



**Underwritten by:** National Liability & Fire Insurance Company – Canada Branch, trading as Berkshire Hathaway Specialty Insurance (BHSI)

**Claims Administration and Assistance Services provided by:** Berkshire Hathaway Specialty Insurance (BHSI) has appointed Global Excel Management Inc. as the provider of all assistance and claims services under this policy.

**Managed and distributed by:** The Destination: Travel Group Inc.



## Welcome to Your Destination: Canada Visitors Plan

Travelling can be one of life's greatest joys, but it also comes with its share of sudden surprises. That is where – Destination: Canada Visitors Plan provides **You** with peace of mind when unexpected medical **Emergencies** arise.

Destination: Canada Visitors Plan is designed to protect visitors to Canada, Super Visa applicants, newly landed immigrants, migrant workers, and returning Canadians.

Please review this Policy to ensure it meets **Your** needs and contact **Your** broker or Destination: Travel Group Inc. if:

- There is anything that **You** do not understand,
- **You** have questions about this Policy,
- **Your** travel arrangements change,
- **Your** health has changed since **You** first applied for this coverage.

All changes to this Policy must be made prior to the **Effective Date**.

### Section 1: Right to Examine the Policy

Please review this Policy when **You** receive it to ensure it meets **Your** needs. If **You** are not completely satisfied with this Policy, **You may cancel it within ten (10) days of purchase for a full refund of the premium paid, provided Your coverage has not begun.** Please refer to **Section 8: Important Policy Dates** of this Policy that explains when coverage begins and **Section 18: Premium Refunds** for more information on obtaining a refund.

## Welcome to BHSI

Thank **You** for choosing this Policy, which is underwritten by National Liability & Fire Insurance Company – Canada Branch, trading as Berkshire Hathaway Specialty Insurance (BHSI) (hereinafter **We, Us** or **Our**, as applicable).

Part of Berkshire Hathaway's insurance operations, **We** offer the security of a top-rated balance sheet and the expertise of a worldwide team of professionals with excellent capabilities and character.

In every interaction with **Our** customers, teammates, and business partners, **We** live the BHSI tradition of doing the right thing and earning **Our** reputation for trust, integrity and prudent risk taking.

BHSI is customer-first, through and through. Lean and responsive, **We** choose simplicity over complexity and bring ease, speed, and efficiency to the world of insurance.

## Travel Health Insurance Association of Canada

Every travelling Canadian deserves peace of mind that their travel insurance provides reliable protection. While most trips are completed without incident, unexpected situations can occur. That's why the member companies of the Travel Health Insurance Association of Canada (THiA) are committed to ensuring travellers understand their rights when it comes to travel insurance coverage.

BHSI is proud to be a member of THiA. Together, our collective goal is to ensure every claim submitted has the opportunity to be paid. The industry has come together and designed the Bill of Rights and Responsibilities to deliver a clear statement as to what can be expected from travel insurance.



THiA's Travel Insurance Bill of Rights and Responsibilities builds on the golden rules of travel insurance:

- Know **Your** health
- Know **Your** trip
- Know **Your** policy
- Know **Your** rights

For more information, visit:

[https://www.thiaonline.com/Travel\\_Insurance\\_Bill\\_of\\_Rights\\_and\\_Responsibilities.html](https://www.thiaonline.com/Travel_Insurance_Bill_of_Rights_and_Responsibilities.html)

## Emergency Travel Assistance

In an **Emergency**, the **Insured** should contact the **Assistance and Claims Administrator**:

### NUMBERS TO CALL

<b>In Canada and the USA .....</b>	<b>1-855-286-7467</b>
<b>Outside of Canada and the USA .....</b>	<b>+ 1-519-913-8034</b>

The helpline is available twenty-four (**24**) hours a day, seven (**7**) days a week, and is staffed by bilingual assistance coordinators experienced in managing medical assistance cases.

When contacting the **Assistance and Claims Administrator**, the following information is required:

- Name of the **Insured**;
- The Policy number;
- Telephone contact details for the **Insured** or their representative;
- Address where the **Insured** is located; and
- The nature of the **Emergency** or the assistance required.

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## Section 2: Summary of Travel Benefit Limits

This Summary of Travel Benefit Limits is for information purposes only. Please refer to **Section 12: Benefits – Details of Your Coverage** for full details of coverage.

Travel Benefit	Maximum Sum Insured
1. <b>Emergency</b> Medical	Up to Sum Insured
• Paramedical Practitioner:	\$500 per practitioner for outpatient <b>Treatment</b>
• Drug or Medications:	30-day supply up to \$1,000
2. <b>Emergency</b> Hospitalization	Up to Sum Insured
3. <b>Emergency</b> Transportation with a Medical Escort	Up to Sum Insured
4. Transportation of Family or Friend	Up to \$3,000
5. Attendant	Up to \$500
6. Follow-up Visits	Up to \$3,000
7. <b>Accidental</b> Dental	Up to \$3,000
8. Dental <b>Emergencies</b>	Up to \$500
9. Meals and Accommodation	Up to \$150 per day to a maximum of \$1,500
10. <b>Emergency</b> Return Home without a Medical Escort	Up to \$3,000
11. Return of Deceased	Up to \$10,000
12. <b>Accidental</b> Death & Dismemberment	Up to lesser of Sum Insured or \$150,000
13. Flight <b>Accident</b>	Up to \$50,000
14. Exposure & Disappearance	Up to Sum Insured
15. Side-Trip Outside of Canada	Up to Sum Insured

## Section 3: Important Notice

It is **Your** responsibility to understand **Your** coverage. If **You** have any questions, call **Your** agent/broker or Destination: Travel Group Inc. at 1-855-337-3532.

### IMPORTANT INFORMATION REGARDING YOUR POLICY

- Travel insurance covers claims arising from sudden and unexpected situations (i.e. **Accidents** and **Emergencies**) and typically not follow-up or recurrent care.
- To qualify for this insurance, **You** must meet all the eligibility requirements.
- This insurance contains limitations and exclusions (i.e. **Medical Conditions** that are not **Stable**, pregnancy, child born on **Trip**, excessive use of alcohol, high-risk activities).
- This insurance may not cover claims related to **Pre-Existing Medical Conditions**, whether disclosed or not at the time of Policy purchase.
- Contact the **Assistance and Claims Administrator** before seeking **Treatment** or **Your** benefits may be limited.
- In the event of an **Accident, Injury, or Sickness, Your** prior medical history may be reviewed.
- If **You** are ineligible for coverage, **Our** liability will be to refund the premium paid for this Policy and **You** will be responsible for any expenses that are not payable by **Us**.
- If **You** have a change in **Your** health between the date **You** apply for coverage and the **Effective Date, You** must contact **Your** broker or Destination: Travel Group Inc. to fully understand how **Your** change in health affects **Your** coverage under this Policy. Failure to do so may limit the amount of **Your** claim payment or result in **Your** claim being denied.

### Notice Required by Provincial Legislation

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 4: Claim Information

### What to do if You Have an Emergency or Claim

In a serious medical **Emergency** while travelling, get to a **Hospital** immediately. It is very important that **You**, or someone on **Your** behalf, contacts the **Assistance and Claims Administrator** within **twenty-four (24) hours** of admission to a **Hospital**, prior to seeking medical **Treatment** and before any surgery is performed. The **Assistance and Claims Administrator** will guide **You** through **Your** medical **Emergency**, find the best care locally, help manage **Your** care and support **You** throughout.

#### IMPORTANT NOTE

Absent reasonable cause, if **You** do not contact the **Assistance and Claims Administrator** prior to seeking medical **Treatment**, **You** will be responsible for paying twenty percent (**20%**) of the eligible medical expenses **We** would normally pay under this insurance.

## Section 5: How to Contact the Assistance and Claims Administrator

The **Assistance and Claims Administrator** can be reached twenty-four (**24**) hours a day and seven (**7**) days a week at the numbers below:

#### NUMBERS TO CALL

<b>In Canada and the USA .....</b>	<b>1-855-286-7467</b>
<b>Outside of Canada and the USA .....</b>	<b>+ 1-519-913-8034</b>

International operator assistance may be required when calling from outside of Canada and the USA. Collect calls will be accepted.

## How to Claim Your Emergency Medical Expenses Paid Out-of-Pocket

The fastest way to claim eligible **Emergency** medical expenses for which **You** have paid out-of-pocket is to submit **Your** original itemized receipts through the secure claims portal at: [www.globalexcel.com/bhspecialty](http://www.globalexcel.com/bhspecialty)

Most of **Our** customers complete their claim forms online and submit their eligible **Emergency** medical expenses through the **Assistance and Claims Administrator** claims portal. Original receipts can be submitted electronically in PDF or JPEG formats.

If **You** are unable to submit **Your** claims through the **Assistance and Claims Administrator** claims portal, **You** can reach out directly to the **Assistance and Claims Administrator** to receive the forms. Once completed, mail the completed form and any other supporting documentation to:

Berkshire Hathaway Specialty Insurance  
c/o Global Excel Management Inc.  
73 Queen Street  
Sherbrooke, Quebec, Canada, J1M 0C9

## Medical Monitoring and 24/7 Emergency Assistance

**You** can rely on the **Assistance and Claims Administrator** twenty-four (**24**) hours a day and seven (**7**) days a week. The **Assistance and Claims Administrator** has a best-in-class medical team and a trusted worldwide network of **Hospitals**, clinics, and **Physicians** ready to help should an unexpected medical **Emergency** arise.

The **Assistance and Claims Administrator** will arrange direct billing directly with a **Hospital**, clinic, or **Physician** whenever possible, however, some facilities require payment upfront, and **You** may have to pay for the **Treatment**. Please make sure that You keep all Your original itemized receipts.

The **Assistance and Claims Administrator** provide the following services during an unexpected medical **Emergency**:

- From initial contact, **We** ensure that **You** receive the appropriate level of medical care.
- **We** refer **You** to the closest medical provider equipped to handle **Your Emergency**.
- When appropriate, virtual care is provided from qualified **Physicians** in real-time via video or telephone conference.
- Monitoring the status of **Your** medical case.
- Communicating with **You** and others that **You** designate to receive information about **Your** medical care.
- Coordinate **Emergency** repatriation related to **Your** medical **Emergency**.

The **Assistance and Claims Administrator** will make reasonable efforts to provide these services during **Your** unexpected medical **Emergency**.

### **Notice of Loss**

Claims should be reported as soon as reasonably possible or within thirty **(30)** days of occurrence, but no later than one **(1)** year after the date of occurrence.

### **Proof of Loss**

Written proof of loss should be submitted as soon as possible or within ninety **(90)** days of occurrence, but no later than one **(1)** year after the date of occurrence.

All eligible claims must be supported by original itemized receipts from commercial organizations, medical facilities, or medical practitioners regarding **Your** medical **Treatment**. If necessary, the **Assistance and Claims Administrator** may ask for other documentation to support **Your** claim. Any costs incurred for documentation or required reports are **Your** or the claimant's responsibility. It is important to fill out the claim form completely. Incomplete information will cause delays.

Failure to comply with the claims procedures will result in loss of rights to or reduction of benefits available under this Policy.

### When Submitting a Medical Claim, Include the Following:

1. A fully completed claim form;
2. Original, itemized bills and invoices;
3. Proof of payment by **You** (receipts);
4. Proof of payment from any other insurance plan or benefit plan;
5. Applicable medical records, including:
  - a. Complete diagnosis by the attending **Physician**;
  - b. Documentation from the **Hospital** that the **Treatment** was appropriate and consistent with **Your** diagnosis;
  - c. Documentation that states the **Treatment** could not be delayed until **You** returned home without adversely affecting **Your** condition and quality of medical care.
6. A letter from the referring **Physician** recommending **Treatment** of any medical professional;
7. Proof of the **Accident** if **You** submit a claim for dental expenses that result from an **Accident**;
8. Proof of travel, including **Your** departure date and return date;
9. **Your** historical medical records if **We** determine they are applicable.

### When Submitting an Accidental Death or Dismemberment (AD&D) claim, include the following:

1. A fully completed claim form by the executor/executrix;
2. A report from the police including witness statements;
3. A coroner's report or autopsy report;
4. Death certificate (in the event of death);
5. **Hospital** medical records or a medical certificate completed by the attending **Physician**;
6. Any other documents requested by the **Assistance and Claims Administrator** after initial review of the claim.

#### IMPORTANT NOTE

If **Your** body is not found within one **(1)** year of the flight or travel **Accident**, **We** presume **You** died from **Your** injuries.

## Section 6: Coverage Details

### What is Covered?

We will reimburse up to the amount shown in **Section 2: Summary of Travel Benefit Limits** for eligible expenses for each **Insured** who suffers a sudden and unforeseen **Accident, Injury**, or **Sickness** shown on **Your Coverage Confirmation**.

### What is Not Covered?

Travel insurance does not cover everything. **Your** Policy has exclusions, conditions, and limitations. **You** should read **Your** Policy carefully so that **You** understand the limits of **Your** coverage.

### If Your Health Changes Between Your Application Date and Effective Date?

If **You** have a **change in Your health** between the date **You** apply for coverage and the **Effective Date**, **You** must contact **Your** insurance representative to fully understand how **Your** change in health affects **Your** coverage under this Policy. Failure to do so may limit the amount of **Your** claim payment or result in **Your** claim being denied.

### If Your Travel Plans change?

If **Your** travel plans change, call **Your** agent/broker or Destination: Travel Group Inc. at **1-855-337-3532** and make changes to **Your** insurance.

**All changes must be made prior to Your Policy's Effective Date.**

## Section 7: Eligibility

As of the **Effective Date**, **You** are eligible for coverage if **You**:

- a) are at least fifteen **(15)** days old; and
- b) are not travelling against the advice of a **Physician**; or
- c) have not been diagnosed with a **Terminal Illness**; or
- d) have not been diagnosed with or received **Treatment** for pancreatic cancer, liver cancer or any type of cancer that has metastasized (migrated to another organ from its original site); or
- e) have not been prescribed or used home oxygen in the last twelve **(12)** months; or
- f) have not been diagnosed with **Heart Failure**; or
- g) have not had a major organ transplant (heart, kidney, liver, lung), bone marrow or stem cell transplant; or
- h) have not received kidney dialysis **Treatment** in the last twelve **(12)** months; or
- i) have not been diagnosed with an aneurysm of four **(4)** centimeters or more in either length or diameter, that has not been surgically repaired.

## Section 8: Important Policy Dates

### Coverage Start Date

**Effective Date** means the date and time coverage starts. Coverage begins on the **latest** of the following:

1. the date and time the completed application and premium are accepted by Destination: Travel Group Inc. or its agent/broker; or
2. the date indicated as the **Effective Date** in **Your Coverage Confirmation**; or
3. the date and time **You** exit **Your Country of Origin**.

### IMPORTANT NOTE

If **Your Effective Date** is more than three **(3)** years from **Your** application date, **We** will cancel and refund **Your** Policy.

## Coverage End Date

**Expiry Date** means the date and time coverage ends. Coverage ends on the date indicated as the **Expiry Date** in **Your Coverage Confirmation**.

### IMPORTANT NOTE

Coverage begins at 12:00 a.m. on **Your Effective Date** and terminates at 11:59 p.m. on **Your Expiry Date**.

## Section 9: Waiting Period

The following waiting period shall apply, and no claims shall be payable for any **Sickness** for which **Signs or Symptoms** occurred within:

- **Forty-eight (48) hours** after the **Effective Date**, if **You** purchase this insurance **within thirty (30) days** of the date **You** depart from **Your Country of Origin**;
- **Seven (7) days** after the **Effective Date**, if **You** purchase this insurance **thirty (30) days or more** after the date **You** depart from **Your Country of Origin**.

Any **Sickness** that manifests itself during the above waiting period is not covered even if the related expenses are incurred after the waiting period.

Provided, however, the waiting period shall be waived if this insurance is purchased:

- before the date of departure from **Your Country of Origin**; or
- before the date **Your** existing Destination: Canada Visitors Plan policy expires, and there is no lapse or gap in coverage; or
- before the date any other existing health insurance coverage expires, and there is no lapse or gap in coverage.

### IMPORTANT NOTE

In the event of a claim, **You** must provide satisfactory proof of **Your** previous insurance coverage in order to have the waiting period waived.

## Section 10: Insuring Agreement

In consideration of the application for insurance and payment of the appropriate premium, and subject to the terms, conditions, limitations and exclusions of this Policy, if **You** incur eligible expenses for **Emergency Hospital and Emergency** medical care or services as the result of a **Medical Condition** occurring during the **Coverage Period**, the **Insurer** agrees to pay up to the sum insured selected at the time of application. Benefits will be paid up to the amounts specified in this Policy for the **Reasonable and Customary** costs for eligible expenses, in excess of any **Deductible** amount and the amount allowed and/or paid for by any other insurance plan(s). **You** must, at all times while **You** are covered under this Policy, act in a prudent manner so as to minimize costs to **Us**.

## Section 11: Limits on Coverage

The **Deductible** amount (if any) is shown on **Your Coverage Confirmation** and applies to each claim. **You** will be responsible for any expenses that are not payable by the **Insurer**. The specific details of **Your** Policy are outlined in **Your Coverage Confirmation** which forms part of **Your** Policy.

**You** must call the **Assistance and Claims Administrator** at **1-855-286-7467** toll-free from the USA and Canada or **+1-519-913-8034 collect** where available before obtaining **Emergency Treatment**, so that **We** may:

- confirm coverage.
- provide pre-approval of **Treatment**.

If it is medically impossible for **You** to call prior to obtaining **Emergency Treatment**, **We** ask that someone call on **Your** behalf as soon as possible. Otherwise, if **You** do not call the **Assistance and Claims Administrator** before **You** obtain **Emergency Treatment**, **You** will have to pay twenty percent (**20%**) of the eligible medical expenses **We** would normally pay under this insurance.

The **Insurer** reserves the right, as reasonably required, to transfer **You** to any **Hospital** or to transport **You** to **Your Country of Origin** following an **Emergency**. If **You** refuse to be transferred or transported when declared medically fit to travel, any continuing costs incurred after **Your** refusal will not be covered and the payment of such costs becomes **Your** sole responsibility. Coverage ceases upon **Your** refusal and no coverage will be provided to **You** for the remainder of the **Coverage Period**.

The **Assistance and Claims Administrator**, the **Insurer**, Destination: Travel Group Inc., and its agents/brokers will not be responsible for any and all liability regarding, the following:

1. the quality of any medical **Treatment** or services, or of any facility providing such **Treatment** or services;
2. the availability of medical **Treatment**, services, or any facility to provide such **Treatment** or services;
3. any failure or inability of an **Insured** to obtain or seek medical **Treatment**; or
4. any results of any medical **Treatment** received, or for failure to obtain medical service.

Subject to the terms, conditions, limitations and exclusions of this Policy, benefit payable for such costs are addressed in **Section 12: Benefits – Details of Your Coverages**.

## **Section 12: Benefits – Details of Your Coverages**

### **1. Emergency Medical**

The **Insurer** agrees to pay for the following services, supplies, or **Treatment** resulting from a covered **Injury** or **Sickness** when performed and authorized by a health practitioner who is not related to **You** by blood or marriage:

- a) **Emergency** services that are provided by a licensed **Physician**, surgeon, or anesthetist;
- b) Private duty nursing services of a Registered Nurse pre-approved by the **Assistance and Claims Administrator** up to a maximum amount of **\$10,000**;

- c) Services of a licensed physiotherapist, chiropractor, osteopath, chiropodist or podiatrist when ordered by an attending **Physician** as **Treatment** of a covered **Injury** in an amount **not to exceed \$500 per category of paramedical practitioner for outpatient Treatment;**
- d) When performed at the time of the initial **Emergency**, lab tests and/or x-ray examination as ordered by a **Physician** for diagnosis;
- e) The use of a licensed local air, land, or sea ambulance (including mountain or sea evacuation) to the nearest **Hospital**, when reasonable and necessary, pre-approved and arranged by the **Assistance and Claims Administrator;**
- f) Rental of crutches or **Hospital**-type beds, not exceeding the purchase price; and the cost of splints, trusses, braces, or other approved prosthetic appliances;
- g) **Emergency** outpatient services provided by a **Hospital**; and
- h) Drugs and/or medications prescribed by a **Physician** on an outpatient basis for **Your** covered **Emergency**. **This benefit is limited to a one-time thirty (30) day supply per prescription and up to \$1,000 per policy.** Charges for vitamins, vitamin preparations, over-the-counter drugs or medications are not covered under this Policy.

## 2. Emergency Hospitalization

The **Insurer** agrees to pay for semi-private **Hospital** accommodation and for **Reasonable and Customary** services and supplies that are necessary for **Your Emergency** medical care during confinement as a resident inpatient, including drugs and medication administered during **Your** hospitalization.

## 3. Emergency Transportation with a Medical Escort

When necessary, the **Insurer** agrees to pay to transport **You** to **Your Country of Origin** when immediate **Medical Consultation** is required due to a covered **Emergency Sickness** or **Injury**.

Any **Emergency** transportation such as air ambulance, one-way economy class airfare, stretcher and/or a qualified medical attendant (other than a **Family Member** or close friend) must be pre-approved and arranged by the **Assistance and Claims Administrator**.

#### 4. Transportation of Family or Friend

The **Insurer** agrees to pay up to **\$3,000** for one round-trip economy class transportation by the most direct route and up to **\$1,000** for reasonable costs incurred after arrival by **Your Family Member** or close friend if:

- a) **You** are hospitalized due to a covered **Sickness** or **Injury** and the attending **Physician** advises the necessary attendance by such persons; or
- b) Local authorities legally require the attendance of such person to identify **Your** remains in the event of death due to a covered **Sickness** or **Injury**.

#### 5. Attendant

If **You** are hospitalized for forty-eight (**48**) consecutive hours or more as a result of an **Emergency**, the **Insurer** agrees to pay up to **\$50** a day and a maximum of **\$500** for an attendant, other than a **Family Member** or close friend, to care for **Your** accompanying **Travelling Companion(s)** under the age of eighteen (**18**), or physically or mentally handicapped **Travelling Companion(s)** who rely on **You** for assistance.

#### 6. Follow-up Visits

The **Insurer** agrees to pay up to **\$3,000** to have **You** re-examined to monitor the effects of earlier **Treatment** directly related to an initial **Emergency**, except while hospitalized, provided the initial **Emergency** has been reported to the **Assistance and Claims Administrator**. Follow-up visits shall not include continuous or ongoing **Treatment** or further diagnostic, or investigative testing related to the initial **Emergency**.

## 7. Accidental Dental

The **Insurer** agrees to pay **Reasonable and Customary** costs up to **\$3,000** for **Emergency Treatment** or services to whole or sound natural teeth (including capped or crowned teeth) caused by an **Accidental** direct blow to the face. **Treatment** relating to any dental claim must begin and end within ninety (**90**) consecutive days from the onset of the **Accident** and prior to **Your** return to **Your Country of Origin**.

## 8. Dental Emergencies

The **Insurer** agrees to pay up to **\$500** for the immediate relief of acute dental pain caused by a dental **Emergency** other than a direct blow to the face. Dental conditions for which **You** have previously received **Treatment** or advice shall not be covered. **Treatment** relating to any dental claim must begin and end within ninety (**90**) consecutive days from the onset of the **Emergency** and must be completed within the **Coverage Period** and prior to **Your** return to **Your Country of Origin**.

## 9. Meals and Accommodation

The **Insurer** agrees to pay up to **\$150** per day and a maximum of **\$1,500**, or up to a maximum of ten (**10**) days in the event **You** or **Your** covered **Travelling Companion** are confined to a **Hospital** on the date on which **You** are scheduled to return home. The **Insurer** will pay for a hotel or motel room or a bed and breakfast when licensed under the law of its jurisdiction, meals, childcare costs (children under age of eighteen (**18**), or physically or mentally handicapped **Travelling Companion(s)** who rely on **You** for assistance), essential telephone calls and taxi fares incurred by **You** or any covered **Travelling Companion**. The **Insurer** will only reimburse these expenses if **You** have actually paid for them.

### IMPORTANT NOTE

Expenses must be supported by original itemized receipts from commercial organizations in order to be reimbursed by the **Insurer**.

## 10. Emergency Return Home without a Medical Escort

If a covered **Sickness** or **Injury** requires **You** to be returned home during the **Coverage Period**, the **Insurer** agrees to pay up to **\$3,000** for the additional cost of a one-way economy class transportation by the most direct route to **Your Country of Origin** when pre-approved and arranged by the **Assistance and Claims Administrator**. This benefit also includes one covered **Family Member**.

## 11. Return of Deceased

In the event of death due to a covered **Sickness** or **Injury**, the **Insurer** agrees to reimburse up to:

- a) **\$10,000** for the costs incurred to prepare and return **Your** remains in a standard transportation container to **Your Country of Origin**; or
- b) **\$4,000** for cremation or burial at the place of death. The cost of a coffin or urn, headstones, flowers, and reception expenses are not covered.

## 12. Accidental Death & Dismemberment

The **Insurer** agrees to pay up to the maximum sum insured selected at the time of application, not to exceed **\$150,000**, for loss of life, limb, or sight resulting directly from **Accidental Injury**, occurring during the **Coverage Period**, except while boarding, riding in, or disembarking from an aircraft.

**Accidental** Death & Dismemberment benefits are payable according to the following schedule of losses:

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

- b) **50%** of sum insured resulting from the same **Accidental Injury** for loss of:
- i. entire sight of one eye; or
  - ii. one hand; or
  - iii. one foot.

Loss of hand or hands, or foot or feet means severance through or above the wrist joint or ankle joint, respectively.

Loss of eye or eyes means total and irrecoverable loss of the entire sight.

Only one amount is payable (the largest) if **You** suffer more than one of these losses.

### **13. Flight Accident**

The **Insurer** agrees to pay up to a maximum sum insured of **\$50,000** for death or dismemberment (according to the schedule of losses set forth under **Section 12: Benefits – Details of Your Coverages, Accidental Death & Dismemberment**) as a result of an **Accident** sustained during the **Coverage Period** while entering, riding, or leaving an airplane or helicopter flight lawfully operated by a licensed public air common carrier as a fare-ticket passenger.

### **14. Exposure & Disappearance**

If **You** are exposed to the elements or disappear as a result of an **Accident**, a loss will be covered if:

- a) as a result of such exposure, **You** suffer one of the losses specified in the schedule of losses in **Section 12: Benefits – Details of Your Coverages, Accidental Death & Dismemberment**; or
- b) **Your** body has not been found within fifty-two (**52**) weeks from the date of the **Accident** it will be presumed, subject to evidence to the contrary, that **You** suffered loss of life.

## 15. Side-Trip Outside of Canada

The **Insurer** agrees to provide coverage for **Emergency** medical expenses **You** incur during a side-**Trip** outside of Canada, provided:

- a) the majority of the **Coverage Period** is spent in Canada (at least fifty-one percent **(51%)** of **Your Trip**). This may not apply in certain circumstances, see Extending **Your Trip** on page 38 for details; and
- b) the side-**Trip** is not in **Your Country of Origin**.

### IMPORTANT NOTE

This Policy allows **You** to make a temporary return to **Your Country of Origin**. No insurance coverage will be provided in **Your Country of Origin**. If **You** receive any **Treatment** during this temporary return, any **Treatment** relating to that **Medical Condition** will also not be covered for the remaining **Coverage Period**.

## Section 13: Exclusions – Details of What You Are Not Covered For

This Policy will not provide any insurance or benefits for any losses or expenses that are incurred as a result of, in connection with, or in any way associated with or arising out of, any of the following:

### 1. Pre-Existing Medical Conditions

Option 1: Coverage for **Stable Pre-Existing Medical Conditions**.

- a) If at the time of application, **You** are fifty-nine (**59**) years of age or under: Any **Pre-Existing Medical Condition** unless it was **Stable** in the ninety (**90**) consecutive days immediately before the **Effective Date**; or
- b) If at the time of application, **You** are between sixty (**60**) and sixty-nine (**69**) years of age: Any **Pre-Existing Medical Condition** unless it was **Stable** in the one hundred and twenty (**120**) consecutive days immediately before the **Effective Date**; or
- c) If at the time of application, **You** are between seventy (**70**) and seventy-nine (**79**) years of age: Any **Pre-Existing Medical Condition** unless it was **Stable** in the one hundred and eighty (**180**) consecutive days immediately before the **Effective Date**; or

Option 2: Any **Pre-Existing Medical Conditions**.

### 2. Any **Sickness** for which **Signs or Symptoms** occurred before or during the following waiting period:

- a) Forty-eight (**48**) hours after the **Effective Date** if **You** purchased within thirty (**30**) days of **Your** date of departure from **Your Country of Origin**; or
- b) Seven (**7**) days after the **Effective Date** if **You** purchased thirty (**30**) days or more after **Your** date of departure from **Your Country of Origin**.

The above waiting period will be waived when this insurance is purchased:

- i. before the date of departure from **Your Country of Origin**; or
- ii. before the date **Your** existing Destination: Canada Visitors Plan policy expires and there is no lapse in coverage; or
- iii. before the date any other existing coverage expires and there is no lapse in coverage.

**You** must provide satisfactory proof of **Your** previous insurance coverage.

3. Costs incurred due to:
  - a) Alzheimer's disease or dementia; and/or
  - b) any loss resulting from **Your Minor Mental or Emotional Disorder**; and/or
  - c) **Your** self-inflicted injuries, unless medical evidence establishes that such injuries are related to a mental health illness.
  
4. Costs incurred due to:
  - a) **Act(s) of War** or **Act(s) of Terrorism**;
  - b) kidnapping;
  - c) riot, strike or civil commotion;
  - d) unlawful visit in any country;
  - e) participation in protests;
  - f) participation in armed forces activities;
  - g) participation in a commercial sexual transaction;
  - h) the commission or attempted commission of any criminal offence or illegal act; or
  - i) contravention of any statutory law or regulation in the area where the loss occurred.
  
5. Any **Sickness** or **Injury** when a **Trip** is made for the purpose of obtaining advice, a diagnosis, **Treatment**, surgery, investigation, palliative care, or any alternative therapy, as well as any directly or indirectly related complication.
  
6. Any loss, death, or **Injury**, if evidence supports that **You** were affected by, or the **Medical Condition** was in any way contributed to by, arising from, or in any way related to:
  - a) the abuse or chronic use of alcohol either before or during the **Coverage Period**; or
  - b) the use of prohibited drugs, or any other intoxicant either before or during the **Coverage Period**; or
  - c) the non-compliance with prescribed **Treatment** or medical therapy either before or during the **Coverage Period**; or
  - d) the misuse of medication either before or during the **Coverage Period**.

7. Any **Medical Consultation** or any **Treatment** that is non-**Emergency**, experimental, or elective such as cosmetic surgery, including but not limited to, any expenses directly or indirectly related to complications arising therefrom.
8. Any **Treatment**, investigation or hospitalization which is a continuation of, or subsequent to, **Emergency Treatment** of a **Medical Condition**, unless pre-approved by the **Assistance and Claims Administrator**.
9. Any **Treatment** that can be reasonably delayed until **You** return to **Your Country of Origin** (whether or not **You** intend to return) by the next available means of transportation, unless pre-approved by the **Assistance and Claims Administrator**.
10. Hospitalization or services rendered in connection with general health examinations for “check-up” purposes, **Treatment** of an ongoing condition, regular care of a chronic condition, home health care, investigative testing, rehabilitation or ongoing care or **Treatment** in connection with drugs, alcohol, or any other substance abuse.
11. Any rehabilitation or convalescent care.
12. **Injury** resulting from training for or participating in:
  - a) speed contests usually and customarily in excess of sixty **(60)** kilometers per hour;
  - b) motorsport contests;
  - c) stunt activities, exhibitions, or demonstrations of any kind;
  - d) sport activities, if **You** are considered **Professional** by the governing body of that sport and **You** are paid for **Your** participation;
  - e) heliskiing, ski jumping;
  - f) skydiving, sky-surfing;
  - g) scuba diving (except if certified by an internationally recognized and accepted program such as NAUI or PADI, or if diving depth does not exceed thirty **(30)** meters);
  - h) white water rafting (except grades one **(1)** to four **(4)**);
  - i) street luge, skeleton activity;

- j) mountaineering; or
- k) participation in any rodeo activity.

**13.** Any loss incurred as a result of pregnancy, delivery, abortion, miscarriage, or complications thereof.

**14.** Any loss incurred as a result of **Your** child born during a **Trip**.

**15.** Any **Sickness** or **Injury** resulting from a motor vehicle **Accident** where **You** are entitled to receive benefits pursuant to any policy or legislative plan of motor vehicle insurance.

**16. Treatment** or services that contravene or are prohibited by legislation under a provincial or territorial **Hospital**/medical plan.

**17.** Naturopathic, holistic or acupuncture **Treatment**.

**18.** Costs that exceed the **Reasonable and Customary** rate for the area where the **Treatment** or services are being performed

**19.** Any **Act of Terrorism** or **Medical Condition You** suffer or contract when an official travel advisory was issued by the Canadian government stating “Avoid all non-essential travel” or “Avoid all travel” regarding the country, region, or city of **Your** destination,  
a) before **Your** policy **Effective Date**; and/or  
b) for **Your** side-**Trip** outside of Canada if the official travel advisory was in place on or before the date **You** leave for **Your** side-**Trip**.

To read the travel advisories, visit the Government of Canada Official Global Travel Advisory site.

#### **IMPORTANT NOTE**

This exclusion does not apply to any claims for an **Emergency** or a **Medical Condition** unrelated to the travel advisory.

20. Any loss incurred outside of Canada when **You** have not spent the majority of the **Coverage Period** in Canada.
21. Any loss incurred inside **Your Country of Origin**.
22. Any **Sickness**, symptom, or **Injury** that presented, recurred, or for which **Treatment** was received during any temporary return to **Your Country of Origin** during the **Coverage Period**.
23. Air travel other than as a passenger in a commercial aircraft licensed to carry passengers for hire, except while being transported under the terms of the **Emergency** Transportation or **Emergency** Return Home benefits.
24. Any loss resulting when **You** are a driver, the operator, a co-driver, a crew member, or any other passenger on a commercial vehicle used for the purpose of delivering goods or carrying a load. This exclusion is not applicable when the commercial vehicle is used during **Your Trip** solely for pleasure purposes and not used for delivering goods or carrying a load
25. Solely with respect to **Section 12: Benefits – Details of Your Coverages, Accidental Death & Dismemberment**, being an occupant of an aircraft, either as a passenger, or crew or while boarding or disembarking from an aircraft.

## Section 14: Definitions – What Our Important Terms Mean

The following defined terms each have a specific meaning unique to this Policy (including the **Coverage Confirmation** and any memoranda or endorsements attached thereto). When these terms are shown in bold type the specific meaning contained in the definition for that term will apply. These definitions shall apply whether the defined term is used in this Policy in the plural form or the singular form.

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

**Act(s) of Terrorism** means any activity that involves a threat to use or the actual use of violence or any dangerous or threatening act, or the use of force. Such act is directed against the general public, governments, organizations, properties or infrastructures, or electronic systems. The intention of such activity is to:

1. instill fear in the general public;
2. disrupt the economy;
3. intimidate, coerce, or overthrow a sitting government or occupying power; and/or
4. promote political, social, religious, or economic objectives.

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

**Assistance and Claims Administrator** mean the company set forth in **Section 20: Assistance and Claims Administration provided by** of this Policy that provides **Emergency** travel assistance benefits under this Policy.

**Change in Medication** means the medication type, dosage, or frequency is reduced, increased, stopped, and/or new medications are prescribed; provided, however, **Change in Medication** shall not include:

1. regular blood tests that result in routine adjustments of Coumadin, warfarin, or insulin as long as these medications are not newly prescribed or stopped; or
2. changing from a brand name medication to the same dose of a generic medication.

**Country of Origin** means the country where **You** maintained a permanent residence prior to entering Canada. If **You** did not have a permanent residence prior to entering Canada, the country where **You** primarily resided will be used.

**Coverage Confirmation** means the document(s) that **You** receive from Destination: Travel Group Inc. as a confirmation of the coverage **You** have purchased, which may be a **Coverage Confirmation** letter, an application form, or an internet purchase confirmation page.

**Coverage Period** means the period from the **Effective Date** to the **Expiry Date** as indicated on the **Coverage Confirmation** and for which premium has been paid at the time of application. The maximum **Coverage Period** per **Trip** cannot exceed one **(1)** year.

**Deductible** (if applicable) means the dollar amount for which **You** are liable for each claim before any remaining eligible expenses are reimbursed under this insurance. The **Deductible** amount is shown on **Your Coverage Confirmation** and applies to each claim.

**Dependent** children means **Your** unmarried children who are, on the **Effective Date**:

1. financially dependent on **You**; and
2. at least fifteen **(15)** days of age; and
3. age twenty-one **(21)** or under; or
4. age twenty-five **(25)** or under and attending school full time; or
5. of any age, who are mentally or physically disabled.

**Effective Date** means the date and time coverage begins as indicated in **Section 8: Important Policy Dates** of this Policy.

**Emergency** means a sudden and unforeseen **Sickness** or **Injury** occurring during the **Coverage Period** while outside **Your Country of Origin** that requires immediate **Treatment** by a **Physician** or licensed dentist and cannot be reasonably delayed. An **Emergency** no longer exists when the evidence reviewed by the **Assistance and Claims Administrator** indicates that no further **Treatment** is required, and **You** are able to continue **Your Trip** or return to **Your** place of ordinary residence or **Country of Origin**. Costs incurred in **Your Country of Origin** are not covered.

**Expiry Date** means the date and time coverage ends as indicated in **Section 8: Important Policy Dates** of this Policy.

**Family Member** means **Your** legal or common-law **Spouse**, parent, brother, sister, legal guardian, step-parent, step-child, step-brother, step-sister, aunt, uncle, niece, nephew, grandparent, grandchild, in-law, and ward, natural or adopted child.

**Heart Failure** means a disorder of the heart in which its ability to fill with or pump blood is reduced, resulting in inadequate circulation of blood and symptoms such as shortness of breath, fatigue, or fluid retention.

**Hospital** means an institution that is licensed as an accredited **Hospital** that is staffed and operated for the care and **Treatment** of inpatients and outpatients. **Treatment** must be supervised by **Physicians** and there must be registered nurses on duty twenty-four (**24**) hours a day. Diagnostic and surgical capabilities must also exist on the premises or in facilities controlled by the establishment. A **Hospital** is not an establishment used mainly as a clinic, extended or palliative care facility, rehabilitation facility, addiction **Treatment** centre, convalescent, rest or nursing home, home for the aged or health spa.

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

**Insured** means a person eligible for coverage and named on the application, who has been accepted by the **Insurer** or its authorized representative and has paid the required premium for a specific plan of insurance.

**Insurer** means National Liability & Fire Insurance Company – Canada Branch.

**Medical Condition** means **Sickness, Injury, disease, or Symptom.**

**Medical Consultation** means any medical services obtained from a **Physician** for a **Sickness, Injury, or Medical Condition**, including but not limited to, any or all of the following: history taking, medical examination, investigative testing, advice, or **Treatment**, and during which a diagnosis of the **Medical Condition** need not have been definitively made. This does not include routine annual medical check-ups where no medical **Signs or Symptoms** existed or were found during the check-up.

**Minor Mental or Emotional Disorder** means:

1. having anxiety or panic attacks; or
2. being in an emotional state or in a stressful situation.

A **Minor Mental or Emotional Disorder** is one where **Your Treatment** includes only minor tranquilizers or minor anti-anxiety medication (anxiolytics) or no prescribed medication at all.

**Physician** means a person:

1. who is not **You**, an immediate **Family Member** or **Your Travelling Companion**; and
2. licensed in the jurisdiction where the services are provided, to prescribe and administer medical **Treatment**.

**Pre-Existing Medical Condition** means any **Sickness, Injury, or Medical Condition** whether or not diagnosed by a **Physician**:

1. for which **You** exhibited **Signs or Symptoms**; or
2. for which **You** required or received **Medical Consultation**; or
3. which existed prior to the **Effective Date** of **Your** coverage.

**Professional** means **You** are considered **Professional** by the governing body of the sport, earn the majority of **Your** income from such activity, and are paid for **Your** participation whether **You** win or lose.

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

**Sickness** means any illness or disease.

**Signs or Symptoms** means any evidence of **Sickness** experienced by **You** or recognized through observation.

**Spouse** means a person who is legally married to **You**, or a person who has been living with **You** in a common-law relationship for a period of at least twelve **(12)** consecutive months.

**Stable** means a **Medical Condition** that is considered **Stable** when all of the following statements are true:

1. there has not been any new **Treatment** prescribed or recommended, or change(s) to existing **Treatment** (including a stoppage in **Treatment**); and
2. there has not been any **Change in Medication** (including increase or decrease of dosage), or any recommendation or starting of a new prescription drug; and
3. the **Medical Condition** has not become worse; and
4. there have not been any new, more frequent, or more severe **Signs or Symptoms**; and
5. there has been no hospitalization or referral to a specialist; and
6. there have not been any tests, investigation, or **Treatment** recommended, but not yet complete, nor any outstanding test results; and
7. there is no planned or pending **Treatment**.

#### **IMPORTANT NOTE**

All of the above conditions set forth from 1. through 7. must be met for a **Medical Condition** to be considered **Stable**.

**Terminal Illness** means a **Medical Condition** for which, prior to the **Effective Date**, a **Physician** gave a prognosis of eventual death within twenty-four **(24)** months or palliative care was received.

**Travelling Companion** means a person who is accompanying **You** on **Your Trip**, and who has prepaid shared accommodation or transportation with **You**. (Maximum of five **(5)** persons including **You**.)

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

### **IMPORTANT NOTE**

Any reference to testing, tests, test results, or investigations excludes Genetic Tests. "Genetic test(s)" means a test or tests that analyzes DNA, RNA, or chromosomes for purposes such as the prediction of disease or vertical transmission risks, or monitoring, diagnosis or prognosis.

**Trip** means a period during which **You** are travelling outside **Your Country of Origin** and for which coverage is in effect.

**We, Us, Our** means the **Insurer**.

**You** or **Your** means the **Insured**.

## **Section 15: Premiums**

### **One-time Premium Payment**

The total premium is due and payable at the time of application. The premium is calculated using the most current rates for **Your** age each time **You** apply or extend **Your** insurance.

### **Monthly Premium Payment Plan**

The Monthly Premium Payment Plan is only available to applicants purchasing a minimum:

- a) **Coverage Period** of at least one hundred and eighty **(180)** days; and
- b) a minimum aggregate policy limit of \$50,000.

Each installment premium includes an additional \$10 fee and applies to each installment throughout the whole term of the Policy.

## Monthly Premium Payment Plan Schedule

1. An initial payment of two installment premiums is payable by credit card due at the time of application.
2. A third installment premium is payable on the **Effective Date** of the Policy, as shown on **Your** payment schedule included with **Your Coverage Confirmation**.

After that, recurring credit card payments will be made each month on the same day as the **Effective Date**. If **Your** Policy **Effective Date** falls on the 29th, 30th, or 31st day of a month, installment premiums will be billed on the 28th day of each month.

## Can You Pay Up a Monthly Premium Payment Plan at Any Time?

**You** may pay the outstanding premium for the full **Coverage Period** at any time. A one-time \$10 fee will be applied to process the payment of the outstanding premium balance.

## What Happens if You Miss a Payment on the Monthly Premium Payment Plan?

If Destination: Travel Group Inc. is unable to charge the credit card on file, an email notification from [notify@desttravel.com](mailto:notify@desttravel.com) will be sent immediately to the email **You** provided on **Your** application. **Your** agent/broker will be copied on the email. **You** will have thirty **(30)** days from the emailed notice to pay the outstanding premium. A \$25 processing fee may be charged in the event of each failed payment. If **We** are unable to collect the premium, the Policy will be terminated on the paid-to date.

### IMPORTANT NOTE

Once **Your** Policy is terminated, **You** will not be able to reinstate the Policy, and no grace period shall be permitted.

## Family Premium

A family includes the applicant, age fifty-nine (**59**) and under, the applicant's **Spouse**, age fifty-nine (**59**) and under, and **Dependent** children. The premium for family coverage is calculated at two times the premium for the eldest adult age fifty-nine (**59**) and under. A minimum premium of \$25 applies. Coverage dates must be the same for all the family members.

## What Happens if Your Arrival Date to Canada is Postponed?

If the arrival date is postponed, or cancelled, **You** must contact **Your** agent/broker **prior** to the **Effective Date** to either:

- change the Policy's **Effective Date** to a future date; or
- request a refund of the premium paid as set forth in **Section 18: Premium Refunds** of this Policy.

## What happens if the Government of Canada Issues an Entry Permit that is Different Than What You Applied For?

If the Government of Canada issues **You** an entry permit that is different than the one **You** applied for, **You** may:

- request a refund of any premium paid as set forth in **Section 18: Premium Refunds** of this Policy; or
- change from a Monthly Premium Payment Plan to payment in full.

### IMPORTANT NOTE

**Any request must be received prior to the Effective Date of Your Policy.**

Proof of the change in entry permit will be required.

## Section 16: Legal Information

### General Provisions

#### Assignment

The **Insured** cannot assign the Policy, or any rights under the Policy, without **Our** prior written consent by way of endorsement to this Policy. Neither the insurance provided under this Policy nor any benefits payable under this Policy may be assigned.

Despite any other provisions of this contract, this contract is subject to the statutory conditions contained in the Insurance Act as applicable in **Your** province or territory of residence respecting contracts of **Sickness** and **Accident** insurance.

#### Automatic Extension of Coverage

1. **Delay in conveyance:** This coverage shall be automatically extended for up to seventy-two (**72**) hours in the event of a delay, during the **Coverage Period**, beyond **Your** control of the conveyance in which **You** are riding or are scheduled to ride as a passenger. The delay must occur prior to the **Expiry Date**. **Conveyance** means an airline, train, bus, vehicle, or ferry.
2. **Medically unfit to travel:** If medical evidence supports that **You** are medically unfit to travel due to a covered **Sickness** or **Injury** on or before the coverage **Expiry Date**, coverage will be automatically extended for up to five (**5**) days.
3. **Hospitalization:** If **You** are hospitalized at the end of the **Coverage Period**, as a result of a covered **Sickness** or **Injury**, coverage will be extended for **You** and one (**1**) **Insured Travelling Companion** remaining with **You**, when reasonable and necessary, during the period of **Hospital** confinement, plus seventy-two (**72**) hours after release to travel home. Coverage for **Your Travelling Companion** will only be extended under their respective policy when issued by **Us**.

#### IMPORTANT NOTE

Additional premium will not be required for an automatic extension of coverage.

## Benefit Payments

Unless otherwise stated, all provisions in this Policy apply to each eligible **Insured** during one **Coverage Period**.

Benefits are only payable under one policy, for each **Insured** during the **Coverage Period**. If the **Insured** has more than one Policy with National Liability & Fire Insurance Company - Canada Branch, the one with the greater sum insured will be used.

Benefits are only payable for the plans and the specific sum insured selected, paid for, and accepted by the **Insurer**, at the time of application, and indicated in **Your Coverage Confirmation** letter.

Any benefits payable under this Policy do not include interest charges.

Benefits payable as a result of **Your** death will be payable to **Your** Estate.

## Claim Submission

**You** or the claimant, if other than **You**, shall be responsible for providing the **Assistance and Claims Administrator** with the following:

1. itemized receipts from commercial organizations for all medical costs incurred and itemized accounts of all medical services that have been provided; and
2. any payment made by any other insurance plan or contract, including a government **Hospital**/medical plan; and
3. substantiating medical documentation at the request of the **Assistance and Claims Administrator**.

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

## Conformity with Law

Any provision of the Policy that is in conflict with any federal, provincial, territorial or other applicable law of any **Insured's** place of residence is hereby amended to conform to the minimum requirements of that law.

The **Insurer** will not be liable to provide any coverage or make any payment hereunder if to do so would be in violation of any sanctions law or regulation which would expose the **Insurer**, its parent company or its ultimate controlling entity to any penalty under any sanctions law or regulation.

## Contract

The application, **Coverage Confirmation** letter, this Policy, any document attached to this Policy when issued, and any amendment to the contract agreed upon in writing after this Policy is issued, constitute the entire contract, and no agent has the authority to change the contract or waive any of its provisions.

**Destination: Travel Group Inc., on behalf of the Insurer, reserves the right to decline any request for new terms of coverage.**

No condition of this Policy shall be deemed to have been waived, either in whole or in part, unless the waiver is clearly expressed and signed by **Us**.

## Coordination of Benefits

Amounts payable under this Policy are in excess of any or all existing coverage concurrently in force held by or available to **You**, including but not limited to, homeowners' insurance, tenant's insurance, multi-risk insurance, any credit card, third-party liability, group or individual basic or extended health insurance, Government or provincial health insurance plan, or any private or legislative plan of motor vehicle insurance providing **Hospital**, medical or therapeutic coverage.

If an **Insured** is covered under more than one insurance plan that provides for medical expenses, the **Assistance and Claims Administrator**, on behalf of the **Insurer**, will coordinate all benefits in accordance with the Canadian Life and Health Insurance Association guidelines.

In no event will the combined payments from all plans exceed one hundred percent (**100%**) of the eligible expenses.

Reimbursement will not be made for any costs, services, or supplies that are payable to **You** under a motor vehicle insurance policy or legislative plan under any Insurance Act, or for which **You** receive benefits from any other party pursuant to any policy or legislative plan of motor vehicle insurance until such benefits are exhausted.

The **Insured** must disclose all other insurance coverage at the time of claim submission. Failure to provide such information may result in delays or denial of benefits.

If **You** are retired with an extended health plan provided by a former employer, with a lifetime limit of up to **\$100,000**, the **Assistance and Claims Administrator**, on behalf of the **Insurer**, will not coordinate benefits with that provider, except in the event of **Your** death.

## Currency

All amounts stated in the Policy, including premium, are in Canadian dollars. If currency conversion is necessary, the **Assistance and Claims Administrator** will use the exchange rate on the date the service was rendered to **You**. At the option of the **Assistance and Claims Administrator**, benefits may be paid in the currency of the country where the loss occurred.

## Endorsements

This Policy will not be modified except by written amendment or endorsement attached hereto and signed by the **Insurer's** authorized representative. The Policy can be changed or amended without the consent of any **Insured**.

## Extending Your Trip

If **You** decide to extend **Your Trip**, **You** may apply for a new **Coverage Period** provided **You** meet the eligibility requirements set forth under **Section 7: Eligibility** of this Policy.

Each policy or **Coverage Period** is considered a separate contract, and all **new terms, limitations and exclusions will apply.**

If **You** have incurred a claim, Destination: Travel Group Inc. on behalf of the **Insurer**, will review **Your** file before deciding on granting an extension.

If **You** decide to extend **Your Trip**, please call **Your** agent/broker or Destination: Travel Group Inc. at **1-855-337-3532**.

### IMPORTANT NOTE

**Coverage outside Canada:** If **You** extend **Your Trip** for the purpose of returning to **Your Country of Origin**, coverage outside Canada will be provided while **You** are in transit even if **You** do not spend the majority of the **Coverage Period** in Canada if:

1. the Policy is purchased on or prior to the **Expiry Date** of an existing Destination: Canada Visitors Plan policy; and
2. the number of days in transit to **Your Country of Origin** does not exceed three **(3)** days.

Under no circumstances will coverage be provided in **Your Country of Origin**.

### General Terms

Insurance terms and conditions are subject to change with each new policy purchased without prior notice. This Policy is non-participating. **You** are not entitled to share in the surplus or profits of the **Insurer**.

### Governing Law

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

### Limit on Liability

The **Insurer's** liability under this Policy is limited to the amounts payable in accordance to the terms, conditions, and limitations in this Policy. The **Insurer** shall not be liable for any indirect, consequential, or punitive damages arising from any claim under this Policy. It is a condition precedent to liability under this Policy that at the time of application and on the **Effective Date**, **You** know of no reason to seek medical attention.

## Limitation of Action

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

Every action or proceeding against the **Insurer** for the recovery of a claim under this contract shall not be commenced more than one **(1)** year after the date the insurance money became payable or would have become payable if it had been a valid claim (for actions or proceedings governed by the laws of New Brunswick, Nova Scotia, Newfoundland and Prince Edward Island).

Every action or proceeding against the **Insurer** for the recovery of a claim under this contract shall not be commenced more than two **(2)** years after the date the insurance money became payable or would have become payable if it had been a valid claim (for actions or proceedings governed by the laws of Yukon, Northwest Territories and Nunavut).

## Misrepresentation or Nondisclosure

**We** will not pay a claim if **You**, any **Insured** under this Policy or anyone acting on **Your** behalf attempts to deceive **Us** or makes a fraudulent, false, exaggerated statement, or claim.

**You** must be accurate and complete in **Your** dealings with **Us** at all times. **You** represent and warrant that, as of the date of application, each **Insured** named under this Policy is not a resident of any Canadian province or territory for any purpose. **You** further represent and warrant that each such **Insured** shall remain a non-resident of Canada for any purpose and, where the Monthly Premium Payment Plan applies (as set forth in further details in **Section 15: Premium**), until such time as the total premium for the full period of coverage has been paid in full.

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

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

## Reasonable Precautions

The **Insured** must take and have taken all reasonable care to prevent an **Accident** or medical **Emergency** giving rise to a claim under the Policy, including complying with any applicable law, bylaw, ordinance or regulation that concerns the safety of persons or property.

## Right to be Reimbursed (Subrogation)

As a condition to receiving benefits under the Policy, **You** agree to:

1. reimburse the **Insurer** for all **Emergency** medical and **Hospital** costs paid under the Policy from any amounts **You** receive from a third-party responsible (in whole or in part) for **Your Injury** or **Sickness**, whether such amounts are paid under a judgment or settlement agreement;
2. whenever reasonable, initiate a legal action against the third-party to recover **Your** damages, which include the **Emergency** medical and **Hospital** costs paid under the Policy;
3. include all **Emergency** medical and **Hospital** costs paid under the Policy in any settlement agreement **You** reach with the third-party;
4. act reasonably to preserve the **Insurer's** right to be reimbursed for any **Emergency** medical or **Hospital** costs paid under the Policy;
5. keep the **Insurer** informed of the status of any legal action against the third-party; and
6. advise **Your** counsel of the **Insurer's** right to reimbursement under the Policy.

**Your** obligations under this section of the Policy in no way restricts the **Insurer's** right to bring a subrogated claim in **Your** name against the third-party and **You** agree to cooperate with the **Insurer** fully should the **Insurer** choose to exercise its right of subrogation.

## Time

This Policy will be governed by the local time of the Canadian province or territory in which the Policy was issued.

## Section 17: Statutory Conditions

### Copy of Application

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

## Failure to Give Notice and Proof

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

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

## Insurer to Furnish Forms for Proof of Claim

Claims forms are available by contacting the **Assistance and Claims Administrator** and shall be furnished to **You** upon request.

## Material Facts

No statement made by **You**, or a person insured at the time of application for the contract shall be used in defense 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

Please refer to **Section 4: Claim Information** in this Policy for full details. If **You** do not provide the required supporting documentation, **Your** claim will not be paid.

## Rights of Examination

For the purposes of determining the validity of a claim under this Policy, **We** may obtain and review the medical records of **Your** attending **Physician(s)**, including the records of **Your** regular **Physician(s)** from **Your Country of Origin**. These records may be used to determine the validity of a claim, whether or not the contents of the medical records were made known to **You** before **You** incurred a claim under this Policy. In addition, **We** have the right, and **You** shall afford **Us** the opportunity, to have **You** medically examined when and as often as may reasonably be required while benefits are being claimed under this Policy. If **You** die, **We** have the right to request an autopsy, if not prohibited by law.

## Termination

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

For a full description of the procedures and details, **We** direct **Your** attention to **Section 18: Premium Refunds** of this Policy.

**We** may terminate this contract in whole or in part at any time by giving written notice of termination to **You** and by refunding, concurrently with the giving of notice, the amount of premium paid in excess of the proportional premium for the expired time. The notice of termination may be delivered to **You**, or it may be sent by registered mail to **Your** latest address on record. Where notice of termination is delivered to **You**, five **(5)** days' notice of termination will be given; where it is sent by registered mail to **You**, fifteen **(15)** days' notice will be given, and the fifteen **(15)** days will begin on the day the registered letter is delivered to **Your** postal address.

## 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**.

## When is Money Payable?

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

## Section 18: Premium Refunds

A full refund will be provided for policies which are returned within ten **(10)** days of purchase provided that **Your** coverage has not begun as described in **Section 1: Right to Examine the Policy**.

### Premium Refunds are Only Considered When:

- a) the entire **Trip** is cancelled prior to the **Effective Date**.
- b) **You** return to **Your Country of Origin** prior to the **Expiry Date**.
- c) **You** become insured under a Canadian provincial or territorial health/medical plan as long as **You** are not required to maintain coverage for work permit or other immigration purposes.

When submitting a premium refund request, please send a written request to Destination: Travel Group Inc. by fax, mail, or e-mail before **Your Coverage Period** ends, and include:

- a) a copy of **Your Coverage Confirmation**; and
- b) confirmation of **Your** early departure such as a boarding pass; or
- c) any other documentation to support **Your** refund request.

If the insurance was issued as part of the requirements necessary to obtain or maintain a visa and no proof of visa refusal is provided, a fee of **\$150** will be applied by Destination: Travel Group Inc. when cancelling a policy issued for one **(1)** year of consecutive coverage prior to the **Effective Date**. Proof of the change in the entry permit will be required.

The **Insurer** and Destination: Travel Group Inc. reserve the right to report to Immigration, Refugees & Citizenship Canada (IRCC) policies that are cancelled where maintaining adequate medical insurance is required to obtain a visa.

## Important Premium Refund Notes

Premium refunds, regardless of method of payment, must be obtained from the agent/broker where coverage was originally purchased and submitted to Destination: Travel Group Inc.

Refunds will be:

- considered if the request for premium refunds is received no more than ninety **(90)** days after the **Expiry Date** of the Policy; and
- calculated based on the date the refund request is received by Destination: Travel Group Inc.; and
- subject to a **\$25** administration fee applied by Destination: Travel Group Inc. and a minimum refund of **\$25**.

**Under no condition will a refund be made if a claim has been incurred, paid, or is pending.**

## Section 19: Privacy Information Consent Notice

**We** are committed to protecting the privacy, confidentiality and security of the personal information **We** collect, use and disclose. **Your** personal information, including **Your** medical history, will be collected, used and disclosed only for the purpose of providing **You** with the requested insurance services. For a copy of the **Insurer's** privacy policy, please contact **Us** or visit **Our** website. [www.bhspecialty.com/privacy-policy/privacy-policy-canada/](http://www.bhspecialty.com/privacy-policy/privacy-policy-canada/)

## Section 20: Assistance and Claims Administration provided by:

### **Berkshire Hathaway Specialty Insurance**

c/o Global Excel Management Inc.

73 Queen Street

Sherbrooke, Quebec, Canada J1M 0C9

## **Section 21: Underwritten by:**

### **National Liability & Fire Insurance Company – Canada Branch**

18 York Street, Suite 1700

Toronto, Ontario, Canada M5J 2T8

## **Section 22: Managed and Distributed by:**

### **The Destination: Travel Group Inc.**

304-155 Gordon Baker Road

Toronto, Ontario, Canada M2H 3N5

Tel: 1-855-337-3532



**DANFORTH  
INSURANCE**



[www.danforthinsurance.com](http://www.danforthinsurance.com)



+ 1-647-350-0332



[info@danforthinsurance.com](mailto:info@danforthinsurance.com)