecting point or to the point of initial cruise embarkation on *your* original ticket itinerary.
 - This coverage is applicable only to the schedules of air carriers that, on the date of booking the *covered trip*, are duly authorized by appropriate and governing air transportation authorities.
 - Local and standard minimum airline connecting time rules and procedures, as well as printed instructions for re-confirmation for the *covered trip*, must be respected and adhered to.

F. Exclusions for Trip Cancellation and Interruption

Please refer to Section VII - Exclusions.

G. How to Report a Trip Cancellation or Interruption

- You* must substantiate *your* claim by providing all required documents. Failure to do so may result in non-payment of *your* claim. The Insurer is not responsible for charges levied in relation to any such documents. Note that incomplete documentation will be returned to *you* for completion.
- The *physician* recommending cancellation, interruption or delay of the *covered trip* must be *your* personal *physician* or a *physician* actively and personally attending to *your* care.
- You* must call the *Global Excel* Cancellation Desk and *your supplier of travel services* on the *day* the insured risk occurs or on the next business *day* to advise them of *your* cancellation or interruption. Failure to do so may limit the benefits payable to *you*. Only the non-refundable prepaid amounts that apply on the *day* the insured risk occurs shall be considered for the purpose of *your* claim.
- When *you* contact the *Global Excel* Cancellation Desk by telephone, be prepared to provide the following information:
 - your* name;
 - your* policy number;
 - the insurance plan *you* purchased;
 - your contracted* dates of travel for the *covered trip*;
 - the reason why *you* are cancelling or interrupting *your covered trip*;
 - the telephone, fax number and/or email address where *you* can be contacted immediately.
- Once *you* have reported the cancellation or interruption of *your covered trip* (as described in 3 and 4 above), *you* must submit the documents listed below to *Global Excel* at the address indicated below. Please make sure *you* complete the following steps.

You must submit the following documents:

- A claim form (available by contacting *Global Excel*) fully completed and signed by *you* as well as *your* regular attending *physician* or the *physician* actively attending to *your* care who is recommending that *you* do not travel on the dates of *your covered trip*.
- Original invoice receipts for transportation, meals and accommodation and transfer vouchers.
- Original airline tickets. If any part of the airline ticket is refundable (taxes or penalty) please proceed first with the refund and send us a copy of the airline ticket and proof of refund.
- Original receipts as proof of payment for *your covered trip* showing date(s), amount(s) paid, *supplier of travel services* fees and penalties and the method of payment for *your* insurance. This is required for all the deposits and final payments *you* made to *your supplier of travel services*.

For Trip Cancellation

- For a claim under insured risk 1, 2 or 3 due to death or *hospitalization*, a claim form (available by contacting *Global Excel*), a death certificate, *hospital* records and an explanation of *your* relationship to the person in question and why this event caused *you* to cancel *your covered trip*.
- For a claim under insured risks 4 to 9, proof of the insured risk's occurrence, as follows:
 - for insured risk 4, the applicable letters from the cruise line;
 - for insured risk 5 or 6, a letter from the employer confirming the relocation or termination of employment;
 - for insured risk 7, the applicable reports from the proper authorities;
 - for insured risk 8, a proof of the official travel warning;
 - for insured risk 9, the original airline ticket(s) and/or an original cancellation invoice, the transfer vouchers, a police report detailing such circumstances, or in the case of a mechanical failure, an applicable letter from the rental agency confirming such failure or a commercial invoice detailing the necessary repairs to the *vehicle*.

For Trip Interruption

- For a claim under insured risks 1, 2, 3, 7, 8, 9 or 10:
 - The original: airline tickets, transfer vouchers, accommodation and other travel documents prepaid for *your covered trip*.
 - An explanation of the events that caused *you* to interrupt *your covered trip* under the insured risk.
 - Complete details and dates of the event and an explanation of *your* relationship to the person in question where a person other than *yourself* is involved.
 - For out-of-pocket expenses: original receipts for the covered expenses incurred and an explanation of the expenses.
 - For *hospitalization*, death or repatriation: a copy of the *hospital* records, death certificate, receipts from airlines, funeral homes and other expenses covered under the insured risk.
- Global Excel* may ask *you* or *your* attending *physician* to provide additional evidence to support *your* claim. The existence of a pre-existing medical condition may be established using the medical records held by the claimant's attending *physician(s)* or any *hospital(s)* for the purpose of determining the validity of a claim. In this event, *you* will be responsible for any fees required to substantiate *your* claim. *You* may also be required to undergo examination by one or more of our *physicians*. In this event, *Global Excel* will cover any associated costs.
- For a claim under *Flight Itinerary Schedule Change* - *You* must provide proof of refund for the original tickets (a copy of the ticket refund notice or ticket exchange notice) or a letter from the agency if ticket(s) have not yet been issued or were sent for refund to the bank settlement plan, tour operator or wholesaler.

Please send all documents for your claim to:

Global Excel Management Inc., 73 Queen Street Sherbrooke, Quebec J1M 0C9
TELEPHONE: 1-800-715-8833 (toll free) OR +819-566-8839 (collect) during business hours (ET).

Section V – Accidental Death and Dismemberment

Benefits amounts shown apply per insured.

A. Coverage Offered

- Flight Accident** — Death or dismemberment as a result of *injury* sustained during the *covered trip* while *you* are:
 - travelling as a passenger, not as pilot or crew member, aboard an *aircraft*, up to a *sum insured* of **\$150,000**; or
 - travelling as a passenger, not as pilot or crew member, aboard an *aircraft* operated by the Canadian Armed Forces or its British or American counterparts, up to a *sum insured* of **\$150,000**.
- Common Carrier Accident** — Death or dismemberment as a result of *injury* sustained during the *covered trip* while *you* are:
 - on airport premises immediately prior to boarding or after alighting from an *aircraft*, up to a *sum insured* of **\$75,000**;
 - travelling as a passenger in an airport limousine, bus or other ground *vehicle* provided or arranged for by the airline or airport authority for the purpose of boarding or alighting from an *aircraft*, up to a *sum insured* of **\$75,000**; or
 - travelling to or from the airport in connection with a flight that is part of *your covered trip* as a fare-paying passenger (not as pilot, driver or crew member) aboard a *common carrier* which is involved in an *accident*, up to a *sum insured* of **\$75,000**.

- 24-Hour Accident** — Death or dismemberment as a result of *injury* sustained during the *covered trip* while *you* are in any situation other than those listed in *Flight Accident* and *Common Carrier Accident* above (and not otherwise excluded from coverage under this policy), up to a *sum insured* of **\$25,000**.
- Exposure and Disappearance due to Accident**
 - If *you* are unavoidably exposed to the elements due to an *accident* resulting in the disappearance, sinking or damage of a *common carrier* aboard which *you* are a passenger and if, as a result of such exposure, *you* sustain a loss for which benefits would otherwise be payable, such loss will be covered by this policy.
 - If *you* disappear due to an *accident* resulting in the disappearance, sinking or damaging of a *common carrier* aboard which *you* are a passenger and if *your* body is not found within **52 weeks** of such *accident*, the Insurer shall presume that *you* sustained loss of life as a result of *injury* covered by this Policy, subject to there being no evidence to the contrary.
- Benefits** — The greatest of the following benefits is payable for all losses resulting within **100 days** from the date of a single *accident* described in A. Coverage Offered above and as a direct result thereof:
 - 100% of the *sum insured* if one single *accident* results in the loss of life, dismemberment of two limbs or loss of sight in both eyes.

Note: The benefit for dismemberment of two limbs or loss of sight in two eyes is payable only if such dismemberment results directly from a single *accident*.

Section V – Accidental Death and Dismemberment (continued)

- 50% of the *sum insured* for dismemberment of one limb or loss of sight in one eye.
Note: “Loss” in reference to dismemberment means the actual, complete severance at or above the wrist or ankle joint. Loss of sight means the complete and irrecoverable loss of eyesight, which loss cannot be substantially corrected or remedied through simple treatment or corrective lenses.
- C. Limitations and Restrictions**
 - Coverage Limited to Greatest Loss** - Should more than one covered loss be sustained as the direct result of a single *accident*, only the largest of the benefits is payable.
 - Coverage Limited to Sum Insured** - The total benefits payable for one or more *accidents* occurring during the same *covered trip* shall not exceed the *sum insured*.
 - Excess Coverage** - If the total amount of all *accident* insurance coverage that you purchase from the Insurer with respect to the same *covered trip* exceeds \$150,000 in the aggregate, then any such excess is void and the Insurer’s only liability with respect to such excess will be to refund the premiums relating to such excess insurance coverage.

Section VI – Baggage and Personal Effects

Benefits amounts shown apply per *insured per covered trip*.

A. Coverage Offered

Loss of, or damage to, the baggage and personal effects you own and use by reason of theft, burglary, fire or transportation hazards during the *covered trip*, to a maximum *sum insured* of **\$1,000 (\$400 for Baggage Delay)** per trip. The Insurer will reimburse eligible expenses only in excess of those reimbursable under any other source.

B. Benefits

The Insurer reserves the right to repair or replace damaged or lost property with other property of like quality and value and shall not be liable beyond the *actual cash value* of such property at the time of loss or damage. When, after a reasonable period of time, property lost by the *common carrier* is not found, any claim will be assessed and paid.

- Personal Effects** - The *actual cash value* or **\$500**, whichever is less, in respect of any one item or set of items. Jewellery, cameras (including camera equipment), or sports equipment are respectively considered a single item.
- Document Replacement** - Reimbursement of the cost of replacing one or more of the following documents, to a maximum of **\$200**, in the event of loss or theft: passport, driver’s licence, birth certificate or *travel visa*.
- Baggage Delay** - Up to **\$400** to purchase necessary toiletries in the event that your checked baggage is delayed by the *common carrier* for more than 12 hours while en route and before returning to your *contracted* point of departure. To file a claim, you must supply proof of delay of checked baggage from the *common carrier* and original purchase receipts.

C. Limitations and Restrictions

Total Benefits Limited to the Actual Expenses

The total benefits paid to you from all sources cannot exceed the actual expense which you have incurred.

D. Exclusions for Baggage and Personal Effects

Please refer to Section VII - Exclusions.

E. How to File a Claim

- Important** - In the event of loss due to theft, burglary, robbery or malicious mischief, you must notify and obtain supporting documentary evidence from the police immediately upon discovery. Failure to report the loss to the police shall invalidate any claim under this insurance for such loss.
- You must substantiate your claim by providing all required documents. Failure to do so may result in non-payment of your claim. The Insurer is not responsible for charges levied in relation to any such documents. Note that incomplete documentation will be returned to you for completion.

Section VII – Exclusions

Coverage	Applicable Exclusions
Trip Cancellation and Interruption	1 to 22
Accidental Death and Dismemberment	6 to 11, 21 to 24
Baggage and Personal Effects	6 to 9, 25 to 32

In the following exclusions:

- Your **date of purchase of your travel arrangements** applies to Trip Cancellation Insurance benefits.
- Your **departure date** applies to Trip Interruption benefits.

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

- Any *sickness, injury* or medical condition (other than a *minor ailment*) that was not *stable* at any time during the 90 days prior to the date of purchase of your travel arrangements or your departure date.
 - A heart condition, if any heart condition was not *stable* at any time during the 90 days prior to the date of purchase of your travel arrangements or your departure date.
 - A lung condition if, at any time during the 90 days prior to the date of purchase of your travel arrangements or your departure date:
 - any lung condition, was not *stable*; or
 - you have been *treated* with home oxygen or taken oral steroids (e.g., prednisone) for any lung condition.
 This exclusion applies to you, an *immediate family member*, a *travel companion*, a *travel companion’s immediate family member*, a business partner, key employee, *caregiver*, close friend or your host at trip destination.
- Any *injury, sickness* or medical condition which, prior to the date of purchase of your travel arrangements or your departure date:
 - was such as to render medical consultation or *hospitalization* expected;
 - which has been shown, by prior medical history, as probable or certain to occur.
- Any reason, circumstance, event, activity, or medical condition affecting you, an *immediate family member*, a *travel companion*, a *travel companion’s immediate family member*, a *caregiver*, business associate, close friend, or your host at trip destination, which on the day you booked your trip, made any additional payments on your travel arrangements, or purchased this insurance, you were aware may eventually prevent you from starting and/or completing your *covered trip* as booked.
- Sickness, injury* or medical condition if you, a *travel companion* or an *immediate family member* of you or your *travel companion* are awaiting or undergoing any surgery, medical test(s) examination(s), monitoring or consultation prior to the date of purchase of your travel arrangements or your departure date:
 - for an existing medical condition, other than a regular medical check-up. (In the eventuality of a claim, the dates of the last and next medical check-up must be provided.);
 - for a new or changed medical condition which may eventually cause you, a *travel companion* or an *immediate family member* of you or your *travel companion* to seek medical attention.
- Any cause or event which might reasonably have been expected to necessitate the immediate return of the *insured*.
- Expenses for which no charge would normally be made in the absence of insurance.
- Committing or attempting to commit an illegal act or criminal act.
- Your participation in and/or voluntary exposure to any risk from: war or act of war, whether declared or undeclared; invasion or act of foreign enemy; declared or undeclared hostilities; civil war, riot, rebellion; revolution or insurrection; act of military power; or any service in the armed forces.
- Labour disruptions or strikes (legal or illegal).
- Medication, drugs or toxic substance abuse or overdose; alcohol abuse, alcoholism or an *accident* while being impaired by drugs or alcohol or having an alcohol concentration that exceeds 80 milligrams in 100 milliliters of blood.

Section VIII – General Provisions

- Subrogation** – If you suffer a loss covered under this policy, the Insurer is granted the right from you to take action to enforce all your rights, powers, privileges and remedies upon making payment or accepting the claim to the extent of the incurred losses, against any person, legal person or entity which caused such loss. Additionally, if No Fault benefits or other collateral sources of payment of expenses are available to you, regardless of fault, the Insurer is granted the right to make a demand for, and recover those benefits. If the Insurer institutes an action, the Insurer may do so at its own expense, in your name, and you will attend at the place of loss to assist in the action. If you institute a demand or action for a covered loss you shall immediately notify the Insurer so that the Insurer may safeguard its rights. You shall take no action after a loss that will impair the rights of the Insurer set forth in this paragraph and shall do such things as are necessary to secure the Insurer’s rights.
- Other Insurance** – This insurance is a second payor plan. For any loss or damage insured by, or for any claim payable under any other liability, group or individual basic or extended health insurance plan, or contracts including any private or provincial or territorial auto insurance plan providing *hospital*, medical, or therapeutic coverage, or any other insurance in force concurrently herewith, amounts payable hereunder are limited to those covered benefits incurred outside your Canadian province or territory of residence that are in excess of the amounts for which you are insured under such other coverage. All coordination with employee related

D. Exclusions for Accidental Death and Dismemberment

Please refer to Section VII - Exclusions.

E. How to File a Claim

For a claim under Accidental Death and Dismemberment Insurance, you must contact *Global Excel* for forms and instructions.

- To file a claim, you must:
 - take all reasonable steps to protect, save and/or recover the property;
 - notify *Global Excel* of the loss within 24 hours;
 - promptly notify and obtain supporting documentary evidence from the transportation authorities in whose custody the insured property was at the time of loss or promptly notify the hotel manager, tour guide or police; and
 - provide adequate proof of loss, ownership and *actual cash value* within 90 days from the date of loss.
 Failure to comply with these conditions shall invalidate any claim under this insurance for such loss.
You must submit:
 - You must submit the completed claim form (available by contacting *Global Excel*).
 - A copy of the insurance policy with the policy/confirmation number (if applicable) identified prominently.
 - For loss:**
 - a report by the police and either the hotel manager, tour guide or transportation authorities in whose custody the insured property was at the time of loss;
 - adequate proof of loss, ownership and itemized value along with a detailed statement within 90 days from the date of loss (failure to supply such information shall invalidate your claim);
 - a Property Irregularity Report when luggage is lost or damaged while in the custody of the airline or *common carrier*;
 - adequate proof of home insurance coverage and/or amount of deductible (if applicable).
 - For Baggage Delay:**
 - original itemized receipts for expenses actually incurred;
 - a copy of the baggage claim ticket;
 - a copy of your airline ticket;
 - a copy of the airline report confirming the delay of your checked baggage including the reason and the duration of the delay;
 - a copy of the delivery receipt for your checked baggage.

Please send all documents for your claim to:

Global Excel Management Inc.

73 Queen Street

Sherbrooke, Quebec

J1M 0C9

TELEPHONE: 1-800-715-8833 (toll free) OR +819-566-8839 (collect) during business hours (ET).



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- Suicide (including any attempt thereof) or self-inflicted *injury*.
- A disorder, disease, condition or symptom that is emotional, psychological or mental in nature unless you are *hospitalized* on the date of occurrence for the event that caused a trip cancellation.
- A trip taken for the purpose of seeking treatment, consultation or investigation for a medical condition for which, before your departure date, you knew or it was reasonable to expect you would need to seek treatment, consultation or investigation for that medical condition.
- A trip undertaken for the purpose of visiting a sick or injured person when the *covered trip* is cancelled, interrupted or delayed due to such person’s medical condition or death therefrom.
- Routine pre-natal care.
- High risk pregnancy. A high risk pregnancy means a pregnancy where any medical condition or risk factor puts the mother, the developing fetus, or both, at a higher than normal risk of developing medical complications during or after the pregnancy and birth.
- Any *child* born during your trip.
- Pregnancy, childbirth or complications of either, occurring in the 9 weeks before or after the expected date of delivery.
- A return earlier or later than the *contracted* date of return, unless recommended by the attending *physician*.
- A return delayed more than 10 days beyond the *contracted* date of return, unless you, an *immediate family member* or a *travel companion* were *hospitalized* for at least 48 consecutive hours within the 10-day period.
- Any *sickness, injury* or medical condition you suffer or contract, or any loss you incur in a specific country, region or area for which the Government of Canada, including Foreign Affairs, Trade and Development Canada, has issued a travel advisory or formal notice, before your departure date, advising travellers to avoid non-essential travel or to avoid all travel to that specific country, region or area. If the travel advisory or formal notice is issued after your departure date, your coverage under this policy in that specific country, region or area will be limited to a period of 10 days from the date the travel advisory or formal notice was issued, or to a period that is reasonably necessary for you to safely evacuate the country, region or area.
- Flight *accident* (unless you are travelling as a fare-paying passenger on a commercial airline).
- Participation:
 - as a professional athlete in a sporting event including training or practice. (Professional means a person who engages in an activity as one’s main paid occupation);
 - in any motorized race or motorized speed contest;
 - in scuba diving (unless you hold a basic SCUBA designation from a certified school or other licensing body), hang-gliding, rock climbing, paragliding, skydiving, parachuting, bungee jumping, mountain climbing using ropes and/or specialized equipment, rodeo, heli-skiing, any downhill skiing or snowboarding outside marked trails or any cycling racing event or ski racing event.
- Injury* sustained while making a parachute jump for any purpose other than to save your life.
- Property illegally acquired, kept, stored or transported.
- The purchase or replacement cost (prescribed or not) loss or damage to hearing devices, eyeglasses, sunglasses, contact lenses or prosthetic teeth, limbs or devices and resulting prescription therefrom.
- Loss or damage resulting from moths, vermin, deterioration or wear and tear.
- Loss or damage caused by any imprudent action or omission by the *insured*.
- Loss or damage by theft from an unattended *vehicle* unless it was locked and there was visible evidence of forced entry.
- Belongings insured under another insurance policy.
- Jewellery, cameras, camera equipment and sports equipment while held by a *common carrier*.
- Money and currency (including any form thereof), credit cards, securities, tickets, documents, items pertaining to business, paintings, statuary, china, breakage of fragile articles, glass objects, or art objects.

plans follows Canadian Life and Health Insurance Association Inc. guidelines. In no case will the Insurer seek to recover against employment related plans if the lifetime maximum for all in-country and out-of-country benefits is **\$50,000** or less.

- Misrepresentation and Non-disclosure** – The completed and signed Application and Medical Questionnaire is essential to the appraisal of the risk by the Insurer and is the basis of and forms part of your contract. Any erroneous responses thereon constitute material misrepresentation or concealment relating to an essential component of the contract, that renders your insurance void. Consequently and following a loss, no claim shall be payable by the Insurer and you shall be solely responsible for all expenses relating to your claim, including repatriation costs. The entire coverage under this policy shall be void if the Insurer determines, whether before or after loss, you have concealed, misrepresented or failed to disclose any material fact or circumstance concerning this policy or your interest therein, or if you refuse to disclose information or permit the use of such information, pertaining to any of the *insured* under this contract of insurance.
- Applicable Law** – This contract of insurance is governed by the laws of your Canadian province or territory of residence. Any legal proceeding by you, your heirs or assigns shall be brought in the courts of the Canadian province or territory of residence of the *insured*.

Section VIII – General Provisions (continued)

- Limitation Period** – 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 British Columbia, Alberta and Manitoba), the Limitations Act, 2002 (for actions or proceedings governed by the laws of Ontario), Article 2925 of the Civil Code of Quebec (for actions or proceedings governed by the laws of Quebec), or other applicable legislation.
- Sanctions** – The Insurer is a member of the RSA Group whose principal insurance company in the United Kingdom is required to comply with economic, financial and trade sanctions (“Sanctions”) imposed by the European Union and the United Kingdom and the parties acknowledge that the Insurer intends to adhere to the same standard.
The Insurer shall not provide any coverage or be liable to provide any indemnity or payment or other benefit under this policy which would breach Sanctions imposed under the laws of Canada; or would breach Sanctions imposed by the European Union or the United Kingdom if provided under an insurance contract issued by an insurer in the United Kingdom.

Section IX – Statutory Conditions

- The Contract** – The application, this policy, any document 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 authority to change the contract or waive any of its provisions.
- 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 to the *insured* or to a claimant under the contract a copy of the application.
- Material facts** – No statement made by the *insured* or a person insured at the time of application for this 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.
- Notice and Proof of Claim**
 - The *insured* or a person insured, or a beneficiary entitled to make a claim, or the agent of any of them, shall
 - give written notice of claim to the insurer:
 - by delivery of the notice, or by sending it by registered mail, to the head office or chief agency of the insurer in the province, or
 - by delivery of the notice to an authorized agent of the insurer in the province, not later than 30 days after the date a claim arises under the contract on account of an *accident* or *sickness*;
 - within 90 days after the date a claim arises under the contract on account of an *accident* or *sickness*, furnish to the *insurer* such proof as is reasonably possible in the circumstances of
 - the happening of the *accident* or the commencement of the *sickness*,
 - the loss caused by the *accident* or *sickness*,
 - the right of the claimant to receive payment,
 - the claimant’s age, and
 - if relevant, the beneficiary’s age, and
 - if so required by the insurer, furnish a satisfactory certificate as to the cause or nature of the *accident* or *sickness* for which claim is made under the contract and, in the case of *sickness*, its duration.

- Important Notice About Your Personal Information** – Royal & Sun Alliance Insurance Company of Canada (“we”, “us”) collect, use and disclose, personal information (including to and from your agent or broker, our affiliates and/or subsidiaries, referring organizations and/or third party providers/suppliers) for insurance purposes, such as administering insurance, investigating and processing claims and providing assistance services.
Typically, we collect personal information from individuals who apply for insurance, and from policyholders, *insureds* and claimants. In some cases we also collect personal information from and exchange personal information with family, friends or travelling companions when a policyholder, *insured* or claimant is 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 policyholders, *insureds* or claimants. In some instances we may additionally maintain or communicate or transfer information to health care and other service providers located outside of Canada, particularly in those jurisdictions to which an *insured* may travel. As a result, personal information may be accessible to authorities in accordance with the law of these other jurisdictions. For more information about our privacy practices or for a copy of our privacy policy, visit www.rsatravelinsurance.com.

Failure to Give Notice and Proof

- Failure to give notice of claim or furnish proof of claim within the time required by this statutory condition does not invalidate the claim if
 - the notice or proof is given or furnished as soon as reasonably possible, and in no event later than one year after the date of the *accident* or the date a claim arises under the contract on account of *sickness*, and it is shown that it was not reasonably possible to give the notice or furnish the proof in the time required by this condition, or
 - in the case of the death of the person *insured*, if a declaration of presumption of death is necessary, the notice or proof is given or furnished no later than one year after the date a court makes the declaration.
- Insurer to Furnish Forms for Proof of Claim** – The insurer shall furnish forms for proof of claim within fifteen days after receiving notice of claim, but where the claimant has not received the forms within that time the claimant may submit his or her proof of claim in the form of a written statement of the cause or nature of the *accident* or *sickness* giving rise to the claim and of the extent of the loss.
- Rights of Examination** – As a condition precedent to recovery of insurance money under this contract,
 - the claimant must give to the insurer an opportunity to examine the person of the person *insured* when and so often as it reasonably requires while the claim hereunder is pending, and
 - in the case of death of the person *insured*, the insurer may require an autopsy, subject to any law of the applicable jurisdiction relating to autopsies.
- When Money Payable** – All money payable under the contract shall be paid by the insurer within 60 days after it has received proof of claim.
- Limitation of Actions** – An action or proceeding against the *insurer* for the recovery of a claim under this contract shall not be commenced more than one year (in New Brunswick, Nova Scotia, Newfoundland and PEI), or two years (in Yukon, Northwest Territories and Nunavut), after the date the insurance money became payable or would have become payable if it had been a valid claim.
In the event of any inconsistency between the statutory conditions or provisions of the Civil Code of Quebec applicable to the *insured* and any other provisions of this policy, the statutory conditions or provisions of the Civil Code of Quebec, as applicable, shall prevail.

Section X – Definitions

Throughout this policy, defined words are written in italics.

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

Actual Cash Value means the estimated value at the time of loss.

Aircraft means a fixed wing multi-engine transport aircraft with an authorized take-off weight greater than 35,000 lbs. (15,900 kg) operated between licensed airports by a scheduled or charter airline of Canadian or foreign registry holding a valid National Transportation Agency License, Regular Specific Point or Charter Air Carrier License or its foreign equivalent, insofar as the aircraft is being used at the time as a conveyance in the capacity authorized by the airline’s Scheduled Regular Specific Point or Charter Air Carrier License.

Caregiver means a person you have entrusted with the care of your child(ren) on a permanent, full-time basis and whose services cannot reasonably be replaced.

Child(ren) means an unmarried child of the *insured person* or his or her spouse who is, at the date of purchase, at least 15 days old, dependent on the *insured person* or his or her spouse for support and:

- Is under 21 years of age; or
- Is a full time student who is under 26 years of age; or
- Has a permanent physical impairment or a permanent mental disability.

Common Carrier means a conveyance (bus, taxi, train, boat, airplane or other vehicle) which is licensed, intended and used to transport paying passengers.

Contracted, in reference to a destination, a date or the time and place of arrival or departure, means that which is indicated in the travel documents for the *covered trip*.

Covered Trip means the travel arrangements which you have contracted through a supplier of travel services and paid for prior to your departure from your province or territory of residence and for which an insurance premium has been paid in full to cover the total non-refundable amount of your travel arrangements, when you have selected and paid for the Non-Medical Multi-Trip Annual Plan or the Non-Medical Single Trip Plan at the time of application. Day means 24 consecutive hours.

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

Flight Itinerary Schedule Change means:

- The re-scheduled departure of an air carrier causing you to miss your next connecting flight with another air carrier when both air carriers are part of your *covered trip*;
- The earlier departure of an air carrier causing the ticket you purchased to be unusable for the prior connecting flight with another air carrier when both air carriers are part of your *covered trip*; or
- When your flight itinerary, not forming part of a fly-cruise package, is changed more than 72 hours prior to departure, and you must incur additional expenses for new flight arrangements to meet your original cruise embarkation.

A Flight Itinerary Schedule Change does not mean a change resulting from a labour dispute, strike or flight delay. **Global Excel** means the company appointed by the Insurer to provide medical assistance and claims services.

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

Hospitalized or **Hospitalization** means an *insured* occupies a hospital bed for more than 24 hours for medical treatment and admission was recommended by a physician when medically necessary.

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

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

Insured Person means the person who is named as the insured person on the confirmation of insurance for which the appropriate premium has been paid.

Medical Treatment means any reasonable procedure which is medical, therapeutic or diagnostic in nature, which is medically necessary and which is prescribed by a physician. Medical treatment includes hospitalization, basic investigative testing, surgery, prescription medication (including prescribed as needed) or other treatment directly related to the *sickness*, *injury* or symptom.

Section XI – Identification of Insurer

Medi-Select Advantage® Non-Medical Travel Insurance is underwritten by Royal & Sun Alliance Insurance Company of Canada.

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