



**Underwritten by:** Zurich Insurance Company Ltd. (Canadian Branch)

**Claims Administration and Assistance Services provided by:** Zurich has appointed Global Excel Management Inc., operating as Zurich Assistance, as the provider of all assistance and claims services under the policy.

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



## Welcome to your Destination: Leisure Plan

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

Destination: Leisure Plan is designed to protect travelling Canadians worldwide outside of their province of residence or Canada.

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 *your* policy effective date.**

### Right to Examine this 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 10 days of purchase for a full refund of the premium paid, provided your coverage has not begun.*** Please refer to the section of this policy that explains when coverage begins and the Premium Refunds section for more information on obtaining a refund.

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## Summary of Benefits

**This Summary of Benefits is for information purposes only. Please refer to what is covered (Benefits) section for full details of coverage.**

<i>Emergency Medical Insurance</i>	Up to \$5,000,000 CAD per <i>insured person</i> , per <i>trip</i>
<i>Emergency Hospital</i>	Up to sum insured
Private Duty Nurse	Up to \$5,000
Paramedical Practitioner	\$350 per practitioner for outpatient <i>treatment</i>
Drugs or medications	30-day supply up to \$1,000
<i>Emergency Transportation</i>	Eligible expense when approved by Zurich Assistance
Search and Rescue	Up to \$5,000
Attendant	Up to \$50 per day to a maximum of \$500
<i>Accidental Dental</i>	Up to \$3,000
<i>Dental Emergencies</i>	Up to \$500
Meals and Accommodation	Up to \$150 per day to a maximum of \$1,500
<i>Hospital Allowance</i>	Up to \$50 per day to a maximum of \$250
<i>Emergency Return Home</i>	Up to \$3,000
Return of Deceased	a) Up to \$5,000 b) Up to \$2,000
Bedside Companion	Up to \$150 per day to a maximum of \$1,500
Return of Children	a) One-way economy airfare b) Cost of a qualified caregiver if required
Expenses to return <i>your vehicle</i>	Up to \$2,500
Return to Original <i>Trip</i> Destination	Up to \$5,000
Pet Return	Up to \$300

## 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 Zurich Assistance 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 person* to designate persons to whom or for whose benefit insurance money is to be payable.

## 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 Zurich Assistance within 24 hours of admission to a *hospital*, prior to seeking medical *treatment* and before any surgery is performed. Zurich Assistance will guide *you* through *your* medical *emergency*, find the best care locally, help manage *your* care and support *you* throughout.

#### IMPORTANT NOTE

If *you* do not contact Zurich Assistance prior to seeking medical *treatment* without reasonable cause, *you* will have to pay 20% of the eligible medical expenses we would normally pay under this insurance.

## How to contact Zurich Assistance

**Zurich Assistance can be reached 24 hours a day and 7 days a week at the numbers below:**

### Numbers to Call

<b>In Canada and the USA .....</b>	<b>1-833-532-2713</b>
<b>Outside of Canada and the USA .....</b>	<b>1-819-742-1096</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 medical expenses for which you have paid out-of-pocket is to submit your receipts through the secure Zurich Assistance claims portal at: [www.globalexcel.com/zurichcanada](http://www.globalexcel.com/zurichcanada).

Most of our customers complete their claim forms online and submit their eligible medical expenses through the member portal. Receipts can be submitted electronically in PDF or JPEG formats.

If you are unable to submit your claims through the member portal, you can reach out directly to Zurich Assistance by telephone to request the forms. Once completed, mail the completed form and any other supporting documentation to:

Zurich Canada Travel Insurance  
c/o Global Excel Management Inc.  
73 Queen Street  
Sherbrooke (Quebec), Canada, J1M 0C9  
Email: [assistance@globalexcel.com](mailto:assistance@globalexcel.com)

### Medical Monitoring and 24/7 Emergency Assistance

You can rely on Zurich Assistance 24 hours a day and 7 days a week. Zurich Assistance 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.

Zurich Assistance 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 itemized receipts.**

Zurich Assistance provides 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 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*.

Zurich Assistance 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, within **30** days of occurrence and no later than one year after the date of occurrence.

## Proof of Loss

Written proof of loss should be submitted as soon as possible, within **90** days of occurrence and no later than one year after the date of occurrence.

All eligible claims must be supported by receipts from commercial organizations, medical facilities, or medical practitioners regarding *your* medical *treatment*. If necessary, Zurich Assistance may ask for additional 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.

## Coverage Details

### What is Covered?

We will reimburse up to the amount shown in the Summary of Benefits for eligible expenses for each *insured person* who suffers a sudden and unforeseen *accident, injury, or sickness* shown on *your confirmation of coverage*.

### 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.

### What you need to do if:

#### ***Your health changes between your application date and your 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.



## 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.**

## Eligibility (Part 1)

### Applies to all applicants

As of the *effective date*, you are eligible for coverage if you:

- a) are at least 15 days old; and
- b) are under age 80; and
- c) are covered by the *Government Health Insurance Plan (GHIP)* of your Canadian province or territory of residence for the entire duration of *your trip*; and
- d) are not travelling against the advice of a *physician*; or
- e) have not been diagnosed with a *terminal illness*; or
- f) have not been diagnosed with or received *treatment* for pancreatic cancer, liver cancer, bone cancer, or any type of cancer that has metastasized (migrated to another organ from its original site); or
- g) have not been prescribed or used home oxygen in the last 12 months; or
- h) have not had a major organ transplant (heart, kidney, liver, lung), bone marrow or stem cell transplant; or
- i) have not received kidney dialysis *treatment* in the last 12 months; or
- j) have not been diagnosed with an aneurysm of 4 centimeters or more in either length or diameter, that has not been surgically repaired.

## Eligibility (Part 2)

### Applies to:

**Ages 60 to 74, travelling for 31 to 90 days, and**

**Ages 75 to 79, travelling for 1 to 90 days**

In addition to the Eligibility – Part 1 (applies to all applicants), if *you* are between the ages of 60 and 74 and travelling for 31 days to 90 days or between the ages of 75 and 79, travelling for 1 to 90 days, *you* must meet all of the following to be eligible for coverage.

During the **12 months prior to your application date**, *you* have **not** been diagnosed with, received *treatment* for, or been prescribed medication (including aspirin) for any of the following *medical conditions*:

- **Heart condition** including heart attack (myocardial infarction), arrhythmia, atrial fibrillation, heart murmur, irregular heart rate or beat, chest pain (angina), congestive heart failure, cardiomyopathy, congenital heart defect or any other condition relating to the heart.
- **Lung condition** including chronic obstructive pulmonary disease (COPD), chronic bronchitis, chronic pneumonia, emphysema, tuberculosis, pulmonary fibrosis. It does not include seasonal allergies.
- **Cancer** including all cancers with the exception of basal or squamous cell skin cancer and cancer treated only with hormone therapy.
- **Stroke, Transient Ischemic Attack (TIA), or mini stroke**
- **Diabetes** including all diabetes with the exception of diet-controlled diabetes.

### IMPORTANT NOTE

If *you* are extending *your* Destination: Leisure Plan prior to or after departure without a gap in coverage, *your* eligibility is based on the Eligibility: (Part 1) and the Eligibility: (Part 2), if applicable, each time *you* apply for *your* extension.

## Single Trip policies purchased excluding coverage to the USA

All single *trip* policies that **exclude** coverage to the USA include coverage in the USA for a layover of up to 72 hours.

If *your* layover exceeds 72 hours, *you* should purchase a Single *Trip* policy including coverage to the USA.

## Important Policy Dates

### Coverage Start Date

**Effective date** means the date and time coverage starts.

**For Single *Trip* and Annual Multi-*Trip* Plans**, coverage begins on the **latest** of the following:

- a) the date and time the completed application and premium are accepted by Destination: Travel Group Inc. or its agent/broker; or
- b) the date indicated as the *effective date* in *your confirmation of coverage*; or
- c) the date and time *you* exit *your* province/territory of residence.

### Annual Multi-*Trip* Plans

When travel is within Canada but outside of *your* province or territory of residence, coverage is automatically provided beyond the maximum number of days for each *trip* option that was selected and that appears in *your confirmation of coverage*. The maximum days for each *trip* will begin on the date *you* leave Canada and will end when *you* return to Canada.

The Annual Multi-*Trip* Plan cannot be purchased after departure from *your* province or territory of residence unless *you* are renewing *your* Destination: Leisure Annual Multi-*Trip* Plan (with the same number of days per *trip* option), and there is no lapse or gap in coverage.

Destination: Leisure Annual Multi-Trip Plan cannot be purchased as a *top-up* to another policy.

#### IMPORTANT NOTE

When renewing *your* Destination: Leisure Annual Multi-Trip Plan, *you* must be eligible and be in *your* province or territory of residence. The number of days per *trip* outside of Canada cannot exceed the number of days permitted by the plan trip option *you* choose.

### Coverage End Date

**Expiry date** means the date and time coverage ends.

For Single *Trip* and Annual Multi-Trip Plans, coverage ends on the **earliest** of the following:

- a) the date indicated as the *expiry date* in *your confirmation of coverage*.
- b) the date *you* return to *your* province or territory of residence (other than described as a Single *Trip* Temporary Return Home).

### Single *Trip* Temporary Return Home

*You* can return to *your* province or territory of residence temporarily during *your period of coverage* without *your* policy expiring. There is no coverage when *you* are in *your* province or territory of residence. Expenses for *your* temporary return are *your* responsibility and there is no premium refund for the time *you* were in *your* province or territory of residence.

### IMPORTANT NOTE

If *you* receive medical treatment during this temporary return to *your* province or territory of residence, any *treatment* relating to that *medical condition* will not be covered for the remaining *period of coverage*.

### IMPORTANT NOTE

If *you* are still within *your period of coverage* and choose to continue *your trip*, *you* must meet the eligibility requirements of this policy when *you* exit *your* province or territory of residence to continue *your* coverage.

## Annual Multi-Trip Plans

All *trips* made under the Annual Multi-Trip Plan must be separated by a minimum of a **24 hour** return to Canada. In the event of a claim under any Annual Multi-Trip Plan, proof of the date *you* exit Canada must be provided.

## Insuring Agreement

Subject to *you* meeting the Eligibility, as stated on Page 9 and 10, and in consideration for the full and correct premium received, we will insure *you* against eligible expenses incurred as the result of an *emergency*, or pay benefits for other covered losses in accordance with the benefits under the heading Benefits on Page 16. All benefits and payments are subject to the terms, conditions, limitations and exclusions of this policy. The maximum *period of coverage* under this policy shall not exceed 365 consecutive days. Acceptance of the application form and coverage under this policy is at *our* option. If *your* application form is not accepted, *you* will receive a full refund of the premium paid.

*Your spouse, your immediate family member* if travelling with *you* or *your* substitute decision maker are appointed to act on *your* behalf in the event

that, because of an *emergency*, *you* are unable to make the necessary decisions with respect to *your* health status.

*You* must submit the full and correct premium for *your trip*. No coverage will be provided to anyone not named on the *confirmation of coverage*.

Coverage begins at 12:00 a.m. on *your policy effective date* and terminates at 11:59 p.m. on *your policy expiry date*.

*Your* coverage under this policy may be declared null and void if: (i) the full and correct premium is not received; (ii) the cheque is not honoured; (iii) credit card charges are declined for any reason; or (iv) *you* are ineligible for coverage in accordance with any section of this policy.

No statement made by *you* or any agent prior to or at the time of *your* application will be considered valid unless such statement has been documented and submitted in writing and accepted by *us* at that time. *Our* liability under this policy is limited solely to the payment of eligible benefits, up to the maximum amount specified herein, for any loss or expense. *We* do not assume responsibility for the availability, quality, results or outcome of any *treatment* or service covered under the terms of this policy. *You* must, at all times while *you* are covered under this policy, act in a prudent manner so as to minimize costs to *us*.

### Limits on Coverage

*You* will be responsible for any expenses that are not payable by the *insurer*. The specific details of *your* policy are outlined in *your confirmation of coverage* which forms part of *your* policy.

***You must call Zurich Assistance at 1-833-532-2713 toll-free from the USA and Canada or +1 (819) 742-1096 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 Zurich Assistance before *you* obtain *emergency treatment*, *you* will have to pay **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* province or territory of residence 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 for the claim related condition ceases upon *your* refusal and no coverage will be provided to *you* for the remainder of the *period of coverage* for that condition.

Zurich Assistance, the *insurer*, Destination: Travel Group Inc., and its agents/brokers will not be responsible for the availability, quantity, quality, or results of any medical *treatment* received, or for failure to obtain medical service. Subject to the terms, conditions, limitations and exclusions of this policy, benefits are payable for the following costs:

## Benefits – Details of your coverages

We will pay for eligible expenses in the event of an *emergency* subject to the policy's maximums, limitations, and exclusions. We cover up to **\$5,000,000 CAD** for the *reasonable and customary* expenses related to the medical attention you need during *your trip* due to an *emergency*, when these expenses are not covered by your *Government Health Insurance Plan (GHIP)* or any other insurance coverage you have in force.

Under the family plan, the same sum insured is applicable for each *family member* separately.

### 1. **Emergency Hospital**

The *insurer* agrees to pay for semi-private *hospital* accommodation and for *reasonable and customary* services and supplies, including drugs and medication administered during *your hospitalization*, necessary for *your emergency* medical care during confinement as a resident inpatient.

### 2. **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 legally licensed *physician, surgeon, or anesthetist*.
- b) Private duty services of a Registered Nurse when approved in advance by Zurich Assistance. **Not to exceed \$5,000.**
- c) The services of a legally licensed physiotherapist, chiropractor, osteopath, chiropodist or podiatrist when ordered by an attending *physician* as *treatment* of a covered *injury*. **Not to exceed \$350 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.  
**Note:** This policy does not cover magnetic resonance imaging (MRI), cardiac catheterization, computerized axial tomography (CAT)



scans, sonograms, ultrasounds and biopsies unless such services are approved in advance by Zurich Assistance.

- e) The reasonable and necessary use of a licensed local air, land, or sea ambulance (including mountain or sea evacuation) to the nearest *hospital*, when approved and arranged by Zurich Assistance. If an ambulance is medically required but not available, we will reimburse for local taxi fare.
- 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*.
- 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 30-day supply per prescription and up to \$1,000 per policy.** This benefit does not cover: charges for vitamins, vitamin preparations, over-the-counter drugs or medications; drugs, serums and injectables needed to control a *medical condition* that continues or persists over an extended period of time and is usually long lasting and does not easily or quickly go away; or a *medical condition* which you had before your trip.

### 3. **Emergency Transportation**

When necessary, the *insurer* agrees to pay *your* transportation to *your* province or territory of residence when immediate *medical consultation* is required due to a covered *emergency sickness or injury*. Any *emergency* transportation such as air ambulance, one-way economy airfare, stretcher and/or a medical attendant must be approved and arranged by Zurich Assistance.

- a) Air ambulance to the nearest appropriate medical facility or to a Canadian *hospital* for medical *treatment*;
- b) Transport on a licensed airline with an attendant (when required) for *emergency* return to *your* province/territory of residence for immediate medical attention;

- c) The fare for additional airline seats to accommodate a stretcher on a commercial flight;
- d) When required, the return economy class/charter fare of a qualified medical attendant and the attendant's reasonable fees and expenses;
- e) Up to the cost of a one-way economy airfare to return *your travelling companion*;
- f) Up to **\$5,000** for search and rescue should *you* be stranded in a mountainous area, the sea, a remote area or other similar location.

#### 4. Attendant

If *you* are hospitalized for **48** hours or more as a result of an *emergency*, the *insurer* agrees to pay up to **\$50** a day, to a maximum of **\$500** for an attendant, other than a relative, to care for *your accompanying travelling companion(s)* under age **18**, or physically or mentally disabled *travelling companion(s)* who rely on *you* for assistance.

#### 5. 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 **90** days from the onset of the *accident* and prior to *your* return to *your* province or territory of residence.

#### 6. 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 are not covered. *Treatment* relating to any dental claim must begin and end within **90** days from the onset of the *emergency* and must be completed within the *period of coverage* and prior to *your* return to *your* province/territory or residence.

## 7. Meals and Accommodation

The *insurer* agrees to pay up to **\$150** per day to a maximum of **\$1,500**, or up to a maximum of **10** days in the event *you* or *your* insured *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 **18**, or physically or mentally disabled *travelling companion(s)* who rely on *you* for assistance), essential telephone calls and taxi fares incurred by *you* or any insured *travelling companion*. The *insurer* will only pay these expenses if *you* have actually paid for them.

### IMPORTANT NOTE

Expenses must be supported by original receipts from commercial organizations.

## 8. Hospital Allowance

Reimbursement for up to **\$50** per day to a maximum of **\$250** for additional out-of-pocket expenses (i.e. telephone and television rental) when *you* are hospitalized for **48 hours** or more as a result of a covered *emergency*.

### IMPORTANT NOTE

Expenses must be supported by original receipts.

## 9. Emergency Return Home

If a covered *sickness* or *injury* requires *you* to be returned home during the *period of coverage*, the *insurer* agrees to pay up to **\$3,000** for the additional cost of a one-way economy transportation by the most direct route to *your* province or territory of residence when approved and arranged by Zurich Assistance. This benefit also includes one insured *family member*.

## 10. Return of Deceased

In the event of death due to a covered *sickness* or *injury*, the *insurer* agrees to reimburse up to:

- a) **\$5,000** for the costs incurred to prepare and return *your* remains in a standard transportation container to *your* province/territory of residence; or
- b) **\$2,000** for cremation or burial at the place of death. The cost of a coffin or urn, headstones, flowers, and reception expenses are not covered.

## 11. Bedside Companion Travel and Subsistence

When approved in advance by Zurich Assistance, a round-trip economy airfare from Canada up to **\$150** per day to a maximum of **\$1,500** for the cost of meals and commercial accommodation (original receipts are required) will be provided for a person of *your* choice, to:

- a) Be with *you* when *you* are travelling alone and have been hospitalized for at least **72** consecutive hours outside of *your* province or territory of residence (for an insured child, a bedside companion is available immediately upon *hospital* admission).

### IMPORTANT NOTE

*You* must provide written certification from the attending *physician* that the situation is serious enough to warrant the visit.

- b) Identify *your* remains prior to the release of the body, where necessary.

### IMPORTANT NOTE

The person required at bedside or mandated to identify the deceased will be covered under the same terms and limitations of *your* policy.

## 12. Expenses to return *dependent* under *your* care

When approved in advance by Zurich Assistance, the *insurer* agrees to pay:

- a) Up to the cost of a one-way economy airfare to transport *your* children or grandchildren to their original point of departure if *you* are admitted to the *hospital* for more than **24** hours or must be medically repatriated due to a covered *emergency*.
- b) If necessary, the extra cost for a qualified caregiver to escort *your* children or grandchildren to their original point of departure.

### IMPORTANT NOTE

The *dependent* must have been under *your* care during *your* trip and be covered under *your* policy.

## 13. Expenses to return *your* vehicle

Up to **\$2,500** for the return of the *vehicle* to *your* home in *your* province or territory of residence or the nearest appropriate rental agency, if neither *you*, nor someone travelling with *you*, are able to drive *your* vehicle to *your* original departure point as a result of an *emergency*.

*Your* vehicle must be returned within **60** days of the claim occurrence date.

Benefits will only be payable for one person to return the *vehicle* when it is approved and arranged in advance by Zurich Assistance. This benefit does not cover wages lost by the person driving *your* vehicle and is available to claim only once per *insured* person per *period of coverage*.

## 14. Return to Original Trip Destination

If *you* are returned to *your* province or territory of residence under the **Emergency Transportation** benefit, and the attending *physician* determines that the *treatment* received in Canada resolved the *emergency*, a maximum of **\$5,000** will be paid, only when pre-approved

by Zurich Assistance, for a one-way economy flight to return *you* and one insured *travelling companion* to the original *trip* destination.

#### IMPORTANT NOTE

The return must occur within the *period of coverage* originally provided by this benefit. A subsequent *recurrence* or complication of the condition that resulted in *you* being returned home is excluded under this policy.

### 15. Pet Return

Up to **\$300** for the cost to return *your* accompanying dog or cat to Canada, if *you* are returned to Canada under the ***Emergency Transportation*** benefit.

## Exclusions – Details of what you are not covered for

This policy will not provide coverage, nor services, or pay claims for expenses incurred directly or indirectly as a result of:

### 1. *Pre-existing medical conditions*

#### **Coverage for stable pre-existing medical conditions.**

##### a) If at the time of application, **you are 59 years of age or under:**

Any *pre-existing medical condition* (other than a *minor condition*) unless it was *stable* in the **90** days immediately before the *effective date* or *departure date*.

If this policy is a *top-up* to your Destination: Leisure Annual Multi-Trip Plan, the *departure date* will be considered for the **90** days *stable* period of your *pre-existing medical conditions*.

##### b) If at the time of application, **you are between 60 and 79 years of age:**

Any *pre-existing medical condition* (other than a *minor condition*) unless it was *stable* in the **180** days immediately before the *effective date* or *departure date*.

If this policy is a *top-up* to your Destination: Leisure Annual Multi-Trip Plan, the *departure date* will be considered for the **180** days *stable* period of your *pre-existing medical conditions*.

### 2. 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 the injuries are related to a mental health illness.

3. 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,
  - i) contravention of any statutory law or regulation in the area where the loss occurred.
4. 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.
5. 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 *period of coverage*; or
  - b) the use of prohibited drugs, or any other intoxicant either before or during the *period of coverage*; or
  - c) the non-compliance with prescribed *treatment* or medical therapy either before or during the *period of coverage*; or
  - d) the misuse of medication either before or during the *period of coverage*.
6. Any *medical consultation* or any *treatment* that is non-emergency, experimental, or elective such as cosmetic surgery, including any expenses for directly or indirectly related complications.
7. Any *treatment*, investigation or hospitalization which is a continuation of, or subsequent to, *emergency treatment* of a *medical condition*, unless approved in advance by Zurich Assistance.



### IMPORTANT NOTE

Any ongoing or follow-up treatment, rehabilitative care, investigation, hospitalization, or the *recurrence* of a medical condition or related condition is not covered once the *emergency* is declared over by the attending *physician* or Zurich Assistance.

8. Any *treatment* that can be reasonably delayed until *you* return to *your* province/territory of residence (whether or not *you* intend to return) by the next available means of transportation, unless approved in advance by Zurich Assistance.
9. 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.
10. Any rehabilitation or convalescent care.
11. Any *injury* resulting from training for or participating in:
  - a) speed contests usually and customarily in excess of 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) hang-gliding, parachuting, bungee jumping, skydiving, or 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 30 meters);
  - h) white water sports (except grades 1 to 4);
  - i) street luge, skeleton activity;

- j) rock or mountain climbing which involves the ascent or descent of a mountain requiring the use of specialized equipment, including crampons, pickaxes, anchors, bolts, carabiners and lead or top-rope anchoring equipment; or
- k) participation in any rodeo activity.

**12.** Costs incurred due to, contributed by, or resulting from:

- a) Routine prenatal care, childbirth, or post-natal care at any time during *your trip*.
- b) Any *medical consultation or treatment*, complications, or expenses related to pregnancy within nine (9) weeks before or after the expected delivery date.
- c) Any medical expenses for a child born during *your trip*.
- d) *High-risk pregnancies* or complications arising from pre-existing pregnancy-related conditions.

**13.** 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.

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

**15.** Naturopathic, holistic, or acupuncture *treatment*.

**16.** Costs that exceed the *reasonable and customary* rate for the area where the *treatment* or services are being performed.

**17.** 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, before *your* policy *effective date*.

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

### IMPORTANT NOTE

This exclusion does not apply to claims for an *emergency* or a *medical condition* unrelated to the travel advisory.

18. Any loss incurred inside *your* province or territory of residence.
19. Any *sickness*, symptom, or *injury* that presented, recurred, or for which *treatment* was received during any temporary return to *your* province or territory of residence during the *period of coverage*.
20. 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.
21. 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.

## Definitions – What *our* important terms mean

**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:

- a) instill fear in the general public;
- b) disrupt the economy;
- c) intimidate, coerce, or overthrow a sitting government or occupying power; and/or
- d) 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.

**Change in medication** means the medication type, dosage, or frequency is reduced, increased, stopped, and/or new medications are prescribed.

**Exceptions:**

- a) 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
- b) changing from a brand name medication to the same dose of a generic medication.

**Confirmation of coverage** 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 *confirmation of coverage* letter, an application form, or an internet purchase confirmation page.

**Departure date** means the date *you* leave *your* province or territory of residence.

**Dependent** children means *your* unmarried children who are, on the *effective date*:

- a) financially dependent on *you*; and
- b) at least 15 days of age; and
- c) age 21 or under; or
- d) age 25 or under and attending school full time; or
- e) of any age, who are mentally or physically disabled.

**Effective date** means the date and time coverage begins as indicated in the **Important Policy Dates** section of this policy.

**Emergency** means a sudden and unforeseen *sickness* or *injury* occurring during the *period of coverage* while outside *your* province or territory of residence that requires immediate *treatment* by a *physician* or legally licensed dentist and cannot be reasonably delayed.

An *emergency* no longer exists when the evidence reviewed by Zurich Assistance indicates that no further *treatment* is required, and *you* are able to continue *your trip* or return to *your* province or territory of residence. Costs incurred in *your* province or territory of residence are not covered.

**Expiry date** means the date and time coverage ends as indicated in the **Important Policy Dates** section 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.

**Government Health Insurance Plan (GHIP)** means the coverage that the provincial or territorial governments provide to residents of Canada.

**High-risk Pregnancy** means a pregnancy involving a *medical condition* that puts the mother, the developing fetus or both at higher risk than normal risk of medical complications during or after the pregnancy and birth. These *medical conditions* include preeclampsia, eclampsia, hypertension, Rh incompatibility, gestational diabetes or placenta previa.

**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 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 person** 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 Zurich Insurance Company Ltd (Canadian 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 Condition** describes a *sickness* or *injury* during the stability period which ended prior to the *policy effective date* and which did not require:

- a) *treatment* for a period longer than 15 consecutive days; or
- b) more than one follow-up visit to a *physician*; or
- c) hospitalization, surgery, or referral to a specialist; and
- d) which ended at least 30 days prior to the *departure date*.

**Minor mental or emotional disorder** means:

- a) having anxiety or panic attacks, or
- b) 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.

**Period of coverage** means the period from the *effective date* to the *expiry date* as indicated on the *confirmation of coverage* and for which premium has been paid for at the time of application. The maximum *period of coverage per trip* cannot exceed the length of time allowed under *your Government Health Insurance Plan (GHIP)*.

**Physician** means a person:

- a) who is not *you* or an immediate *family member* or *your travelling companion*.

- b) 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*:

- a) for which *you* exhibited *signs* or *symptoms*; or
- b) for which *you* required or received *medical consultation*; or
- c) which existed prior to the *effective date* of *your* coverage.

#### IMPORTANT NOTE

If *you* are topping up a Destination: Leisure Annual Multi-Trip Plan prior to *your departure date*, without a break in coverage, *pre-existing medical condition* will mean any *medical condition* that exists prior to *your departure date*.

**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*.

**Recurrence** means the appearance of *signs* or *symptoms* caused by or related to a *medical condition* which was previously diagnosed by a *physician* or for which *treatment* was previously received.

**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 12 consecutive months.

**Stable** means a *medical condition* that is considered *stable* when all of the following statements are true:

- a) there has not been any new *treatment* prescribed or recommended, or change(s) to existing *treatment* (including a stoppage in *treatment*); and
- b) 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
- c) the *medical condition* has not become worse; and
- d) there have not been any new, more frequent, or more severe *signs or symptoms*; and
- e) there has been no hospitalization or referral to a specialist; and
- f) there have not been any tests, investigation, or *treatment* recommended, but not yet complete, nor any outstanding test results; and
- g) there is no planned or pending *treatment*.

#### IMPORTANT NOTE

All of the above conditions must be met for a *medical condition* to be considered *stable*.

**Terminal illness** means a *medical condition* for which, prior to *your* policy *effective date*, a *physician* gave a prognosis of eventual death within 24 months or palliative care was received.

**Top-up** means a policy purchased to extend *your period of coverage* and would become effective directly following the expiry of *your Destination: Leisure Plan* policy.

**Travelling companion** means a person who is accompanying *you* on *your trip*, and who has prepaid shared accommodation or transportation with *you*. (Maximum of 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, surgery, and investigative testing that results in a diagnosis of a *medical condition*. **Treatment does not include minor conditions.**

#### IMPORTANT NOTE

Any reference to testing, tests, test results, or investigations excludes genetic tests. "Genetic test" means a test 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* province or territory of residence and for which coverage is in effect.

**Vehicle** means a private or rental passenger automobile, minivan, mobile home, SUV, camper, truck, or trailer home used during *your trip* exclusively for transporting of passengers other than for hire.

**We, us, our** means the *insurer*.

**You** or **Your** means the *insured person*.

## Premiums

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.

## Family Premium

A family includes the applicant, age 59 and under, the applicant's *spouse*, age 59 and under, and *dependent* children. The premium for family coverage is calculated at two times the premium for the eldest adult age 59 and under. A minimum premium of \$15 applies. Coverage dates must be the same for all the *family members*.

### IMPORTANT NOTE

All *family members* must be eligible for coverage and named on the *confirmation of coverage*.

## Legal Information

### General Provisions

#### Assignment

Any benefits payable or which may become payable under this policy cannot be assigned by *you*, and the *insurer* is not responsible for and will not be bound by any assignment into which *you* have entered.

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 **72** hours in the event of a delay, during the *period of coverage*, 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 **5** days.
3. **Hospitalization:** If *you* are hospitalized at the end of the *period of coverage*, as a result of a covered *sickness* or *injury*, coverage will be extended for *you* and one insured *travelling companion* remaining with *you*, when reasonable and necessary, during the period of *hospital* confinement, plus **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 person* during one *period of coverage*.

Benefits are only payable under one policy, for each *insured person* during the *period of coverage*. If the *insured person* has more than one policy with Zurich Insurance Company Ltd (Canadian 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 confirmation of coverage* letter.

Any benefits payable 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 Zurich Assistance with the following:

1. 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 Zurich Assistance.

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

## Conformity with Law

Any policy provision in conflict with any law to which this policy is subject is hereby deemed to be amended to conform thereto.

## Contract

The application, *confirmation of coverage* 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 plan are in excess of any or collectible under any existing coverage concurrently in force held by or available to *you*.

Other coverage includes but is not limited to:

- homeowners insurance;
- tenants insurance;
- multi-risk insurance;
- any credit card, third-party liability, group or individual basic or extended health insurance;
- Government or provincial health insurance plan;
- any private or legislative plan of motor vehicle insurance providing *hospital*, medical or therapeutic coverage.

Zurich Assistance, on behalf of the *insurer*, will coordinate all benefits in accordance with the Canadian Life and Health Insurance Association guidelines.

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.

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

If *you* are retired with an extended health plan provided by a former employer, with a lifetime limit of up to **\$100,000**, Zurich Assistance, 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, Zurich Assistance will use the exchange rate on the date the service was rendered to *you*.

At the option of Zurich Assistance, benefits may be paid in the currency of the country where the loss occurred.

## Extending Your Trip

You can extend *your trip* before you leave your province or territory of residence.

You may apply for a new *period of coverage* provided you meet the Eligibility requirements of this policy.

### Should I extend my policy before I leave on my trip?

If you decide to apply for additional coverage **before** you have left your province or territory of residence and there is no break in coverage, Destination: Travel Group Inc. will extend the *expiry date* of your original policy.

**All terms and conditions of your original policy apply, and you are required to pay an additional premium.**

If you decide to apply for additional coverage **after** you have left your province or territory of residence but before the expiry of your existing policy with Destination: Travel Group Inc., we will issue you a new policy.

**New terms, limitations, and conditions will apply.**

### IMPORTANT NOTE

After you have left your province or territory of residence you may apply for a new term of coverage if you:

- a) Are in good health; and
- b) Have no reason to seek *medical treatment* or *medical consultation* during your new *period of coverage*.

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.

The *recurrence* of a *medical condition(s)* or related condition(s) that were present during the original term of the policy will not be covered under this policy during the extension period.

**If you decide to extend *your trip*, please call *your agent/broker* or  
Destination: Travel Group Inc. at 1-855-337-3532 or 416-499-1900.**

### 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 *our* divisible surplus.

### Governing Law

This policy will be governed by the laws of the Canadian province or territory where *you* reside.

### Limit on Liability

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 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 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 person* 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.

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.

### **Right to be Reimbursed (Subrogation)**

As a condition to receiving benefits under the policy, *you* agree to:

- a) 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;
- b) 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;
- c) include all *emergency* medical and *hospital* costs paid under the policy in any settlement agreement *you* reach with the third party;

- d) act reasonably to preserve the *insurer's* right to be reimbursed for any *emergency* medical or *hospital* costs paid under the policy;
- e) keep the *insurer* informed of the status of any legal action against the third party; and
- f) 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.

### Sanctions

Notwithstanding any other terms under this agreement, no insurer shall be deemed to provide coverage or will make any payments or provide any service or benefit to any insured or other party to the extent that such cover, payment, service, benefit would violate any applicable trade or economic sanctions law or regulation.

### Time

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

### 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:

- a) the notice or proof is given or furnished as soon as reasonably possible, and in no event later than one 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
- b) 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 year after the date a court makes the declaration.

### **Insurer to Furnish Forms for Proof of Claim**

Claims forms are available by contacting Zurich Assistance's Claims Department 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 the Claims Information section 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* province or territory of residence. 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.

Refer to the Premium Refunds section of this policy for a full description of the procedures and details.

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 **60** days after the *insurer* has received proof of claim.

## Premium Refunds

A full refund will be provided for policies which are returned within **10** days of purchase provided *your* coverage has not begun, as described in the Right to Examine this Policy section.

### Premium refunds are only considered when:

- a) the entire *trip* is cancelled prior to the *effective date*.
- b) *you* return to *your* province/territory of residence prior to the *expiry date*.
- c) *you* cancel *your* annual multi-*trip* plan prior to the *effective date*.

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 confirmation of coverage*; and
- b) confirmation of *your* early return to *your* province/territory of residence such as a boarding pass; or
- c) any other documentation to support *your* refund request.

## 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 **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 **\$15**.
- Under no condition will a refund be made if a claim has been incurred, paid, or is pending.

#### **IMPORTANT NOTE**

Once a Destination: Leisure Annual Multi-*Trip* Plan is effective, no refund will be given.

## Privacy Information Consent Notice

### PLEASE READ THIS NOTICE CAREFULLY

By submitting the requested information, which may include, but is not limited to, name, address, date of birth, medical information, and financial information *you* are providing consent to Zurich Insurance Company Ltd and its subsidiaries and affiliates located in *your* country of residency or abroad (collectively, “Zurich”), for the collection, storage, use, disclosure, and processing of *your* personal information as may be necessary for the purposes of securing and administering the requested insurance coverage(s), including but not limited to, risk evaluation, policy execution, premium setting, premium collection, claims adjusting, administration, investigation and settlement, fraud prevention, detection and suppression, or statistical evaluation. *You* are also providing consent to Zurich for the disclosure of *your* personal information to third parties, as required for and in relation to the above-stated purposes, including reinsurers, third party administrators, brokers, agents, claims adjusters, regulators or other governmental or public bodies, taxing authorities, industry associations, other insurers, and other third parties involved in providing insurance services (“Third Parties”). If *your* policy is being arranged by a broker or an agent, *you* authorize Zurich to collect, store, use, disclose, and process personal information received from such broker or agent in relation to the above-stated purposes. Additionally, by providing information about a third party, including but not limited to, a family member, director, officer, employee, or any party that has an interest in or derives a benefit from the policy, *you* hereby covenant and warrant that *you* have obtained the appropriate consent from such third party to disclose their personal information to Zurich and for Zurich to use and disclose such information for any of the above-stated purposes.

Zurich is committed to protecting the privacy and confidentiality of information provided. *Your* personal information may be processed by and is securely stored within the offices of Zurich and authorized Third Parties, both in domestic and foreign jurisdictions outside Canada and is subject to applicable laws.

Zurich may retain *your* personal information as needed for any of the above-stated purposes or as necessary to comply with Zurich’s legal and regulatory obligations, resolve disputes, and enforce Zurich’s agreements. *You* may request to review the personal information Zurich maintains about *you* and make corrections by writing to: Privacy Officer, Zurich Insurance Company Ltd (Canadian Branch), 100 King Street

West, Suite 5500, P.O. Box 290, Toronto, ON M5X 1C9 or by emailing [privacy.Zurich.canada@Zurich.com](mailto:privacy.Zurich.canada@Zurich.com).

You may refuse to consent or withdraw your consent to the collection, storage, use, disclosure or processing of your personal information; however, your refusal to provide consent may result in Zurich being unable to offer and administer insurance coverage or prevent Zurich from being able to pay claim benefits payable under your Policy.

Please contact the Zurich Privacy Officer if you require further information regarding the collection, use, disclosure, processing and storage of your personal information or if you have any complaints via email at [privacy.Zurich.canada@Zurich.com](mailto:privacy.Zurich.canada@Zurich.com). You can also review our Privacy Policy at <https://www.Zurichcanada.com/en-ca/about-Zurich/privacy-statement>.

For the purpose of the Insurance Companies Act (Canada), this document was issued in the course of Zurich Insurance Company Ltd.'s insurance business in Canada.

**Emergency Medical Assistance  
and Claims Administration  
provided by:**

Zurich Assistance  
c/o Global Excel Management Inc.  
73 Queen Street  
Sherbrooke, Quebec, Canada J1M 0C9

100 King Street West, Suite 5500  
Toronto, Ontario, Canada M5X 1C9

**Managed and Distributed by:  
Destination: Travel Group Inc.**

304-155 Gordon Baker Road  
Toronto, Ontario, Canada M2H 3N5  
Tel: 1-855-337-3532

**Underwritten by:**

Zurich Insurance Company Ltd.  
(Canadian Branch)



Everyone wants to have a carefree trip and should be able to travel with confidence in their travel insurance purchase. Most people travel every day without a problem, but if something does happen, the member companies of the Travel Health Insurance Association of Canada (THIA) want you to know your rights. 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, go to [www.thiaonline.com](http://www.thiaonline.com)



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