



DISCOVER CANADA

In the event of an *emergency* please contact Intrepid 24/7 immediately at:

+1 (800) 203 8508
toll-free from the USA and Canada

+1 (416) 646 3107
collect where available

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 as *your* coverage may be subject to certain limitations or exclusions.
- *Your* policy may not cover 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 effective date.
- In the event of an *accident, injury or sickness, your* prior medical history may be reviewed when a claim is reported.

- Costs incurred in *your country of origin* are not covered.
- *Your* policy provides travel assistance; *you* are required to notify Intrepid 24/7 prior to *medical treatment*. *Your* policy may limit benefits should *you* not contact Intrepid 24/7 before seeking *medical treatment*.

THIS POLICY CONTAINS A CLAUSE WHICH MAY LIMIT THE AMOUNT PAYABLE.

NOTE: Italicized words are defined terms whose definition appears in the definitions section of the policy

ELIGIBILITY

To be eligible for coverage, on the effective date, *you* must:

1. be a visitor to Canada or a person in Canada under a valid work or student visa, a Canadian or an immigrant not eligible for benefits under a *government health insurance plan*; and
2. be at least 15 days of age and no more than 90 years of age; and

3. not be travelling against the advice of a *physician* and/or have not been diagnosed with a *terminal illness* or be experiencing new or undiagnosed symptoms and/or know of any reason to seek medical attention; and
4. not require assistance with the activities of daily living (eating, bathing, dressing, functional mobility, using the toilet).

INSURING AGREEMENT

1. In consideration of having paid the required premium in full for the selected *sum insured*, the *insurer* agrees to pay the *reasonable and customary costs* up to the selected *sum insured* incurred by *you* in case of an *emergency* occurring while in Canada or while on a temporary visit to another country (other than *your country of origin*) provided *you* spend at least 51% of your covered *trip's* duration in Canada.
2. The *insurer* will pay such eligible expenses, less any applicable *deductible*, up to the amount shown in the schedule of fees set by the government plan in *your* province or territory of residence in Canada for non-Canadian residents and only in excess of those reimbursable by any group or individual, private or public plan or contract of insurance, including any auto insurance plan.
3. Subject to all terms and conditions of the policy, the benefits are payable to a maximum of the *sum insured* insofar as such services are *medically necessary*. Benefit limits are per *insured person*, per *trip* including any extensions.

4. This policy, the application and the confirmation of insurance constitute *your* contract of insurance.
5. The insurer reserves the right to decline any application or any request for an extension of coverage.
6. The plan type purchased and the *sum insured* selected cannot be changed after the effective date indicated on *your* confirmation of insurance.
7. Only one policy can be issued to *you* and all premiums paid for any additional policy will be returned to *you*. When more than one policy of this form is issued by the *insurer* and is in force with respect to *you* at the time of claim, only one such policy, the earliest by effective date, will apply.

DURATION OF COVERAGE

1. The maximum coverage period under this plan is 365 days per policy and not to exceed 2 consecutive years with the *insurer*.
2. A temporary visit to another country as part of *your covered trip* must:
 - a. originate and terminate in Canada;
 - b. not exceed 49% of *your covered trip's* duration.
3. Effective Date
Your insurance policy commences on the latest of:
 - a. the date and time *you* apply for and pay for this insurance;
 - b. 12:01 a.m. (local time) on the effective date as shown on *your* confirmation of insurance; or
 - c. the date and time of *your* arrival in Canada. Proof of *your* date of arrival may be required.

Exception: When this policy is purchased prior to leaving your country of origin, and provided the appropriate premium is paid, coverage will commence on the date of departure from *your country of origin* (date indicated on *your* plane ticket) for *your* uninterrupted travel to Canada.

4. Waiting Period

If you purchase this coverage after your arrival in Canada there is no coverage for any *sickness* that began, or for which *you* experienced symptoms during the;

- a. Up to Age 70: 48 hours after the effective date; or
- b. Age 71-90: 5 days after the effective date,

even if related expenses are incurred after Waiting Period.

Exception: The waiting period will be waived if this policy is purchased on, or prior to, the expiry date of an existing Visitors to Canada Travel Insurance policy already issued by the insurer, to take effect on the day following such expiry date provided there is no change in plan type or increase in the sum insured applied for. The existing policy must be in effect on the date of purchase and there must be no gap in coverage.

5. Expiry Date

Coverage under this plan terminates on the earliest of:

- a. 11:59 p.m. (local time) on the expiry date shown on *your* confirmation of insurance;
- b. 365 days after the effective date of *your* insurance;
- c. the date and time *you* arrive in *your country of origin* with no intention to return to Canada during the coverage period;
- d. the date when *you* exceed 49% of *your* coverage period while visiting another country.

6. Temporary Return Home

You may return to *your country of origin* during the coverage period. All coverage under this policy ceases when *you* arrive in *your country of origin* and resumes when *you* depart *your country of origin* for *your* uninterrupted travel to Canada, provided *you* remain eligible for coverage. The

premium for the days spent in *your country of origin* will not be refunded or reissued. Any medical condition for which symptoms were present or *you* received *medical treatment* while in *your country of origin* is not covered.

7. Extending your Coverage

If you wish to remain in Canada beyond the expiry date of this policy, you may purchase a new policy provided that:

- a. *you* remain eligible for insurance;
- b. *you* have not experienced any changes in your health since *your* effective date or arrival date;
- c. the request for the new policy is received prior to the expiry date of *your* coverage;
- d. the required premium is paid in full.

All policy exclusions, terms and conditions will be based on the effective date of the new policy.

Note: The minimum premium is \$20 per policy. The cost of additional days of insurance will be calculated using the age of the *insured* on the effective date of the new policy and using the premium schedule in effect at the time the extension is requested.

8. Family Coverage

If you have purchased *family* coverage at the time of application, your policy covers you and all *family* members named on the application (please refer to the definition of *family*) if:

- a. coverage dates are the same for all *family* members; and
- b. all *family* members live at the same address while in Canada; and
- c. the premium for *family* coverage is paid prior to the effective date as shown on the application or confirmation of insurance.

9. Automatic Extension of Coverage

Upon notifying Intrepid 24/7, *your* coverage will extend automatically, without additional premium, for up to 72 hours if your stay is prolonged beyond the expiry date due to any of the following reasons:

- a. Delay beyond *your* control of the vehicle, airline, bus, train or government-operated ferry system in which *you* are riding or are scheduled to ride as a passenger. The delay must occur prior to the expiry date and the conveyance must be due to arrive prior to the expiry date;
- b. Medical evidence supports that *you* are medically unfit to return to *your country of origin* due to a covered *sickness* or *injury* on or before the expiry date.
- c. *You* are *hospitalized* on the expiry date indicated on *your* confirmation of insurance as a result of a covered *sickness* or *injury*. Coverage extends for the period of *hospitalization* and the 72 hours commences upon release from the *hospital*.

Note: All claims incurred after the expiry date of *your* insurance policy must be supported by documented proof of the event resulting in your delayed return. This benefit does not include costs associated with flight change.

BENEFITS

When an *insured person* incurs eligible expenses as described in this section, the *insurer* will reimburse the *reasonable and customary* costs up to the *Sum Insured*, subject to all policy limitations, exclusions and provisions. However, certain expenses, as specified below, are covered only with the prior approval of Intrepid 24/7.

1. Hospital Accommodation:

- Charges up to the semi-private room rate charged by the *hospital*. If *medically necessary*, expenses for treatment in an intensive care or coronary care unit are also covered.
- Emergency room fees.
- Emergency* out-patient services provided by a *hospital* when *medically necessary*.

2. Medical Services: Medical treatment by a legally licensed *physician*, surgeon, anaesthetist or registered graduate nurse (other than an *immediate family member* of the *insured person*).

3. Diagnostic Services: Laboratory tests and x-rays that are ordered by an attending *physician* and that are part of the *emergency medical treatment*. This policy does not cover magnetic resonance imaging (MRI), cardiac catheterization, computerized axial tomography (CAT) scans, sonograms or ultrasounds and biopsies unless such services are approved in advance by Intrepid 24/7.

4. Prescriptions: Drugs, including injectable drugs and sera, that can only be obtained upon medical prescription, that are prescribed by a *physician* and that are supplied by a licensed pharmacist when *medically necessary* for *emergency medical treatment*, except when needed to stabilize a chronic condition or a medical condition which an *insured person* had before the *trip*. This benefit is limited to a 30-day supply and up to \$1,000 per prescription, unless the *insured person* is *hospitalized*, to a maximum of \$500 per *insured person* per *claim*.

5. Private Duty Nurse: When approved in advance by Intrepid 24/7 and prescribed by an attending *physician*, the professional services of a registered private duty nurse (other than by an *immediate family member*) as the result of a covered *emergency* when *medically necessary* and while *hospitalized* or in lieu of *hospitalization*.

6. Paramedical Services: When approved in advance by Intrepid 24/7 and prescribed by an attending *physician*, the services (including x-rays) of a licensed chiropractor, physiotherapist, podiatrist, osteopath or acupuncturist to a maximum of \$500 per *insured person*, per profession listed above.

7. Dental: When performed by a legally qualified dentist or oral surgeon, *emergency* treatment:

- up to \$4,000 to repair or replace whole or sound natural teeth or permanently attached artificial teeth damaged as a result of an accidental blow to the face; and
- up to \$500 for *emergency* dental treatment for relief of pain caused other than by a blow to the face and for which *you* have not previously received treatment or advice.

Treatment must be initiated within 48 hours from the time the *emergency* began and be completed no later than 90 days after treatment began and before your expiry date or you return to your *country of origin*.

8. Medical Appliances: When approved in advance by Intrepid 24/7 and prescribed by an attending *physician*, minor appliances such as crutches, casts, splints, canes, slings, trusses, braces, walkers and/or the temporary rental of a wheelchair, not exceeding the purchase price.

9. Ambulance Services: Licensed ground ambulance service (includes taxi fare in lieu of ambulance) to the nearest medical facility in an *emergency*.

10. Transportation to Bedside: When approved in advance by Intrepid 24/7, single round-trip economy airfare plus up to \$150 per day to a maximum of \$5,000 for the cost of meals and commercial accommodation for one person of your choice to:

- be with the *insured person* if the *insured person* is travelling alone and has been *hospitalized* as the result of a covered *emergency*. To be payable, this benefit requires that the *insured person* eventually be *hospitalized* as an in-patient for at least 3 consecutive days and that the attending *physician* provide written certification that the situation was serious enough to warrant the visit; or
- identify the deceased *insured person* prior to the release of the body, where necessary.

11. Emergency Air Transportation: When approved and arranged in advance by Intrepid 24/7:

- air ambulance to the nearest appropriate medical facility or to a Canadian *hospital* or to a *hospital* in your *country of origin* for immediate *emergency medical treatment*;
- transport on a licensed airline with an attendant (when required) for your *emergency* return to your *country of origin* or your province or territory of residence in Canada for immediate medical attention;
- the fare for additional seats to accommodate a stretcher to return you to your country of origin or your province or territory of residence in Canada;
- up to the cost of a one-way economy airfare to return you to your *country of origin* or your province or territory of residence in Canada.

12. Repatriation of Remains: In the event of your death as a result of covered accident or unforeseen *sickness*:

- up to a maximum of \$10,000 toward the actual cost incurred for the preparation of remains and transportation (including a standard shipping container) to your *country of origin*; or
- up to \$5,000 for cremation and/or burial at the place of death.

The cost of the casket, urn or funeral is not covered.

13. Meals and Accommodation: When approved in advance by Intrepid 24/7, up to \$150 per day, to an overall maximum of \$3,000 for your commercial accommodation, meals, essential telephone calls, internet fees, bus or taxi fare or rental car in lieu and child care costs for your *dependent children* up to age 18 (excluding child care provided by an *immediate family member*), if, upon

a *physician's* advice:

- you* or your *travel companion* are *hospitalized* on the date *you* are scheduled to return to your *country of origin* or place of residence in Canada; or
- you* or your *travel companion* are transferred to a different *hospital* in another city for *emergency medical treatment*.

The fact that an *insured person* is unable to travel must be certified by the attending *physician* and claims must be supported with original receipts from commercial organizations.

14. Hospital Allowance: Up to \$50 per day to a maximum \$500 for incidental expenses billed by the *hospital* such as telephone, television or internet charges while *you* are *hospitalized*.

15. Maternity: Up to \$5,000 for expenses incurred in Canada for:

- pre-natal care, childbirth, miscarriage, and post-natal care including associated complications; and
- routine new-born nursing care up to 14 days following birth.

This benefit is provided only when the pregnancy commences after the effective date and coverage remains in force for the entire term of the pregnancy.

The newborn child may be insured at 15 days' of age, subject to all policy terms limitations and conditions.

16. Psychiatric/Psychological: Up to \$500 per *insured* for visits to a licensed psychiatrist, psychologist or social worker for the relief of acute symptoms when deemed essential by an attending *physician* and when approved in advance by Intrepid 24/7.

17. Vaccines: Up to \$100 per *insured* for vaccinations in any 12-month period, provided coverage has been in effect for a minimum of 6 consecutive months with no lapse in coverage.

This benefit is not subject to a *deductible*.

18. Physical Examination: Up to \$250 per *insured* for one visit to a *physician* for a routine examination in any 12-month period, provided coverage has been in effect for a minimum of 9 consecutive months with no lapse in coverage.

This benefit is not subject to a *deductible*.

19. Eye Examination: Up to \$100 per *insured* for one visit to a licensed optometrist in any 12-month period, provided coverage has been in effect for a minimum of 6 consecutive months with no lapse in coverage.

This benefit is not subject to a *deductible*.

20. Return and Escort of Children: When approved and arranged in advance by Intrepid 24/7, up to economy airfare to return accompanying *dependent children* to the departure point in the event that *you* are returned to your *country of origin* or Canada under the Emergency Air Transportation benefit. The *insurer* will also pay for an escort to accompany the *dependent children*.

21. Excess Baggage Return: When approved and arranged in advance by Intrepid 24/7, up to \$500 for the cost of returning your excess baggage to the departure point in the event that *you* are returned to your *country of origin* or Canada under the Emergency Air Transportation benefit.

22. Accidental Death & Dismemberment: The insurer agrees to pay up to \$50,000, for loss of life, limb or sight of an *insured person* resulting directly from accidental *injury* occurring during the coverage period, except while boarding, riding in, or alighting from an aircraft.

Benefits are payable according to the following schedule:

- 100% of *sum insured* resulting from the same accidental *injury* for loss of:
 - life; or
 - entire sight of both eyes; or
 - both hands; or
 - both feet; or
 - one hand and entire sight of one eye; or
 - one foot and entire sight of one eye.
- 50% of *sum insured* resulting from the same accidental *injury* for loss of:
 - entire sight of one eye; or
 - one hand; or
 - 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.

23. Exposure and Disappearance

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

- as a result of such exposure, you suffer one of the losses specified in the schedule of losses above; or
- your body has not been found within 52 weeks from the date of the accident. It will be presumed, subject to evidence to the contrary, that you suffered loss of life.

24. Flight Accident: Up to \$50,000 in case of death of an *insured person* as a result of an *injury* sustained during the coverage period while travelling as a fare-paying passenger on a commercial airline. If the total claims for the same accident exceed \$300,000, the insurer's liability for that accident is limited to \$300,000 which will be shared proportionately among all claimants involved in the same accident and who are covered under all policies underwritten by the insurer.

EXCLUSIONS

1. Any *sickness, injury* or medical condition (other than a *minor ailment*) that existed prior to the effective date other than:

- Up to Age 70:** Any *sickness, injury* or medical condition that was *stable* in the **90 days** prior to the effective date.
- Age 71-80:** Any *sickness, injury* or medical condition that was *stable* in the **180 days** prior to the effective date.

2. Expenses related to a *sickness* or *injury* that would have caused an ordinarily prudent person to seek medical treatment, advice, diagnosis or care during the 90 day period immediately prior to the effective date.

3. Elective and/or cosmetic surgery or treatment unless required as the result of a covered *injury*.

4. Any *sickness* or *injury* which occurred prior to the effective date of your policy when

coverage has been extended after your arrival in Canada.

5. Any costs incurred due to your travelling against the advice of a *physician* or any loss resulting from your *sickness* or medical condition that was diagnosed by a *physician* as a terminal illness prior to the effective date.

6. Any *emergency medical treatment* which can reasonably be delayed until *you* return to your *country of origin* by the next available means of transportation, whether *you* intend to or not.

7. Any medical treatment of an ongoing condition, regular care of a chronic condition, home health care, investigative testing, rehabilitation or ongoing care or medical treatment of an acute *sickness* and/or *injury* after the initial *emergency* has ended.

8. Non-compliance with any prescribed medical therapy or treatment.

9. Expenses incurred whereby this policy was purchased specifically to obtain *medical treatment* outside *your country of origin*, whether or not recommended by an attending *physician*.
10. Any *medical treatment* in *your country of origin*.
11. Transplants including, but not limited to, cornea or organ transplants or bone marrow transplants, artificial joints, prosthetic devices or implants including any associated charges.
12. The replacement of an existing prescription whether by reason of loss, unless otherwise specified elsewhere in this policy, renewal or inadequate supply or the purchase of drugs and medications (including vitamins) which are commonly available without a prescription or which are not legally registered and approved in Canada or which are not required as a result of an *emergency*.
13. Loss or damage to hearing devices, eyeglasses, sunglasses, contact lenses, or prosthetic teeth, limbs or devices and resulting prescription thereof.
14. Pregnancy that commences prior to the effective date; a child born during *your trip*; pregnancy, miscarriage, childbirth or termination of pregnancy or complications thereof, except as provided under Benefit #15 – Maternity.
15. For children under 2 years of age any *sickness* or medical condition resulting from or related to a congenital defect.
16. Expenses for any benefit or *medical treatment* that requires prior approval by Intrepid 24/7 if such approval was not provided, except in extreme circumstances where such *medical treatment* is performed on an *emergency* basis immediately upon admission to *hospital*.
17. A disorder, disease, condition or symptom that is emotional, psychological or mental in nature unless the *insured* is *hospitalized* or as provided in Benefit #16 – Psychiatric/ Psychological.
18. Loss, death or *injury*, if at the time of the loss, death or *injury*, evidence supports that you were affected by, or the medical condition causing the loss was in any way contributed to
 - a. by the use of alcohol, prohibited drugs or any other intoxicant.
19. Committing or attempting to commit an illegal act or a criminal act.
20. Suicide, attempted suicide or self-inflicted *injury*, whether the *insured person* is sane or insane.
21. Rock or mountain climbing, hang gliding, parachuting, bungee jumping, or skydiving; participation in any motor sport or motor racing; participation in any sport as a professional athlete (for which the *insured person* is remunerated) or scuba diving (except if certified by an internationally recognized and accepted program such as NAUI or PADI, or if diving depth does not exceed 30 metres).
22. Death or *injury* sustained while operating or learning to operate any aircraft as pilot or crew.
23. Travel to, from or through any country, region or city for which, prior to *your* departure date, the Canadian Government, or any department thereof, has issued a warning to avoid all travel or to avoid non-essential travel during the time of *your trip* if the loss is the result of the reason for which the warning was issued.
24. War, invasion, act of a foreign enemy, declared or undeclared hostilities, civil war, riot, rebellion, revolution or military power or *your* unlawful visit in any country.
25. *Terrorism* or by any activity or decision of a government agency or any other entity to prevent, respond to or terminate terrorism except for ensuing loss or damage which results directly from fire or explosion. Such loss or damage is excluded regardless of any other cause or event that contributes concurrently or in any sequence to the loss or damage.
26. Contamination resulting from radioactive material or nuclear fuel or waste or the release of weapon(s) of mass destruction (nuclear, chemical or biological).
27. Service in, or training for, the armed forces, national guard or organized reserve corps of any country or international authority.

DEFINITIONS

Certain italicized terms used in this policy are defined in this section.

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

Country of Origin means the country for which the *insured person* holds a passport. If the *insured person* holds more than one passport, the *country of origin* will be taken to mean the country that the *insured person* has declared on the application. Where a *family* is to be covered by the policy, there will be deemed to be one country of origin for the *family*, which will be the country of origin declared on the application.

Deductible means the amount (if applicable), in Canadian dollars, which the *insured* must pay before any remaining eligible expenses are reimbursed under this policy. The deductible applies once per *insured person*, per covered emergency.

Dependent Children means unmarried persons residing with you and dependent on you for support if you are their parent, grandparent or legal guardian, and on the effective date they are at least 15 days of age and:

- a. under 22 years of age; or
- b. under 26 years of age and a full-time student; or
- c. have a mental or physical impairment.

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

Family means you and/or your spouse up to age 70 and your dependent children when your names appear on the application or confirmation of insurance. Coverage dates are the same for all *family* members. All *family* members must live at the same address while in Canada.

Government Health Insurance Plan means the health care coverage provided by Canadian federal, provincial and territorial governments to their residents.

Hospital means an institution which is designated as a *hospital* by law; which is continuously staffed by one or more *physicians* available at all times; which continuously provides nursing services by graduate registered nurses; which is primarily engaged in providing diagnostic services and medical and surgical treatment of a *sickness* and/or *injury* in the acute phase, or active treatment of a chronic condition; which has facilities for diagnosis, major surgery and *in-patient* care. The term *hospital* does not include convalescent, nursing, rest or skilled nursing facilities, whether separate from or part of a regular general *hospital* nor a facility operated mainly as a clinic, extended or palliative care facility, rehabilitation facility, addiction treatment centre or health spa.

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

Immediate Family Member means the spouse, natural or adopted child, step-child, parent, step-parent, legal guardian, legal ward, brother, sister, step-brother, step-sister, in-law, grandparent, grandchild, aunt, uncle, niece, nephew of the *insured person*.

Injury means an unexpected and unforeseen harm to the body that is caused by an *accident*, sustained by an *insured person* during the coverage period and that requires *emergency* treatment that is covered by this policy.

Insured, Insured Person means any eligible person named on the application and confirmation of insurance for whom the required premium has been paid.

Insurer means Berkley Canada (a W. R. Berkley Company) who provides this insurance.

In-patient means a patient who occupies a *hospital* bed for more than 24 hours for *medical treatment* and for whom admission was recommended by a *physician* when *medically necessary*.

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

Medically Necessary, in reference to a given service or supply, means such service or supply:

- a. is appropriate and consistent with the diagnosis according to accepted community standards of medical practice;

- b. is not experimental or investigative in nature;

- c. cannot be omitted without adversely affecting the condition of the *insured person* or quality of medical care;

- d. cannot be delayed until the *insured person* returns to their country of origin.

Minor Ailment means any *sickness* or *injury* which does not require:

- a. the use of medication for a period of greater than 15 days; or
- b. more than one follow-up visit to a physician, *hospitalization*, surgical intervention, or
- c. referral to a specialist; and
- d. which ends at least 30 consecutive days prior to the departure date of each *trip*.

A chronic condition or any complication of a chronic condition is not considered a minor ailment.

Mountain Climbing means the ascent or descent of a mountain requiring the use of specified equipment including crampons, pick axes, anchors, bolts, carabiners and lead-rope or top rope anchoring equipment.

Physician means a medical practitioner who is registered and licensed to practice in accordance with the regulations applying in the jurisdiction where the person practices. A physician must be a person other than the *insured person* or an *immediate family member*.

Reasonable and Customary Costs means costs that are incurred for approved, covered medical services or supplies that do not exceed the standard fee of other providers of similar standing in the same geographical area, for the same treatment of a similar *sickness* and/or *injury*.

Sickness means a sudden and unforeseen disease or disorder of the body which results in loss during the coverage period. The *sickness* must be sufficiently serious to prompt a reasonably prudent person to consult a *physician* for the purpose of *medical treatment*.

Spouse means the person to whom the *insured* is legally married or with whom the *insured* has been living with in a common-law relationship for at least the last 12 months.

Stable means any medical condition (whether or not the diagnosis has been determined), other than a *minor ailment*, for which there has been:

- a. no *hospitalization*; and
- b. no new diagnosis, treatment or prescribed medication; and
- c. no change* in treatment or medication; and
- d. no new, more frequent or more severe symptoms; and
- e. no new test results showing deterioration; and
- f. no referral to a specialist (made or recommended) and you are not awaiting surgery or the results of further investigations performed by any medical professional.

*Change includes any new treatment or medication, stopped treatment or medication, increase or decrease in treatment or medication but does not include transition between generic and brand-name versions of drugs with the same active ingredient and dosage and the routine adjustment of dosage within prescribed parameters when you are taking insulin or oral diabetes medication.

Sum Insured means the maximum amount payable (\$50,000, \$100,000, \$150,000, \$300,000, \$500,000 or \$1,000,000) that you have selected at the time of purchase and paid for, or that applies to a given insurance coverage.

Terminal Illness means the *insured person* has a condition that is cause for the *physician* to estimate that the *insured person* has less than 6 months to live.

Terrorism means an ideologically motivated unlawful act or acts including, but not limited to, the use of violence or force or threat of violence or force, committed by or on behalf of any groups(s), organization(s) or government(s) for the purpose of influencing any government and/or instilling fear in the public or a section of the public.

Travel Companion means someone who shares travel arrangements with you up to a maximum of 4 people.

Trip means the period between the effective and expiry date shown on your confirmation of insurance.

You, Your, Yourself means the *insured person*.

LIMITATIONS AND RESTRICTIONS

1. Intrepid 24/7 must approve in advance any surgery, invasive procedure, diagnostic testing or treatment (including, but not limited to, cardiac catheterization), prior to the *insured* undergoing such surgery, procedure, testing or treatment. It remains your responsibility to inform your attending physician to call Intrepid 24/7 for approval, except in extreme circumstances where such action would delay surgery required to resolve a life threatening medical crisis.
2. In the event of a medical *emergency*, you must notify Intrepid 24/7 within 24 hours of admission to a *hospital* and before any surgery is performed.

If you fail to do so without reasonable cause, then the *insurer* will pay 80% of the claim payable. You will be responsible for the remaining 20% of the claim payable. You will be responsible for any expenses that are not payable by the *insurer*.

3. The *deductible* is shown on your confirmation of insurance.

Limits on Assistance Services

Intrepid 24/7 on behalf of the *insurer* reserves the right, as reasonably required and at its expense, to transfer you to any *hospital* or to transport you to Canada or 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.

4. Intrepid 24/7 reserves the right to suspend, curtail or limit services in any area or country in the event that war, political instability or hostility renders the area inaccessible by Intrepid 24/7. Intrepid 24/7 will use its best efforts to provide services during any such occurrence. You may contact Intrepid 24/7 prior to your departure to confirm coverage for your *insured trip*.

GENERAL PROVISIONS AND LIMITATIONS

AGGREGATE LIMIT

The total aggregate limit for all losses resulting from any one incident under all travel insurance policies underwritten by the *insurer* is \$20 million CAD.

APPLICABLE LAW

This contract of insurance is governed by the laws of the province or territory where this policy was issued. Any legal proceeding by *you*, *your* heirs or assigns shall be brought in the courts of the province or territory where this policy was issued.

ARBITRATION

Notwithstanding any clause in this policy, the parties hereto undertake to submit to an arbitration process, to the exclusion of the courts, any present or future dispute relating to a claim. The arbitration proceedings shall be governed by the arbitration law in force in the Canadian province or territory of residence of the *insured*. The parties agree that any action will be referred to arbitration.

ASSIGNMENT OF BENEFITS

Where the insurer has paid expenses or benefits to you or on your behalf under this policy, the insurer has the right to recover, at its own expense, those payments from any applicable source or any insurance policy or plan that provides the same benefits or recoveries. This policy also allows the insurer to receive, endorse and negotiate eligible payments from those parties on your behalf. When the insurer receives payment from any other insurer, or any other source of recovery to the insurer, the respective payor is released.

AVAILABILITY AND QUALITY OF CARE

Neither the *insurer* nor Intrepid 24/7 shall be responsible for the availability or quality of any *medical treatment* (including the results thereof) or the failure of the *insured person* to obtain *medical treatment* during the coverage period.

CURRENCY

All sums payable under this policy are in Canadian currency unless otherwise indicated. If an *insured person* has paid a covered expense in a currency other than Canadian currency, the *insured person* will be reimbursed in Canadian currency at the prevailing rate of exchange on the date that the claim payment is made. This insurance will not pay interest.

LIMITATION OF ACTIONS

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 any other applicable legislation.

LIMITATION OF BENEFITS

Once the *insured person* is deemed medically stable to return to their country of origin or by virtue of discharge from a medical facility, the emergency will be deemed to have ended, whereupon any further consultation, treatment, recurrence or complication related to the emergency will no longer be eligible for coverage under this policy.

MISREPRESENTATION AND NON-DISCLOSURE

The entire coverage under this policy shall be voidable if the *insurer* determines, whether before or after loss, that the *insured person* has concealed, misrepresented or failed to disclose any material fact or circumstance concerning this policy or his interest therein, or if the *insured person* refuses to disclose information or to permit the use of such information, pertaining to any of the *insured persons* under this policy. Consequently and following a loss, no claim shall be payable by the *insurer* and the *insured person* shall be solely responsible for all expenses relating to his claim, including medical repatriation costs.

MISSTATEMENT OF AGE

If *your* age has been misstated to the *insurer*, the coverage and/or premium may be adjusted in accordance with the correct age as of the date *you* applied for coverage to become effective. Any premium adjustment is payable upon receipt of a premium notice.

OTHER INSURANCE

This insurance is a second payor plan. For any loss or damage *insured by*, or for any claim payable under any other liability, group or individual basic or extended health insurance plan, or contracts including any private or provincial or territorial auto insurance plan providing *hospital*, medical, or therapeutic coverage, or any other insurance in force concurrently herewith, amounts payable hereunder are limited to those covered benefits incurred outside *your country of origin* that are in excess of the amounts for which an *insured person* is *insured* under such other coverage.

STATUTORY CONDITIONS

Notwithstanding any other provision herein contained, this contract is subject to the Statutory Conditions in the Insurance Act respecting contracts of accident insurance.

THE CONTRACT

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

WAIVER

The *insurer* is deemed not to have waived any condition of this contract, either in whole or in part, unless the waiver is clearly expressed in writing signed by the *insurer*.

COPY OF APPLICATION

The *insurer* must, upon request, furnish to the *insured* or to a claimant under the contract a copy of the application.

MATERIAL FACTS

No statement made by the *insured* or a person *insured* at the time of application for the contract shall be used in defence of a claim under or to avoid the contract unless it is contained in the application or any other written statements or answers furnished as evidence of insurability.

NOTICE AND PROOF OF CLAIM

The *insured* or a person *insured*, or a beneficiary entitled to make a claim, or the agent of any of them, shall,

- a. give written notice of claim to the *insurer*,
 - i. by delivery thereof, or by sending it by registered mail to the head office or chief agency of the *insurer* in the province, or
 - ii. by delivery thereof to an authorized agent of the *insurer* in the province,

not later than 30 days from the date a claim arises under the contract on account of an *accident*, *sickness* or disability;

- b. within 90 days after the date a claim arises under the contract on account of an *accident* or *sickness*, furnish to the *insurer* such proof as is reasonably possible in the circumstances of:
 - i. the happening of the *accident* or the start of the *sickness*,
 - ii. the loss caused by the *accident* or *sickness*,
 - iii. the right of the claimant to receive payment,
 - iv. the claimant's age, and
 - v. if relevant, the beneficiary's age; and

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

OVERPAYMENT OF BENEFITS

Nothing in this policy will prevent the *insurer* from recovering from the person or organization to which such payment has been made any overpayment of benefit, irrespective of the cause of such overpayment.

PREMIUM PAYMENT

The required premium is due and payable at the time of application and will be determined according to the rate schedule then in effect. Premium rates, policy terms and conditions are based on *your* age as of the effective date. If the premium paid is insufficient for the coverage selected, the insurer will charge and collect any underpayment. Coverage will be null and void if the premium is not received, if a cheque is not honoured for any reason, if credit card charges are invalid or if no proof of your payment exists.

PROTECTING YOUR PRIVACY

The *insurer* places great importance on the protection of *your* privacy. *Your* personal information will be collected, used and disclosed only for the purpose of providing *you* with the insurance services *you* requested. This information remains confidential, as is required under applicable federal and provincial laws. In the event of a claim, Intrepid 24/7 and the *insurer* may collect *your* personal health information held by a third party. This information may be released to employees of Intrepid 24/7 and the *insurer* for claims analysis and to better serve *you*.

In no case will the *insurer* release this information to any person or organization that is not clearly entitled to it without first seeking *your* consent. For details of the *insurer's* privacy policy please see:

www.berkleycanada.com/privacy.

REFUNDS

If cancellation of your policy is requested prior to the effective date, the full premium will be refunded. If the policy was purchased for a Super Visa application, satisfactory proof from Citizenship and Immigration Canada that your Super Visa was denied will be required prior to the refund being accepted and processed. If satisfactory proof of Super Visa denial is not provided a \$250 cancellation fee will apply.

A pro-rata refund for the unused portion of the premium may be granted if termination of *your* policy is requested because *you* must return to *your country of origin* prior to *your* scheduled return date, or *you* become eligible and/or covered under a *government health insurance plan* during the coverage period. All partial refunds will be subject to a \$25 administration fee.

Note: Requests for refunds must be received in writing by *your* broker or sales agent no later than 60 days from the date *you* became eligible and/or covered under a *government health insurance plan*, or the date of *your* early return, or the expiry date of *your* policy. Once *your* broker or sales agent receives satisfactory proof (e.g. airline ticket/boarding pass, customs/immigration stamp), of *your* early return, or proof of the date *you* became eligible and/or covered under a *government health insurance plan*, *your* refund will be calculated from that date, otherwise calculation of such refunds will be based on the postmarked date of *your* written request.

A request for a premium refund will be considered only if no claim has been paid or is pending. No refund will be issued if the amount of premium to be reimbursed is less than \$20 per policy.

SUBROGATION

If an *insured person* suffers a loss covered under this policy, the *insurer* is granted the right from the *insured person* to take action to enforce all the *insured person's* rights, powers, privileges, and remedies, to the extent of benefits paid under this policy, against any person, legal person or entity which caused such loss. Additionally, if "no fault" benefits or other collateral sources of payment of medical expenses are available to the *insured person*, regardless of fault, the *insurer* is granted the right to make demand for, and recover, those benefits. If the *insurer* institutes an action it may do so at its own expense, in the name of the *insured person*, and the *insured person* will attend at the place of loss to assist in the action, in addition to providing the *insurer* all information, cooperation and assistance as the *insurer* may reasonably require. If the *insured person* institutes a demand or action for a covered loss, the *insured person* shall immediately notify the insurer so that the *insurer* may safeguard its rights. The *insured person* shall take no action after a loss that will impair the rights of the *insurer* set forth in this paragraph and shall do all such things as are necessary to secure such rights.

- c. if so required by the *insurer*, furnish a satisfactory certificate as to the cause or nature of the *accident*, *sickness* or disability for which claim may be made under the contract and as to the duration of such *sickness* or disability.

FAILURE TO GIVE NOTICE OR PROOF

Failure to give notice of claim or furnish proof of claim within the time required by this condition does not invalidate the claim if

1. the notice or proof is given or furnished as soon as reasonably possible, and in no event later than 1 year after the date of the accident or the date a claim arises under the contract on account of *sickness* or disability, and it is shown that it was not reasonably possible to give the notice or furnish the proof in the time required by this condition, or
2. in the case of death of the person *insured*, if a declaration of presumption of death is necessary, the notice or proof is given or furnished no later than 1 year from the date a court makes the declaration.

INSURER TO FURNISH FORMS FOR PROOF OF CLAIM

3. The insurer shall furnish forms for proof of claim within 15 days after receiving notice of claim, but if the claimant has not received the forms within that time the claimant may submit his or her proof of claim in the form of a written statement of the cause or nature of the accident, *sickness* or disability giving rise to the claim and of the extent of the loss.

RIGHTS OF EXAMINATION

As a condition precedent to recovery of insurance money under the contract,

- a. the claimant must give the *insurer* an opportunity to examine the person of the person *insured* when and as often as it reasonably requires while the claim is pending, and
- b. in the case of death of the person *insured* the *insurer* may require an autopsy, subject to any law of the applicable jurisdiction relating to autopsies.

WHEN MONEYS PAYABLE

All money payable under this contract shall be paid by the *insurer* within 60 days after it has received proof of claim.

INTERNATIONAL ASSISTANCE SERVICE

If you require medical treatment during your trip, you must contact Intrepid 24/7 immediately at one of the following numbers:

+1 (800) 203-8508
toll-free from Canada and the USA

+1 (416) 646-3107
collect where available

Emergency Call Centre — No matter where you are professional assistance personnel are ready to take your call 24 hours a day, 7 days a week.

Referrals — Intrepid 24/7 can refer you direct you to nearby medical providers (*hospitals*, clinics and physicians).

Interpretation Service — Intrepid 24/7 can connect you to a foreign language interpreter when required for *emergency* services.

Benefit Information — Explanation of this policy is available to you and to the medical providers who are treating the *insured person*.

Medical Consultants — Intrepid 24/7's team of medical professionals, available 24 hours a day, will monitor the services given in the event of a serious *emergency*.

Urgent Message Relay — In the event of a medical *emergency*, Intrepid 24/7 will contact your *travel companion* to keep him or her advised of your medical situation and will help you exchange important messages with your *family*.

Direct Billing — Whenever possible, Intrepid 24/7 will instruct the *hospital* or clinic to bill Intrepid 24/7 directly.

Claims Information — Intrepid 24/7 will answer any questions you have about the eligibility of your claim, standard verification procedures and the way that the benefits under this policy are administered.

Intrepid 24/7 must be contacted before you seek *medical treatment*. If your condition renders you unable to do so, then someone else must contact Intrepid 24/7 immediately on your behalf. It is your responsibility to ensure that Intrepid 24/7 has been contacted prior to receiving medical treatment or as soon as reasonably possible.

CLAIMS

CLAIMS PROCEDURES

The *insured person* is responsible for providing all the documents outlined below and for any charges levied for these documents. To file a claim, the *insured person* must submit:

- a. a fully completed Claim Form (provided by Intrepid 24/7 upon notification of claim);
- b. all original itemized bills from the medical provider(s) stating the patient's name, diagnosis, all dates and type of treatment, and the name of the medical facility and/or *physician*;
- c. original prescription drug receipts (not cash receipts) from the pharmacist, *physician* or *hospital* showing the name of the prescribing *physician*, prescription number, name of preparation, date, quantity and total cost;
- d. a copy of your airfare ticket and passport confirming travel dates and entry into Canada. For side *trips*, proof of both departure from and return to Canada. The type of proof

depends on whether you travelled via airline or car. (for example, copies of airline tickets, itinerary, boarding passes, gas receipts, hotel receipts, meal receipts, toll highway receipts, original duty-free shop receipts.)

- e. written proof of claim within 90 days of the date of receipt of services covered under this policy;
- f. additional information pertinent to the *insured person's* claim, as may be required by Intrepid 24/7 after receipt of the claim;
- g. the unused portion of the *insured person's* air ticket to Intrepid 24/7, if the emergency Air Transportation benefit is used.

All pertinent documents should be sent to Intrepid 24/7.

IDENTIFICATION OF INSURER

Underwritten by:

Berkley Canada (a W. R. Berkley Company)
145 King Street West
Suite 1000
Toronto, Ontario M5H 1J8

Claims Administered by:

Intrepid 24/7
460 Richmond street west suite 100
Toronto, Ontario M5V 1Y1