2016-2017 Travel Emergency Medical Insurance Policy

Please read this policy carefully for an understanding of the coverage provided. This policy is underwritten by Old Republic Insurance Company of Canada or in Quebec, Reliable Life Insurance Company, which have appointed Medipac International Inc. (Medipac) to perform certain administrative services, including enrolment and customer service, and Medipac Assistance International Inc. (Medipac Assist) to perform all assistance and claims services. The Company will pay benefits specified subject to the exclusions, limitations, definitions and other provisions of this policy. For an understanding of the exclusions, please refer to "WHAT IS NOT COVERED" and "GENERAL LIMITATIONS". The section titled "THE DEFINITIONS" provides an explanation of the words and phrases shown in italics.

This coverage is available to Canadian residents only and must be purchased prior to the Date of Departure and from within Canada. You must be covered under the Government Health Insurance Plan of the Canadian province or territory in which You reside. Family coverage is available to You (if under age 56), Your Spouse and Your Children who are travelling together with You. A Spouse over age 55 is not covered by a family policy.

This policy covers Reasonable and Customary Charges incurred by You outside Your province or territory of principal residence; that result from a Medical Emergency occurring during the period of coverage (as explained below); and that You incur for Medically Necessary Medical Treatment.

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.

This insurance policy is in force only if Medipac has received Your completed application and premium; and a policy has been issued.

PERIOD OF COVERAGE

For the Single Trip Plan, Your insurance begins at 12:01 a.m. on Your Effective Date of Insurance as set out in Your Application for insurance and cannot begin earlier unless You notify Medipac in advance. Your insurance ends on the earlier of: (a) 11:59 p.m. on the scheduled return date set out in Your Application for insurance; (b) the date You return to Canada for any medical reason. Once treatment ends You may apply to Medipac Assist to have Your policy reinstated. To be valid, a policy endorsement is required.

If, during the Single Trip Plan, You return to Your province or territory of residence for any other reason and resume travel, this insurance does not provide benefits for any Medical Emergency concerning, related to, caused by or arising from any medical or physical condition for which You received Medical Attention while in Your province or territory of residence. The number of days You return to Your province or territory of residence cannot be refunded.

If You have purchased the Annual Add-on to the Single Trip Plan, then for every other trip:

1. Outside Canada, Your insurance coverage begins at 12:01 a.m. on each day You leave Canada during the 365-day period following Your Effective Date of Insurance. Your coverage ends on the earlier of: (a) 12:01 a.m. 23 days after the date You leave Canada; (b) the date You return to Canada; or (c) 365 days after Your Effective Date of Insurance.

2. Within Canada, Your insurance coverage begins at 12:01 a.m. on each day You leave Your Canadian province or territory of principal residence. Your coverage ends on the earlier of: (a) 12:01 a.m. 90 days after the date You leave Your Canadian province or territory of principal residence; (b) the date You return to Your Canadian province or territory of principal residence; or (c) 365 days after Your Effective Date of Insurance.

The period of coverage is subject to the automatic extension provision explained in "WHAT HAPPENS TO MY INSURANCE COVERAGE IF I AM HOSPITALIZED AND CANNOT RETURN ON MY SCHEDULED RETURN DATE?"

The insurance coverage must be purchased for the entire duration of Your Trip, unless otherwise expressly stated in this policy.

If You have purchased the 23-Day Annual Add-on to the Single Trip Plan, You can extend any single 23-day Trip during Your policy’s 365-day period. When extending Your Annual Add-on, the same coverage type and deductible option MUST apply. Your Annual Add-on cannot be used in combination with Your Single Trip Plan.

WHAT SHOULD I DO IN A MEDICAL EMERGENCY?

You MUST notify Medipac Assist PRIOR to seeking Medical Treatment.

1-800-813-9374 (U.S. and Canada)
416-441-6337 (collect or direct from all other locations).

Failure to call will result in reimbursement of only 75% of all eligible Covered Expenses to a maximum of $25,000 USD.
If you are not able to call because you are medically incapacitated, you or someone on your behalf must contact Medipac Assist as soon as reasonably possible. Do not assume that someone has called Medipac Assist on your behalf; it remains your responsibility to ensure that Medipac Assist has been contacted.

All medical procedures and/or tests (including MRI, MRCP, CAT scan, CT angiogram, nuclear stress test, angiogram or cardiac catheterization or any surgery) must be authorized by Medipac Assist in advance. Reimbursement is subject to the terms and conditions of this policy.

Whenever possible, Medipac Assist will:

- verify your insurance coverage;
- contact you or transfer you to one of our network of hospitals, physicians or other medical providers near you and help to manage your emergency medical claim;
- provide multilingual interpreters to communicate with physicians and hospitals in foreign countries;
- contact your family and physician;
- pay covered expenses directly to hospitals, physicians and other medical providers on your behalf;
- monitor your medical condition;
- arrange for return transportation to a hospital in Canada, if necessary.

A medical treatment plan will be developed to provide medically necessary medical treatment in a managed care setting.

You must provide authorization for the release of medical records and information from your attending physician(s) (including any test results, hospital and pharmaceutical records). No benefits will be payable under this policy without the required information.

THE DEFINITIONS

The following words have specific meanings:

"Children" means unmarried dependent sons or daughters under the age of 19 and born at least 3 months prior to your effective date of insurance or your trip start date.

"Company" means Old Republic Insurance Company of Canada or in Quebec, Reliable Life Insurance Company.

"Covered Expense" means reasonable and customary charges in excess of the government health insurance plan of the Canadian province or territory in which you reside or any private or provincial or territorial auto insurance plan for supplies, treatment or services listed in the benefits section subject to policy limitations.

"Deductible Amount" means the amount of covered expenses that you will be responsible for paying. Covered expenses are first paid by your government health insurance plan; then your deductible amount applies before any remaining covered expenses are paid under this policy. The deductible amount, if any, applicable to this policy is shown in U.S. dollars on the policy validation label affixed to this policy and applies to each trip.

"Effective Date of Insurance" means for the single trip plan, the later of 1) the date of departure shown on your application for insurance or 2) the date you leave your province or territory of residence. If purchasing the single trip plan to top up another medical travel insurance policy, it means the effective date of insurance indicated on your application for insurance. If purchasing the annual add-on, it means the date you choose your insurance coverage to take effect as indicated on your application for insurance.

"Hospital" means an institution which is licensed as a hospital and which:

(a) is primarily engaged in providing medical, diagnostic and surgical services for the care and treatment of sick or injured persons on an in-patient basis; and

(b) provides medical care under the supervision of a staff of physicians, with 24-hour-a-day care by registered nurses; and

(c) is not otherwise licensed as a home for the aged, a rest home, health spa, nursing home, convalescent hospital, hospice, palliative care facility, a place for the care and treatment of drug addicts or alcoholics, custodial or educational facility, or any rehabilitation facility.

"Hospitalized" and "hospitalization" means confinement in a hospital as defined above.

"Injury" means any accidental bodily harm that occurs and results in covered expenses while this policy is in force. Such injury must be caused solely by external, violent and accidental means, and independent of sickness and of any other cause.

"Insured" means a person who is named on the application for insurance and in whose name the required premium has been paid.

"Medical Attention": see policy page 6 for details.

"Medical Emergency" means a sickness or injury which:

(a) results in symptoms which occur suddenly and unexpectedly; and

(b) requires immediate physician's care to prevent death or serious impairment of your health and/or to relieve acute pain and suffering; and

(c) occurs outside your Canadian province or territory of principal residence.

"Medical Treatment" means any reasonable medical, therapeutic or diagnostic measure, service or supply that is medically necessary and that is prescribed by a physician in any form, including prescribed medication, reasonable investigative testing, hospitalization, surgery or other prescribed or recommended treatment directly referable to the condition, symptom or problem. Medical treatment does not include either: (a) the use of prescribed drugs or medication for a controlled condition, symptom or problem when the dosage, drug or medication remains unchanged; or (b) a check-up where the physician observes no change in a previously noted condition, symptom or problem.

"Medically Necessary" in relation to any service, supply or other matter means one which is ordered by a physician and one which the company determines is:

(a) provided for the diagnosis or direct treatment of an injury or sickness;

(b) appropriate and consistent with the symptoms and findings or diagnosis and treatment of the insured's injury or sickness;

(c) not experimental or investigatory;

(d) provided in accordance with generally accepted medical practice;

(e) not possible to delay until you return to Canada; and

(f) the most appropriate supply or level of service which can be provided on a cost-effective basis (including, but not limited to, in-patient vs. outpatient care, electric vs. manual wheelchair, surgical vs. medical or other types of care).

The fact that the insured's attending physician prescribes the services or supplies does not automatically mean such services or supplies are medically necessary and covered by this policy.

"Physician" means a medical practitioner (other than the insured, a spouse or relative) who was at the time of treatment currently licensed to prescribe and administer medical treatment within the scope of a medical doctor's license, or a surgeon who performs surgery within the scope of a surgeon's license and whose legal and professional standing within their jurisdiction is equivalent to a doctor of medicine (M.D.) duly licensed to practise in any province or territory of Canada.

"Pre-Existing Condition": see policy page 5 for details.

"Reasonable and Customary Charges" means charges which are usually made for care, services or supplies of the level usually furnished for cases of the nature and severity of the case being treated, provided they are in accordance with representative fees and prices in the area.

"Routine Check-up" means any medical examination which is performed for the purpose of general health monitoring, which may include routine medical tests and which is unrelated to any specific symptom, illness, condition or disease.

"Sickness" means an illness or disease which results in a covered expense while this coverage is in force. The sickness must be serious enough for a reasonable person to seek personal medical treatment from a physician.

"Spouse" means a person with whom the insured is cohabiting and who either:

(a) is legally married to the insured; or

(b) has lived with the insured, in a conjugal relationship, for a period of twelve (12) consecutive months immediately prior to the commencement of insurance coverage under this policy and who has been publicly represented as the insured's spouse in the community in which they reside.
"Stable and Controlled": see Policy Page 6 for details.

"Trip" means the defined period of travel between the time You leave home and the date You are scheduled to return home.

"Trip Start Date" means the Date of Departure each time You leave Your province or territory of principal residence during the period of coverage if You have purchased the Annual Add-on.

"You" and "Your" mean the same as Insured defined above.

THE BENEFITS
The following are Covered Expenses provided they are incurred by an Insured as a result of a Medical Emergency.

1. Hospital/Medical/Ambulance Expenses:
   (f)  The cost or rental of casts, splints, trusses, braces, crutches, rental of a wheelchair or other medical appliances when prescribed by a Physician and approved in advance by Medipac Assist;

2. Private Duty Nursing Expenses: covers the cost of the professional services of a registered private duty nurse for out-of-Hospital nursing care only if recommended as Medically Necessary by the attending Physician. Charges for the services of a registered private duty nurse who is a Spouse or is related to You are not covered. The maximum benefit amount is $7,500. This benefit must be approved in advance by Medipac Assist.

3. Chiropractic Services: covers the cost of the professional services of a licensed chiropractor for a Medical Emergency. Charges for the services of a licensed chiropractor who is a Spouse or is related to You are not covered. The benefit amount is a maximum of $500.

4. Other Professional Services: covers the cost of the professional services of a licensed chiroprapist, osteopath, podiatrist or physiotherapist only if recommended as Medically Necessary by the attending Physician. Charges for the services of a licensed practitioner who is a Spouse or is related to You are not covered. The benefit amount is a maximum of $500.

5. Emergency Dental Expenses: If You suffered an Injury to Your teeth as a result of an external accidental blow to the mouth or face (chewing accidents are not covered), You will be reimbursed up to $5,000 per Insured person for dental treatment to repair or replace natural teeth or permanently attached artificial teeth. Dental treatment must take place within 90 days of the accidental blow to the mouth or face. If You need treatment for relief of dental pain, a maximum of $500 will be allowed for such treatment. Dental treatment must take place before You return to Your Canadian province or territory of principal residence.

6. Return of Vehicle: If neither You nor anyone travelling with You is able to operate Your owned or rented vehicle due to Sickness, Injury or death while travelling outside Your province or territory of residence, this plan will reimburse a maximum of $5,000 for the return of the vehicle.

7. Bringing a Relative to Your Bedside: covers the cost of a round-trip economy class airfare, accommodations and out-of-pocket expenses incurred by an accompanying family member or a close friend visit You in Hospital. The benefit amount is up to $350 per day to a maximum of $2,000. This benefit is payable in the event You are in Hospital for at least three (3) consecutive nights due to a Medical Emergency. The Company requires original receipts for the incurred costs. This benefit must be approved in advance by Medipac Assist.

8. Out-of-Pocket Expenses for Accompanying Family Member: covers the cost of Reasonable and Customary Charges for commercial accommodation, meals, essential telephone calls and taxi expenses incurred by an accompanying family member in the event that You are hospitalized on the scheduled return date to Canada, as indicated on the Application. The benefit amount is up to $350 per day to a maximum of $2,000. The Company requires all original receipts for the expenses incurred.

9. Return of Spouse and Children: covers the cost of an economy class airfare to the departure point for the return of Your Spouse and Children, if the Company requires that You return to Canada for immediate Medical Treatment or in the event of Your death. This benefit is payable up to a maximum of $2,500. This benefit must be approved in advance by Medipac Assist.

10. Emergency Air Transportation: covers, as a result of a Sickness or Injury: (a) the cost of a one-way, economy class airfare to Your departure point in Canada; or (b) the cost of additional airline seats to accommodate a stretcher when recommended by the attending Physician. Any air transportation must be arranged and approved in advance by Medipac Assist.

11. Qualified Medical Attendant: covers the Reasonable and Customary Charges for the services of a medical attendant. These services must be on the recommendation of a Physician and must be approved in advance by Medipac Assist. Charges for the services of a medical attendant who is a Spouse or is related to You are not covered.

12. Air Ambulance: covers the cost of air ambulance transportation, when medically required, between Hospitals. This benefit must be arranged and approved in advance by Medipac Assist.

13. Return of Deceased: covers the cost of preparation and transportation of a deceased Insured to the original departure point in Canada. This benefit includes the cost of a standard transportation container (excludes cost of a casket). The maximum benefit amount is $10,000. For cremation or burial of the deceased Insured at the place of death, the maximum benefit amount is $5,000. If it is necessary to identify the deceased Insured before release of the body, the benefit also covers the cost of a round-trip, economy class airfare for one family member or close friend and their out-of-pocket expenses up to $350 per day to a maximum of $2,000. The Company requires original receipts for the incurred costs. This benefit must be approved in advance by Medipac Assist.

14. Return to Destination: covers the cost of an economy class airfare to return You and/or Your Insured Spouse back to Your original Trip destination so You can continue Your Trip after Your medically approved emergency evacuation back to Canada. This benefit is available only if no further treatment is required and Medipac Assist has approved Your return under Your existing policy. To be valid, a policy endorsement is required.

NOTE: NOTWITHSTANDING THE OTHER PROVISIONS OF THIS POLICY, ANY MEDICAL TREATMENT, SERVICE OR SUPPLY THAT IS NOT SPECIFICALLY LISTED IN THE SECTION "THE BENEFITS" IS NOT COVERED BY THIS POLICY.

WHAT IS NOT COVERED

PRE-EXISTING CONDITIONS
This insurance does not provide benefits for any Medical Emergency concerning, relating to, caused by or arising from any of the following:

1. Any Pre-Existing Condition that has not been Stable and Controlled in the 90 days immediately prior to the Effective Date of Insurance or Your Trip Start Date. This includes any reaction that results from a change in medication prescribed for such a condition.

"Pre-Existing Condition" means any medical or physical condition, symptom, illness or disease for which Medical Attention was received or for which an ordinarily prudent person would have sought Medical Attention prior to the Effective Date of Insurance or Your Trip Start Date.
“Stable and Controlled” means, during the 90 days immediately prior to the Effective Date of Insurance or Your Trip Start Date:

(a) the medical or physical condition, symptom, illness or disease did not first manifest itself; and/or
(b) the medical or physical condition, symptom, illness or disease was not first investigated; and/or
(c) the medical or physical condition, symptom, illness or disease has not worsened; and/or
(d) no change in any medication or its usage or dosage occurred, was prescribed and/or recommended by a Physician; and/or
(e) no Medical Attention was received, prescribed or recommended by a Physician.

“Medical Attention” means any medical, therapeutic or diagnostic procedure, service or supply that is prescribed, performed or recommended by a Physician, including but not limited to prescribed medication, investigative testing and surgery. Medical Attention does not include either the unchanged use of prescribed medication for a medical condition, symptom or problem which is Stable and Controlled; or a Routine Check-up.

A change in medication does not apply to cholesterol lowering medication or to a change in any other medication from a brand name medication to a generic brand medication (insofar as the dosage is not modified). If You are taking Coumadin (warfarin) or insulin and are required to have Your blood levels tested on a regular basis and You are required to adjust the dosage of Your medication only to ensure correct blood levels are maintained, such a change is not considered to be a change in medication, provided Your medical condition remains unchanged.

2. Any medical or physical condition, symptom, illness or disease that, in the 12 months prior to Your Effective Date of Insurance or Your Trip Start Date, required: a) a total of three (3) or more Emergency Room visits, Hospitalizations, Day Surgeries or any combination of all three; and/or b) a single Hospitalization for more than 48 consecutive hours.

3. Any medical or physical condition, symptom, illness or disease for which treatment and/or investigation(s) was recommended but not received prior to Your Effective Date of Insurance or Your Trip Start Date.

GENERAL EXCLUSIONS

This insurance does not cover, provide services or pay claims resulting directly or indirectly from:

4. War, whether declared or not, any act of civil war, rebellion, insurrection or terrorism, participation in a riot, civil commotion or demonstration or service in the armed forces of any country.

5. Suicide, attempted suicide or self-inflicted Injury (whether You are sane or insane).

6. (a) Normal pregnancy; (b) normal childbirth; or (c) any complication, condition or symptom of pregnancy occurring within the last 18 weeks before the expected delivery date.

7. Any child born during a Trip.

8. A Trip that is undertaken to secure treatment, general health examinations or check-ups, or surgery as a purpose of the Trip.

9. Emotional, psychological or mental disease, disorder, condition or symptom.

10. Expenses for medical or surgical care which is primarily cosmetic, or for any treatment which is experimental.

11. Any expenses incurred due to any medical or physical symptom, illness or disease for which, prior to Your Trip Start Date, Medical Attention or a change in medication has been recommended or scheduled for a date after Your Trip begins.

12. Expenses for which no charge would normally be made in the absence of insurance.

13. Expenses for rehabilitation, the continued treatment, or complication of the medical condition which caused the Medical Emergency, once You are discharged from Hospital or once a Medical Emergency ends, as determined by the Company.

14. Any expenses incurred after the date on which the Insured has declined an offer of repatriation and/or medical evacuation.

15. The commission or attempted commission of any criminal act by You.

16. Any treatment, services or supplies not Medically Necessary (as defined), or any medical procedures and/or tests (including MRI, MRCP, CAT Scan, CT Angiogram, Nuclear Stress Test, Angiogram or Cardiac Catheterization) not authorized by Medipac Assist in advance. All surgery must be authorized by Medipac Assist prior to being performed except in extreme circumstances where surgery is performed on an emergency basis immediately upon admission to a Hospital.

17. Emergency medical relocation unless arranged and approved in advance by Medipac Assist.

18. Any treatment, services or supplies provided by a home for the aged, a rest home, health spa, nursing home, convalescent hospital, hospice, palliative care facility, a place for the care and treatment of drug addicts or alcoholics, custodial or educational facility, or any rehabilitation facility.

19. Any Hospital/medical benefits if You are not covered under the Government Health Insurance Plan of Your Canadian province or territory of principal residence.

20. Any damage to or loss of: hearing aids, eyeglasses, sunglasses, contact lenses, artificial teeth or artificial limbs and resulting prescription thereof.

21. Any expenses that result from abuse of medication, including refusal to take prescribed medication, the abuse of drugs or alcohol, or refusal to accept recommended medical treatment.

22. Any expenses for regular treatment or regular care of a condition that existed prior to the Effective Date of Insurance or any expense in connection with general health examinations or regular check-ups.

23. Any expenses directly or indirectly incurred due to HIV, AIDS or AIDS-related complex.

24. A Heart, Lung, Liver, Kidney, Pancreatic or Bone Marrow Transplant.

25. Any expenses incurred during a Trip under the Annual Add-on for which proof of departure has not been provided.

26. Any expenses which result directly or indirectly from scuba diving, mountaineering, rock or precipice climbing, hang gliding, paragliding, sport parachuting, skydiving or bungee jumping.

27. Any expenses which result directly or indirectly from participation in speed or endurance contests and/or participation in athletic or sport activities for remuneration or prize money.

28. Any medical or physical condition, symptom, illness or disease for which the results of any test(s) and/or investigation(s) were not available prior to the Effective Date of Insurance or Your Trip Start Date.

29. Travel in a country or specific area for which, prior to Your Effective Date of Insurance or Your Trip Start Date, Foreign Affairs, Trade and Development Canada has issued a travel warning advising Canadian residents not to travel to that country or specific area.

GENERAL LIMITATIONS

If Your health changes at any time between Your Date of Application and Your Effective Date of Insurance, You must contact Medipac at 1-888-633-4722 right away. A reassessment for Your eligibility and rate qualification is required. Failure to contact Medipac may result in claim denial, or payment of only a portion of the Covered Expenses.

Individuals Excluded from Coverage

You cannot be covered by this policy, and all insurance coverage is null and void, and the liability of the Company will be limited to return of premium if:

1. Coverage is not purchased for the entire duration of Your Trip (unless otherwise expressly stated in this policy).

2. Coverage is applied for while outside Canada (with the exception of post-departure applications for extension of coverage).

3. Any material misrepresentation is made on the application or in connection with any claim for benefits under this policy.
17. You had taken or been prescribed Insulin or two (2) or more medications for Diabetes and medication for a Heart Condition. The term “medication” includes Nitroglycerin in any form.

18. You incurred Covered Expenses under this insurance due to the fault of a third party, the Company has a legal claim against such “at fault” third party for all benefits that the Company pays You for under this policy. You must take all reasonable steps to protect and to advance the Company’s claim against such party at fault. This includes keeping the Company informed about all legal proceedings against, and settlement negotiations with, such party at fault, making a claim on behalf of the Company in any such legal proceedings and negotiations, and not settling Your claim without first allowing the Company to start or continue a lawsuit in Your name against such party at fault for benefits that the Company has paid or will pay. Any settlement must first be applied to any expenses that the Company has paid on Your behalf.

19. When the Company has made Hospital or other medical payments on Your behalf, You must sign an Authorization Form included with this policy which authorizes and allows the Company to recover such payments from Your other insurers and other health plans (including Your Government Health Insurance Plan). You must assist the Company in obtaining such reimbursement. If an advance has been made for any expense that is not covered by this insurance policy, You will be required to reimburse the Company.

20. There is no insurance coverage if the premium is not received by Medipac due to an N.S.F. cheque or invalid credit card charge.

21. 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, or other applicable legislation.

22. In no event will a claim be accepted after one year from the date of occurrence.

23. Any fraud, attempted fraud, misrepresentation or non-disclosure of any material fact relating to this insurance or to a claim under this policy renders this policy null and void. If You have misstated Your age, and such misstatement results in Your paying premium which is less than the required premium, this policy will cover only the proportion of Covered Expenses that the premium paid bears to the required premium.

24. If You incur Covered Expenses under this insurance due to the fault of a third party, the Company has a legal claim against such “at fault” third party for all benefits that the Company pays You for under this policy. You must take all reasonable steps to protect and to advance the Company’s claim against such party at fault. This includes keeping the Company informed about all legal proceedings against, and settlement negotiations with, such party at fault, making a claim on behalf of the Company in any such legal proceedings and negotiations, and not settling Your claim without first allowing the Company to start or continue a lawsuit in Your name against such party at fault for benefits that the Company has paid or will pay. Any settlement must first be applied to any expenses that the Company has paid on Your behalf.

25. If You have paid a Covered Expense in a currency other than that of United States or Canada, any reimbursements made will be in Canadian currency at the prevailing rate of exchange on the date the service was provided. No sum payable under this policy shall bear interest.

26. This insurance is supplementary health coverage; i.e., this policy covers expenses in excess of those covered under Your Government Health Insurance Plan, any Private or Provincial or Territorial Auto Insurance Plan or any other insurance. If You are retired and You have similar out-of-country/province extended health benefits with a lifetime maximum coverage of: (a) $100,000 CAD or less, the Company will not co-ordinate payment with such coverage; or (b) over $100,000 CAD, the Company will co-ordinate payment with such coverage in excess of $100,000 CAD.

27. For purposes of determining eligibility under the section “Individuals Excluded From Coverage” in the General Limitations of this policy or for determining the validity of a claim, hospital records, pharmaceutical records and the medical records of Your attending Physician(s) (including Your regular Canadian Physician(s)), will be obtained and reviewed by the Company. Your claim cannot be processed and no benefits will be payable under this policy without the required information.

28. The Company has the right, and You shall afford the Company the opportunity, to have You medically examined, when and as often as may reasonably be required while benefits are being claimed or paid under this policy. In the event of death, the Company has the right to request an autopsy if not prohibited by law.

29. Despite any other provision contained in the contract, the contract is subject to the applicable statutory conditions in the Insurance Act, as applicable in Your province or territory of residence, respecting contracts of accident and sickness insurance.

30. The right of any person to designate persons to whom or for whose benefit insurance money is payable is restricted.
WHAT HAPPENS TO MY INSURANCE COVERAGE IF I AM HOSPITALIZED AND CANNOT RETURN ON MY SCHEDULED RETURN DATE?

This policy provides automatic extension of coverage at no additional cost to You in each of the following situations:

1. If You are in Hospital due to Injury or Sickness on Your scheduled return date, insurance coverage will remain in force for the period of time You remain in Hospital, plus a further period of 72 hours following Your discharge from Hospital.

2. If Your return is delayed beyond Your scheduled return date due to the delay of a common carrier in which You are scheduled to travel; or, while travelling by automobile, You are involved in an accident or a mechanical breakdown, insurance coverage will be extended until You return to Your point of departure or for 72 hours after the date when the insurance coverage would otherwise have terminated, whichever occurs first.

However, in any event, insurance coverage will not be extended more than twelve (12) consecutive months immediately after the date of Your Medical Emergency which was the cause of Your delay beyond Your scheduled return date.

HOW DO I PRESENT MY CLAIM?

When You contact Medipac Assist at the time of Your Medical Emergency, we will send You a Claim Kit within 10 days, containing everything necessary to submit Your claim, including instructions and forms. These forms must be returned to our office within 30 days of the date of Your claim. Failure to provide the required documents in a timely manner will reduce any amount payable under this policy.

To adjudicate Your claim, the Company will require:

- a completed Claim and Authorization and Release Form
- original invoices and/or receipts
- payment of Your Deductible Amount, if any
- payment of outstanding premium, if any
- complete Medical Records including final diagnosis by the attending Physician
- Historical Medical Records
- any other relevant documentation
- if claiming under the Annual Add-on, proof of Your departure date.

For payment, please submit ONLY original itemized bills, the HCFA-Form 1500, UB-04 (with itemized statement) OR an original itemized doctor’s bill with:

- formal letterhead with full name and address
- tax I.D.
- procedure and diagnostic codes with dollar amounts
- original doctor’s signature (stamped photocopied signatures are not acceptable)

Original bills must be provided for any eligible out-of-pocket expenses. Cash register receipts are not considered original bills.

For Claim inquiries please phone the Medipac Assist Claims Department:

Toll-free from the U.S.A. and Canada: 1-888-311-4761 or from other locations: (416) 441-7073

POLICY EXTENSIONS

Extension of Coverage must be applied for and approved by Medipac at least 3 days prior to Your scheduled return date. In order to apply for an Extension of Coverage, You must be in good health and cannot have any medical condition for which surgery or Hospitalization is anticipated.

No extensions are available if a claim has been incurred. To apply for an extension of coverage, call Medipac at 1-888-633-4722 toll-free from the U.S. or Canada or at (416) 441-7070 from other locations. A declaration of good health must be made before an extension can be issued. Extensions are available in trip length units as published. An Administration Fee per person, per extension, applies.

Exclusion:

This Policy Extension does not cover, provide services or pay claims for expenses resulting directly or indirectly from any Sickness or Injury that was first manifest, first diagnosed, or first treated after the Effective Date of Insurance or Trip Start Date and prior to the date when Your application to extend Your period of coverage under this insurance was approved.

REFUND POLICY

1. No refunds are available if a claim has been incurred.
2. The premium for the Annual Add-on cannot be refunded once coverage begins.
3. All refund requests must be made in writing from within Canada.

A refund will be provided to an Insured in the following situations:

FULL REFUND only if, prior to the Effective Date of Insurance:

- the Insured or his/her Spouse is unable to travel due to Sickness or Injury (a Physician’s statement is required); or
- the Insured is unable to travel due to a death in the immediate family.

FULL REFUND less a $50 Administration Fee per person if prior to the Effective Date of Insurance:

- the policy is cancelled for any other reason.
- Cancellation of the Single Trip Plan will also terminate the Annual Add-on.

PARTIAL REFUND less a $20 Administration fee per person if:

- the Insured returns to Canada at least 10 days prior to the scheduled return date.
- A pro-rata refund will be calculated using the later of the postmarked date of the written request and the requested termination date.
- If You have purchased the Annual Add-on, only the premium in excess of a minimum 22-24 day Single Trip Plan will be eligible for a refund.
- Your request MUST include a statement that no claims have been incurred.

All requests for refunds can be mailed to:

Medipac Travel Insurance
180 Lesmill Road,
Toronto ON M3B 2T5

IMPORTANT NOTICE – PLEASE READ CAREFULLY

- 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 or exclusions.
- A pre-existing exclusion may apply to medical conditions and/or symptoms that existed prior to your trip. Check to see how this applies in your policy and how it relates to your departure date, date of purchase or effective date.
- In the event of an accident, injury or sickness, your prior medical history may be reviewed when a claim is reported.
- If your policy provides travel assistance, you may be required to notify the designated assistance company prior to treatment. Your policy may limit benefits should you not contact the assistance company within a specified time period.

Please read your policy carefully before you travel.