



Team and Group Essential Emergency Medical Plan 800115 R01/2008

WARNING: THIS POLICY INCLUDES RESTRICTED BENEFITS

1. This *policy* covers losses resulting from unforeseeable and *emergency* circumstances only.
2. A *pre-existing condition* exclusion applies to *medical conditions* and/or symptoms that existed prior to travel. There may be no coverage if *you* have a *pre-existing condition*.
3. *You* must contact *us* before seeking medical attention and a failure to call will result in *your* being responsible for 30% of any eligible expenses incurred unless *your medical condition* prevents *you* from calling, in which case *you* must call as soon as medically possible or have someone call on *your* behalf.
4. *Our* medical advisors must approve and arrange all surgery and heart procedures, (including, but not limited to, heart catheterization), in advance and a failure to call will result in *your* being responsible not only for the amount of *your* deductible, if applicable, but also for 30% of any eligible expenses incurred unless *your medical condition* prevents *you* from calling, in which case *you* must call as soon as medically possible or have someone call on *your* behalf.
5. If *you* choose not to receive *treatment* or services from a *provider*, as directed by *us*, *you* will not only be responsible for the amount of *your* deductible, if applicable, but also for 30% of any eligible expenses.
6. *Your* Emergency Medical Coverage is subject to an aggregate limit of \$2 million CAD.
7. There are limits, limitations and exclusions that apply to all insured persons.
8. The coverage provided by this *policy* shall be null and void for travel in, to, or through Cuba, because such travel is not serviced and supported by the Insurer's United States affiliates.
9. Read this *policy* carefully.

IMPORTANT INFORMATION

This *policy* covers losses arising from sudden, unexpected and unforeseeable circumstances only. Some words have very specific meanings that are set out in the Definitions Section. These words appear in italics in this *policy* document when the policy definition applies.

Along with this *policy* document, *you* should have received a document called a *confirmation of insurance*. The *confirmation of insurance* sets out details specific to the plan *you* purchased and it forms part of *your* contract of insurance along with this *policy* document. If *you* did not receive all of these documents, if any information contained in these documents is incorrect, or if *you* have questions regarding *your* coverage, it is *your* responsibility to contact *us* at 1-866-878-0191. *You* should bring all of these documents with *you* when *you* travel.

I. SUMMARY OF BENEFITS FOR THE ESSENTIAL MEDICAL PLAN

The following chart summarizes the benefits provided under our Essential Medical Plan. This chart is a summary only. You should refer to the actual benefit provisions of the policy document as those are the provisions that apply when determining if a claim is covered.

Essential Medical Plan Benefit Summary

Benefit	Brochure Page
Emergency Medical Expenses	4
Ambulance Expenses	4
Emergency Evacuation and Repatriation Expenses	4
Expenses Related to your Death	4
Emergency Professional Services Expenses	5
24-Hour Emergency Medical Assistance	7

Rate Summary

Age	0-29	30-59	60-64	65-69	70-74
Days 1-60	\$1.25	\$1.70	\$5.00	\$7.25	\$11.00
Days 61-365	\$1.35	\$1.95	N/A	N/A	N/A

II. SPECIFIC DETAILS OF YOUR INSURANCE

AM I ELIGIBLE?

To be eligible to purchase *our* Essential Medical Plan and to be eligible for any coverage under this plan, all of the following are required:

1. *You must be a Canadian resident on your policy purchase date and for the full duration of your trip;*
2. *You must be covered under your government health insurance plan for the full duration of your trip;*
3. *You must purchase coverage from us for the full duration of your journey;*
4. *You must be 74 years of age or younger on your policy purchase date;*
5. *You must purchase prior to or on the same day as your start date;*
6. *You must purchase prior to your departure but not more than 365 days prior to your departure; and*
7. *You must be travelling for 365 days or less if you are 59 years of age or younger, 60 days or less if you are 60 years of age or older.*

HOW DO I BECOME INSURED?

Coverage under this *policy* will not come into effect until all of the following conditions have been satisfied:

1. *Your name appears on the confirmation of insurance; and*
2. *You have paid the required premium on or before your start date.*

WHEN DOES MY INSURANCE START AND END?

Unless otherwise stated in the provision pertaining to a specific benefit, *your* insurance starts on the latest of:

1. *The date you leave your home province; or*
2. *The start date shown on your most recent confirmation of insurance.*

Your insurance ends on the earliest of:

1. 11:59 pm on *your* scheduled *return date*;
2. 11:59 pm on *your* *expiry date*; or
3. 11:59 pm on the date *you* return to *your home province*, unless there has been:
 - An extension of coverage under the Automatic Extension of Coverage provision of this *policy*; or
 - An Optional Policy Extension in accordance with the Optional Policy Extension provision of this *policy*;

In which case *your* insurance ends on the earliest of:

1. The date *you* return to *your home province*; and
2. The later of the expiry of the Automatic Extension of Coverage or any Optional Policy Extension, if applicable.

UNDER WHAT CIRCUMSTANCES CAN MY POLICY EXTEND?

Automatic Extension of Coverage

If *you* or *your travel companion* are *hospitalized* on *your* scheduled *return date* *your* coverage will automatically be extended at no additional *premium* for the period of *hospitalization* and up to 120 hours after discharge. If *you* have a *medical condition* rendering *you* medically unable to travel, on *your* scheduled *return date* but *you* are not *hospitalized*, *your* coverage will be automatically extended for up to 120 hours after *your* scheduled *return date*. In addition, coverage will automatically be extended for up to 72 hours when there is a delay of a common carrier on which *you* are pre-booked as a passenger.

Optional Policy Extension

If *you* choose to extend *your trip*, beyond *your* scheduled *return date*, *you* may apply for a *policy* extension subject to the following conditions:

1. The application for an extension must be made and approved by *us* prior to *your* original *return date*;
2. *You* must pay the required additional *premium* before *your* original *return date*; and
3. *You* must have been eligible for the insurance that *you* seek to extend at the time of *your* original booking and at the time of the application for the extension.

CAN MY PREMIUM BE REFUNDED?

Refunds are available up to *your start date* or if *you* have a minimum of 3 unused days of coverage. Please call 1-866-878-0191. No refund of *premium* will be made in the event that a claim has been paid, incurred or reported under this *policy*.

III. EMERGENCY MEDICAL COVERAGE

This section sets out the *emergency* medical benefits which are covered under *our* Essential Medical Plan.

A. Benefits - Emergency Medical Coverage for Injury and Sickness

If *you* incur expenses due to a covered risk, on or after *your start date* and prior to or on *your expiry date*, while *you* are on a *trip*, we provide coverage for the following covered benefits up to the specific benefit limits set out below.

Benefit limits are for each *insured* under this *policy*. We do not pay more than the benefit limit.

Covered Risk: Expenses incurred as a consequence of an *emergency* and resulting from *injury, sickness* or death occurring on a *trip*.

Benefits for Covered Risk 1:

1. Eligible Emergency Medical Expenses

If prescribed by a *physician* and pre-authorized by *us* in advance, *we* cover:

- a) The cost of care received from a *physician* in or out of a *hospital*;
- b) The cost of a *hospital* room;
- c) The cost of rental or purchase (whichever is less) of a *hospital* bed;
- d) The cost of wheelchair, brace, crutch or other medical appliance;
- e) The cost of tests that are needed to diagnose *your* condition;
- f) The cost of *prescription medication*; and
- g) The services of a licensed private duty nurse while *you* are *hospitalized*.

Benefit Limit: \$2 million.

2. Ambulance

We cover:

- a) The cost of local ground ambulance service to a medical service *provider* if medically required; or
- b) Taxi fare instead of ambulance transportation, where an ambulance is medically required but not available.

3. Emergency Evacuation and Repatriation

If *your* attending *physician* recommends *your* return to *your* departure point or home province because of *your* medical condition or if *your* attending *physician* recommends *your* return after *your* emergency medical treatment, and if approved in advance by *us*, *we* cover, via the most cost-effective itinerary, one or more of:

- a) The extra cost of an economy or charter class fare;
- b) A stretcher fare on a commercial flight or charter;
- c) The return economy or charter class fare of a qualified medical attendant and the attendant's reasonable fees and expenses, if required by the airline;
- d) The cost of air ambulance transportation, pre-approved and arranged by *us*; and
- e) One *travel companion's* extra fare to accompany *you*, if medically necessary and directed by a *physician*.

4. Return of Remains

If *you* die during *your* trip *we* cover reasonable expenses incurred for any one of the following:

- a) Reasonable transportation costs (using customary airline procedures) to return *your* remains to *your* departure point plus up to \$3,000 for the preparation of *your* remains and a transportation container;
- b) Reasonable transportation costs (using customary airline procedures) to return *your* remains to *your* departure point plus up to \$2,000 for the cremation of *your* remains and the cost of a standard burial urn at the place of *your* death; or
- c) Up to \$3,000 for the preparation of *your* remains and the cost of a standard burial container plus up to \$2,000 for the burial of *your* remains at the location where *your* death occurred.

Benefit Limit: As described above per *insured*.

Further, if someone is legally required to identify *your* body because *you* have died while on a trip, *we* cover:

- d) The cost of a return economy airfare on a commercial flight or charter via the most cost effective itinerary to transport someone to identify *your* body;
- e) A *subsistence allowance* up to the benefit limit for commercial accommodations and meals for that person (receipts must be submitted for all eligible expenses including these ones); and

- f) We cover that person under the terms of this insurance during the period in which he/she is required to identify *your* body, up to 3 business days.

Benefit Limit: *Subsistence allowance* - \$300 per deceased *insured*.

5. Emergency Professional Services

We cover:

- a) Expenses resulting from an *emergency* for services from a licensed physiotherapist, chiropractor, chiropodist, podiatrist or osteopath, if ordered by a *physician*, up to the benefit limit.

Benefit Limit: \$150 per profession per *insured*.

B. Conditions – Emergency Medical Coverage

All of the conditions set out in the General Conditions section of this *policy* and all of the following conditions must be satisfied before a benefit is payable for *emergency medical treatment*:

1. *You* must not know of any reason why *you* will need to seek medical or dental attention before *you* leave on a *trip*;
2. The portion of the expenses claimed are not covered by *your GHIP* or any other related insurance or reimbursement plan;
3. *You* must contact *us* before seeking medical attention;
4. *Our* medical advisors must approve and arrange all surgery and heart procedures, including heart catheterization, in advance;
5. If *you* choose not to receive *treatment* or services from the *provider*, as directed by *us*, *you* will be responsible not only for the amount of *your* deductible, if applicable, but also for 30% of any eligible expenses incurred;
6. *You* must return to *your home province* or *departure point* prior to any *treatment* or following *emergency treatment* or *hospitalization* if, on medical evidence, *you* are able to return to *your home province* or *departure point* without endangering *your* health and if, in these circumstances, *you* elect not to return to *your home province* or *departure point*, then any expenses incurred for continuing medical *treatment* or surgery with respect to such *emergency* will not be covered AND all coverage and benefits under this *policy* will cease;
7. *You* must be covered by *GHIP* for the full duration of *your trip*. If travelling outside *your home province* for more than 183 days (212 for ON and NL residents) *you* must get written evidence of extension from *your GHIP*. If *you* do not have *GHIP* for the full duration of *your trip*, *your* aggregate limit for all Emergency Medical Benefits will be \$20,000;
8. The *emergency* medical attention *you* receive must be outside of *your home province* and be required as a consequence of an *emergency* and ordered by a *physician*.

C. Limitations – Emergency Medical and Dental Coverage

Our liability under this *policy* for expenses under Emergency Medical Coverage is limited as follows.

1. A failure to contact *us* before seeking medical attention will result in *your* being responsible not only for the amount of *your* deductible, if applicable, but also for 30% of any eligible expenses incurred unless *your medical condition* prevents *you* from calling, in which case *you* must call as soon as medically possible or have someone call on *your* behalf.
2. A failure to call and receive the approval of *our* medical advisors before all surgery and heart procedures, (including, but not limited to heart catheterization) will result in *your* being responsible not only for the amount of *your* deductible, if applicable, but also for

30% of any eligible expenses incurred unless *your medical condition* prevents *you* from calling, in which case *you* must call as soon as medically possible or have someone call on *your* behalf.

D. Exclusions – Emergency Medical Coverage

These exclusions apply to the Emergency Medical benefits. The additional exclusions set out in the General Exclusions Section of this *policy* also apply.

There are three possible exclusion identifiers which can apply to *your policy* depending on *your trip* length and age at time of purchase. These three identifiers are ME#1, ME#2, or ME#3.

Medical Exclusion Table

<i>Trip Length</i>	<i>Age 0-29</i>	<i>Age 30-59</i>	<i>Age 60+</i>
Days 1 to 30	ME#1	ME#1	ME#3
Days 31 to 75	ME#2	ME#2	ME#3
Days 75+	ME#2	ME#3	ME#3

Pre-Existing Condition Medical Exclusion #1 for Identifier ME#1

If *your* exclusion identifier is “ME#1” *your* Emergency Medical Coverage is subject to all of the exclusions set out in the General Exclusions Section of this *policy* and the following exclusion:

ME#1. If at any time in the 90-day period immediately preceding *your effective date*:

- Your medical condition* or any related condition has not been *stable and controlled*;
- Your heart condition* has required *you* to use, take, or be prescribed to take nitroglycerin in any form, more than once per a seven day period; or
- Your lung condition* has required the use of home oxygen or has required *you* to take oral steroids (prednisone or prednisolone);

Then we do not cover any loss or expense related in whole or in part, directly or indirectly, to any such condition.

Pre-Existing Condition Medical Exclusion #2 for Identifier ME#2

If *your* exclusion identifier is “ME#2” *your* Emergency Medical Coverage is subject to all of the exclusions set out in the General Exclusions Section of this *policy* and the following exclusion:

ME#2. If at any time in the 180-day period immediately preceding *your effective date*:

- Your medical condition* or any related condition has not been *stable and controlled*;
- Your heart condition* has required *you* to use, take, or be prescribed to take nitroglycerin in any form, more than once per a seven day period; or
- Your lung condition* has required the use of home oxygen or has required *you* to take oral steroids (prednisone or prednisolone);

Then we do not cover any loss or expense related in whole or in part, directly or indirectly, to any such condition.

Pre-Existing Condition Medical Exclusion #3 for Identifier ME#3

If *your* exclusion identifier is “ME#3” *your* Emergency Medical Coverage is subject to all of the exclusions set out in the General Exclusions Section of this *policy* and the following exclusion:

ME#3. We do not cover any loss or expense related in whole or in part, directly or indirectly, to any *medical condition* for which *you* have taken medication, been prescribed medication, received *treatment*, experienced a deterioration of the condition or had cause to seek *treatment* at any time within the 180-day period immediately preceding and

including *your effective date* and this exclusion applies whether or not the condition has been *stable and controlled*.

IV. FEATURES AND SERVICES TO SERVE YOU BETTER

24/7 Worldwide Emergency Assistance 1-866-878-0192 or collect at 416- 646-3723

Our emergency assistance coordinators, doctors and nurses can help *you* anywhere in the world, anytime of day.

V. GENERAL CONDITIONS

All of the following conditions apply to all coverage under this *policy*.

1. *Your* coverage will be declared null and void if, for any reason
 - a. The required *premium* is not received by *us*;
 - b. *You* are ineligible for coverage in accordance with any section of this *policy*; or
 - c. *You* have incompletely or falsely provided information on *your* application or medical questionnaire if a medical questionnaire was required.
2. Canadian Currency: All benefits, benefit limits and all other amounts expressed in this *policy* are expressed in Canadian currency, except any deductible which is expressed in US dollars. Where covered losses are billed in foreign currency, the rate of exchange is based on the rate effective on the date when *we* pay the claim. No sum payable shall bear interest. To facilitate direct payment to providers, *we* may elect to pay the claim in the currency of the country where the charges were incurred based on the rate of exchange established by any chartered bank in Canada:
 - a. On the last date of service; or
 - b. On the date the claim was incurred if a cheque is issued directly to *physicians, hospitals* or other medical *providers*.
3. If *you* are covered under more than one of *our policies*, or have similar coverage with another insurance company, the total amount paid to or for *you* will not exceed *your* actual expenses and the maximum to which *you* are entitled is the largest amount specified for that benefit.
4. The coverage outlined in this *policy* is last payor only. If, at the time of loss, *you* have insurance from another source, or if any other party is also responsible, to pay for benefits also provided under this *policy*, *we* will pay eligible expenses only in excess of those covered by that other insurance company or insurance companies or other responsible party or parties, including insurance plans provided through credit cards, third party liability, group or individual basic or extended health insurance plans or contracts including any private or provincial or territorial auto insurance plan, providing *hospital, medical* or therapeutic coverage, or any third party liability insurance in force concurrently with this *policy*.
5. In the event of a payment of a claim under this *policy*, *we* have the right to proceed, in *your* name, but at *our* expense, against third parties who may be responsible for giving rise to a claim under this *policy*. *You* will execute and deliver documents as necessary and co-operate fully with *us* so as to allow *us* to fully assert *our* rights. *You* will do nothing to prejudice such rights.
6. *We* have full rights of subrogation; however, *we* do not subrogate against any retiree plan benefit if the lifetime maximum limits for all in-country and out-of-country benefits is \$50,000 or less.
7. Notwithstanding any provision of this *policy*, this *policy* is subject to the statutory conditions of the Insurance Act applicable to contracts of accident and sickness insurance and the laws and regulations in *your home province*. The laws and regulations

of the province or territory in Canada in which *you* normally reside govern this *policy* and any provision in this *policy* which is in conflict with any such statute is hereby amended to conform to such statute.

8. The maximum period of coverage under this *policy* shall not exceed 12 months. Benefits only apply (except for Trip Cancellation Coverage) outside *your home province*. No coverage will be provided to or for anyone not named on the *confirmation of insurance*.
9. In the event that *you* are found to be ineligible for coverage or that a claim is found to be invalid or benefits are reduced in accordance with any *policy* provision, *we* have the right to collect from *you* any amount which *we* have paid on *your* behalf to medical *providers* or other parties.
10. *Your policy* will be declared null and void in the case of fraud or attempted fraud by *you*, or if *you* conceal or misrepresent any material fact or circumstance concerning this insurance.
11. During the claims process, *we* may require *you* to have a medical examination by one or more *physicians* chosen by *us* and at *our* expense.
12. *We* are not responsible for the availability, quality or results of any medical *treatment*. *We* are not responsible for any transportation arranged by *us*. *We* are not responsible for *your* failure to obtain medical *treatment*.
13. *You* must, at all times while *you* are covered under this *Policy*, act in a prudent manner so as to minimize costs to *us*.
14. The coverage provided by this *policy* shall be null and void for travel in, to, or through Cuba, because such travel is not serviced and supported by the Insurer's United States affiliates.

VI. MAXIMUM LIMITS OF LIABILITY

General Liability: *Our* liability under this *policy* is limited solely to the payment of eligible benefits, up to the benefit limits specified herein, for any loss or expense.

VII. GENERAL EXCLUSIONS

The following exclusions apply to all benefits available under this *policy*, including all optional coverage. In addition to any exclusions that apply to specific benefits outlined within each section, *we* also do not cover any claim, loss or any expense related in whole or in part, directly or indirectly to:

1. Expenses resulting from any *sickness, injury* or state of health prior to *your policy purchase date* that would cause *expected medical treatment* or *hospitalization* during *your trip*;
2. Any *treatment* that is not *emergency treatment*. For example (and not inclusive of):
 - a. Expenses incurred for medication commonly available without prescription; vaccinations, injections or medication received on a preventative basis or for the maintenance of a *medical condition*; contraceptives; fertility medication; vitamin preparations; general physical examinations; or routine medical tests;
 - b. Transplants including but not limited to organ transplants or bone marrow transplants, artificial joints, or prosthetic devices/implants including any associated charges;
 - c. Expenses incurred for acupuncture or naturopathic or holistic *treatment*;
3. Ionizing radiation or radioactive *contamination* from any nuclear fuel or waste which results from the burning of nuclear fuels, or, the radioactive, toxic, explosive or other dangerous properties of nuclear machinery or any part of it;
4. Expenses incurred for any portion of benefits that require prior authorization and arrangements by *us* if such benefits were not authorized and arranged by *us*;

5. Any *medical condition* if on a medical questionnaire (if applicable) or *application* for insurance, there is an incorrect answer. In this case the *policy* is voidable and *premium* refundable at *our* option;
6. The *follow-up treatment*, *recurrence* or complication of a *medical condition* or related condition, following *emergency treatment* of that condition during *your trip* if the medical advisors, and *we*, determine that *you* were medically able to return to *your home province* and *you* chose not to return;
7. Expenses incurred for *treatment* or services that are prohibited under a *government health insurance plan*;
8. Expenses in excess of reasonable and customary rates where *treatment* has occurred before *you* or someone on *your* behalf has called *us*;
9. Any medical expense incurred while travelling in *your home province*;
10. Any *medical condition*, if *our* medical advisors recommend that *you* return to *your* country of residence following *your emergency treatment*, and *you* choose not to travel;
11. Routine pre-natal care; a child born during *your trip*; childbirth or complications of childbirth; pregnancy or complications thereof within the 9 weeks before or anytime after the expected date of delivery;
12. *Your mental or emotional disorders*;
13. *Your* committing or attempting to commit suicide or intentionally self-inflicted *injury* (whether sane or insane);
14. *Your* chronic use or abuse (prior to or during *your trip*) of medication, drug or alcohol or deliberate non-compliance with prescribed medical therapy or *treatment*;
15. A *trip* undertaken in contravention of a *physician's* recommendation or after the manifestation of medical symptoms which would cause an ordinarily prudent person to seek medical advice or *treatment* in the 90 days prior to *your start date*; or where a terminal condition prognosis has been diagnosed by any *physician*;
16. A *medical condition* or related condition that arises during a *trip* *you* undertake with the prior knowledge that *you* will require or seek *treatment* or surgery for that *medical condition* or a related condition;
17. A *medical condition* for which future investigation or *treatment* is planned before *your start date*. This does not include routine monitoring;
18. The commission of or *your* direct or indirect attempt to commit a criminal act or *injury* occurring while *you* are committing or attempting to commit a criminal act;
19. *Your* participation in rock or *mountain climbing*; participation in a motorized race or motorized speed contest; *your* participation as a professional athlete in a sporting event;
20. Operating or learning to operate any aircraft, as pilot or crew; performing employment duties on any aircraft or ship; or performing duties in any regular armed forces service;
21. Expenses incurred if *you* travel to a country that The Department of Foreign Affairs and International Trade of the Canadian Government or Health Canada has advised Canadians not to travel to during the time of *your trip*. This exclusion applies if the advisory is issued prior to *your departure date*;
22. War (declared or not), acts of foreign enemies or rebellion;
23. Interest on a payment or reimbursement;
24. Expenses incurred relating to travel in, to, or through Cuba, because such travel is not serviced and supported by the Insurer's United States affiliates;
25. Any *medical condition*, if prior to *your start date*, such *medical condition* renders *you* ineligible. *You* must be and remain eligible under this *policy* at *your start date* and continuously until *you* take a *trip* for coverage to come into and be in effect when *you* take a *trip*; or
26. Expenses incurred due to an accidental blow to the mouth or to relieve dental pain.

VIII. CLAIM PROCEDURES AND CUSTOMER SERVICE INQUIRIES

By paying the *premium* for this insurance, *you* agree that:

1. We may verify *your* health card number and other information required to process *your* claim, with government and other authorities;
2. *Physicians, hospitals* and other medical *providers* are authorized by *you* to provide to *us* any and all information they have regarding *you*, while under observation or *treatment*, including *your* medical history, diagnoses and test results; and
3. We may disclose the information available under 1) and 2) above and from other sources to such other persons, as may be required for the purposes of providing assistance about or processing *your* claim for benefits.

If making a claim, *you* must notify *us* as soon as possible in order for *us* to provide *you* with a claim form specific to *your* loss. Failure to do this could invalidate *your* claim. *You* have 90 days from *your return date* to file *your* claim with *us*. To report a claim or to request a claim form call 1-866-878-0191. Failure to complete the required claim and authorization form in full will delay the processing of and could invalidate *your* claim. All claim information should be sent to *us* at AIG Travel Guard, Attn Claims Department. 145 Wellington Street West, Toronto, ON M5J 1H8.

To Claim For Emergency Medical Benefits:

You must notify *us* at 1-866-878-0192 or collect at 416-646-3723 prior to any *emergency medical treatment* and prior to any surgery, invasive procedure or *hospitalization*. Our assistance co-ordinators will provide guidance. We will make every effort, although we cannot guarantee, to pay *providers* directly. *You* must provide *us* with receipts for incurred expenses including those for *subsistence allowance* expenses.

IX. DEFINITIONS

We attach very specific meanings to the following words when they appear in this *policy*. We have put these words in italics when they are used as a defined term.

Accident/accidental: A sudden, unexpected, unintended, unforeseeable, external event, occurring during an insured *trip*, that independently of any other cause, results in *injury* (or damage, if the context relates to property loss or damage).

Application: Computer printout, printed form, invoice, or document in either electronic or paper form which is a record of the personal and *trip* information *you* provided in order to obtain the *policy*.

Confirmation of insurance: *Your* most recent computer printout, printed form, electronic copy, invoice, or *policy* document that sets out the plan *you* have purchased and any optional add on coverage, if any, *you* have chosen.

Contamination: The act or process of rendering something harmful or unsuitable to people by nuclear and/or chemical and/or biological substances causing illness, *injury* and/or death.

Departure date: The date on which *you* are scheduled to leave *your home province* on a *trip*.

Departure point: The city that *you* depart from *your home province* on the first day of *your trip*.

Dependent child and/or dependent children: Unmarried persons who are *your* natural, adopted or step children, dependent on *you* for support and care and who are travelling on the same itinerary as *you* are AND i) under 21 years of age; OR ii) full time students under 26 years of age; OR iii) mentally or physically incapable of self support.

Effective Date: The date *you* leave *your home province* on a *trip*.

Emergency: An unforeseen occurrence of, symptoms of *sickness*, or of *injury*, that occurs during a *trip*, which requires immediate *treatment* from a *physician* or that requires *hospitalization*, failing which there could be a serious impairment to *your* health.

Emergency medical treatment: Medically necessary services or supplies provided during a *trip*

by a licensed *physician*, *hospital* or other licensed *provider*, that are required to treat any *injury* or *sickness* or other sudden, acute and unexpected condition that arose during the *trip*, and that cannot be reasonably delayed until *you* return to *your home province* without endangering *your* health. **Expected medical treatment:** *Medical consultation* or *hospitalization* that *your* prior medical history indicates as being probable or certain to occur.

Expiry date: The first to occur of:

- The date *you* return to *your home province*; or
- The *return date* as shown on *your* most recent *confirmation of insurance*;

unless there has been an Automatic Extension of Coverage, in which case the *expiry date* is the first to occur of:

- The date *you* return to *your home province*; or
- The end of any extension of coverage determined in accordance with the Automatic Extension of Coverage Section of this *policy*.

Follow-up treatment: *Treatment* that continues beyond the initial *emergency*.

Government health insurance plan or GHIP: Health insurance coverage that Canadian provincial or territorial governments provide for their residents.

Home province: *Your* Canadian province or territory of residence.

Hospital: A medical facility which is legally accredited to provide medical, diagnostic and surgical *treatment* to in-patients during the acute phase of their *sickness* or *injury*, which is primarily engaged in the aforesaid activities and which operates under the supervision of a staff of *physicians* and has a registered nurse continuously on duty. A *hospital* does not mean an institution licensed as a home for the aged, rest home, nursing home, convalescent *hospital*, health spa, rehabilitation centre or *treatment* facility for drug or alcohol abuse and/or addiction.

Hospitalization or hospitalized: The state of being admitted to a *hospital* and receiving *emergency medical treatment* on an inpatient basis.

Immediate family member: Any one or more of *your spouse*, natural, step, or adopted *children*, persons for whom *you* are the legal guardian, parents, parents-in-law, step-parents, sisters, brothers, sisters/brothers-in-law, step-sisters/brothers, grandparents, grandchildren, aunts, uncles, nieces, and nephews.

Injury: A bodily injury sustained during a *trip*, which is caused, directly and independently of all other causes, by an *accident*.

Insured: The person named as the 'primary traveller' and/or one or more other person(s), if any, named as 'other travellers' on the *confirmation of insurance*, each as the context requires.

Insurer: American Home Assurance Company.

Medical condition: An *injury* or *sickness*, including but not limited to disease, acute psychoses, and complications of pregnancy occurring within the first 31 weeks.

Medical consultation: Any investigative medical service, including history-taking, examination, testing, advice, or *treatment* by a *physician* for a symptom, *sickness*, illness, or disease that may or may not have been definitively diagnosed.

Mental or emotional disorders: Emotional or anxiety states, situational crisis, anxiety or panic attacks, or other mental health disorders treated with tranquilizers or anxiolytic drugs.

Mountain climbing: The ascent or descent of a mountain requiring the use of specialized equipment, including but not limited to pick-axes, anchors, bolts, crampons, carabiners, and lead or top-rope anchoring equipment.

Physician: A medical doctor, other than *yourself*, *your immediate family member*, *your travel companion* or their *immediate family member*, who is licensed to administer medical *treatment* and prescribe drugs in the place where he or she provides medical services. The following are not considered to be *physicians*: naturopath, herbalist, and homeopath.

Policy or policies: This document, any riders or endorsements to this document, the *application*, the medical questionnaire if applicable, and the *confirmation of insurance* all of

which form the entire contract.

Policy purchase date: The date *you* pay for specific insurance coverage.

Premium: The cost of *your* Essential Medical Plan plus any additional amounts required for any optional coverage *you* have purchased.

Prescription medication: A drug, medicine or medication only obtainable by the prescription of a licensed *physician* or dentist due to a medical *emergency*, and dispensed by a licensed pharmacist.

Provider: The *hospitals*, clinics, *physicians*, and other medical service *providers*, the use of which must be approved by *us* at the time of the *emergency*.

Recurrence: The appearance of symptoms caused by or related to a *medical condition* that was previously diagnosed by a *physician* or for which *treatment* was previously received.

Return date: Either the date of *your* scheduled return to *your departure point* as indicated on *your* most recent *confirmation of insurance* or the date of *your* actual return to *your home province*.

Sickness: An acute illness or unforeseen disease requiring *emergency medical treatment* or *hospitalization* due to the sudden onset of symptoms.

Spouse: The person legally married to *you*, or if there is no such person, the person who has been living with *you* in a conjugal relationship for at least one year.

Stable and controlled: Any *medical condition* for which there has been no new *treatment* or newly prescribed medication; no change in *treatment* or change in prescribed medication; no new, more frequent or more severe symptom; no test results showing deterioration; no investigations initiated for symptoms whether or not *your* diagnosis has been determined; no *hospitalization* and no referral to a specialist.

Start date: The date shown on *your* most recent *confirmation of insurance* as the “start date”.

Subsistence allowance: Expenses incurred as a result of *your emergency*, including accommodation, meals, and essential telephone calls.

Travel companion: The person with whom *you* are sharing travel arrangements and prepaid accommodation (to a maximum of 3 people) in respect of a *trip*.

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

Trip: *Your* travel outside *your home province* for which coverage under this *policy* has been purchased and is in effect.

We, us, our: Means American Home Assurance Company.

You, yourself, your: The person named as the ‘primary traveller’ and/or one or more other person(s), if any, named as ‘other travellers’ on the *confirmation of insurance*, each as the context requires.