

Distribution
GUIDE
and
General Conditions



Desjardins
Financial Security®

Travel Insurance is offered
as an individual plan.

**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 contract before you travel as your coverage may be subject to certain limitations, restrictions or exclusions.

Your travel insurance contract may not provide coverage for medical conditions and/or symptoms that existed before your *trip*. Check to see how this applies in your distribution guide and general conditions and how it relates to your departure date, date of purchase or effective date.

In the event of an *accident*, injury or *illness*, your prior medical history may be reviewed when a claim is made.

Your travel insurance contract provides travel assistance. You are required to notify the designated assistance service prior to treatment. Your contract limits benefits should you not contact the assistance service within a specified time period.

PLEASE READ YOUR TRAVEL INSURANCE CONTRACT CAREFULLY BEFORE YOU TRAVEL

*** * * * ***

TO CONTACT THE INSURER

For any requests for information, contract changes or claims

Canada or the United States – Toll free
1-877-888-4873

Anywhere in the world – Call collect
418-647-5299

To speak directly with a Canadian operator who will put through your collect call to the Insurer, dial the Canada Direct access code from the country you are in. Codes are available at www.infocanadadirect.com.

PRIOR COMMUNICATION WITH THE ASSISTANCE SERVICE

If an *illness or accident* occurs outside your *province of residence*, you **MUST** contact the Assistance Service for prior approval **BEFORE** going to a *healthcare facility*.

If you fail to call the Assistance Service in advance or if you disregard their instructions, you will have to pay a portion of your expenses. (See also exclusion number 14.) This portion equals 30% of the first \$10,000 of expenses incurred that would otherwise be eligible for reimbursement after any *deductible* has been applied. For example, if the benefit would normally have been \$1,000, only \$700 will be reimbursed if the Assistance Service is not contacted in advance or if you do not follow their instructions.

If you are unable to do so, a person accompanying you must contact the Assistance Service on your behalf within 24 hours of the event.

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TO CONTACT THE ASSISTANCE SERVICE

Canada or the United States – Toll free
1-800-465-6390

Any other country
(excluding North and South America) – Toll free
Overseas code* of the country you are calling from, followed by 800 29 48 53 99 (accessible from certain countries)

Anywhere in the world – Call collect
514-875-9170

To speak directly with a Canadian operator who will put through your collect call to the Assistance Service, dial the Canada Direct access code from the country you are in. Codes are available at www.infocanadadirect.com.

Notice from the Autorité des marchés financiers

This distribution guide does not express the opinion of the Autorité des marchés financiers regarding the quality of the product offered.

The life and health insurance coverage is underwritten by:

Desjardins Financial Security
Life Assurance Company
200, rue des Commandeurs
Lévis (Québec) G6V 6R2

- Telephone: 1-800-463-1623
- Fax: 1-866-301-7131
- www.desjardinstravelinsurance.ca

In some provinces, the property insurance coverage is underwritten by:

The Personal Insurance Company
6300, boulevard de la Rive-Sud
Lévis (Québec) G6V 6P9

- Telephone: 1-800-463-6416
- Fax: 418-838-2216
- www.desjardins.com

Customer service is provided by Desjardins Financial Security Life Assurance Company.

The Assistance Service is provided by Sigma Assistel.

This document constitutes the distribution guide as provided for under Quebec's Act respecting the distribution of financial products and services. It also constitutes the Travel Insurance general conditions.

The following documents make up your Travel Insurance contract:

- This distribution guide and general conditions;
- The *special conditions*;
- The insurability questionnaire, if you had to complete it;
- Any rider or appendix related to contract changes or updates.

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INTRODUCTION

■ What Is the Purpose of the Distribution Guide?

This distribution guide, which also constitutes the general conditions, contains all the essential information you need about Travel Insurance. It will answer questions you may have and show how Travel Insurance can meet your needs, without the presence of an insurance representative.

Your insurance coverage, the *deductible* and the amount of insurance are specified in your *special conditions*. Refer only to those sections of this distribution guide that apply to the coverage you have selected. Note that if you purchased an insurance package, each coverage included in the package will also be included in your *special conditions*.

We encourage you to read this distribution guide carefully, and draw your attention, in particular, to the **“Limitations for Pre-Existing Medical Conditions or Injuries”** on pages 32 to 34. Also examine the **limitations, restrictions and exclusions**, indicated on pages 35 to 42. In addition, refer to pages 44 to 48 for an explanation of the procedure for submitting **claims**. Do not hesitate to contact your *Insurer* to check the scope of coverage for which you are eligible. You may also need to speak with your *physician* to obtain information regarding your health or your medical record.

Words in *italics* are defined in the “Definitions” section on pages 8 to 12.

■ Why Choose Travel Insurance Coverage?

- ✓ Because Travel Insurance provides protection against the financial consequences of an *illness*, injury, death, etc., that might occur during a *trip*.
- ✓ Because Travel Insurance provides protection against the consequences of the cancellation or interruption of your *trip* because of an *illness*, injury, death, etc.
- ✓ Because Travel Insurance includes a 24-hour emergency telephone assistance service available anywhere in the world.
- ✓ Because enrolling in Travel Insurance couldn't be easier.
- ✓ Because the *Insurer* has the expertise to ensure that the Travel Insurance plan is a reliable and efficient product.

■ Definitions

Accident: A sudden and unforeseen event due to an external cause and resulting in bodily injury or death. The injury or death must be confirmed by a *physician* and be directly and solely the result of the *accident*.

Aircraft: A fixed-wing multi-engine *aircraft* with an authorized take-off weight of no less than 4536 kilograms. The *aircraft* must be licensed in Canada or in another country and be operated by a scheduled or charter airline with a valid Canadian Transportation Agency licence (or equivalent). Special or chartered flights authorized under any of the above licences will be covered only when made with an *aircraft* of the type regularly used by the carrier on its scheduled or charter air carrier service. All military aircraft are excluded.

Business meeting: A private meeting organized in advance as part of your full-time occupation or profession. The meeting must constitute the sole reason for the *trip*. Symposiums, conventions, assemblies, trade fairs and shows, seminars or board meetings are excluded.

Canadian resident: A person legally authorized to reside in Canada and who resides there at least six months a year.

Commercial vehicle: Any type of vehicle (air, sea or land) used for business purposes, including revenue-producing activities or activities for which expenses may be deducted from business income or as a self-employed worker.

Common carrier: Any carrier registered with the competent authorities for the transportation (air, sea or land) of passengers.

Contract holder: a *Canadian resident* age 18 or over who signs a contract with the *Insurer*. The *contract holder* is considered to be the owner of the contract, and may also be an *insured* under the contract. This is the only person who can ask the *Insurer* to change or cancel the insurance contract. This person's name is indicated in the *special conditions*.

Deductible: The portion of eligible expenses incurred which you must pay before being entitled to a first reimbursement. The amount of the *deductible* is stipulated on your *special conditions* and applies to every *event* that occurs during the *trip*.

Default: The voluntary or involuntary bankruptcy of the *travel service supplier*. For there to be *default*, you must be prevented from taking your *trip* as agreed. You must also have lost definitively at least some of the money that you paid for your *trip*.

Dependent child: Any child of yours or of your *spouse* who is over 15 days old and under age 18 and who has no *spouse*. If the child is a full-time student at an educational institution recognized by the competent authorities, the child must be age 24 or under.

Event: An *accident*, *illness* or incident which, under the terms of the contract, would normally result in the payment of one or more benefits with respect to the same *trip*. If more than one *accident*, more than one *illness* or more than one incident result from the same cause, they are considered to be one and the same *event*.

Extension of coverage: Insurance purchased to complete, in terms of days or amount of insurance, the coverage provided under this contract. *Extension of coverage* also covers cases where coverage is purchased to complete coverage provided under another contract.

Family member: *spouse*, sons, daughters, father, mother, brothers, sisters, father-in-law, mother-in-law, grandparents, grandchildren, half-brothers, half-sisters, brothers-in-law, sisters-in-law, sons-in-law, daughters-in-law, uncles, aunts, nephews and nieces.

Healthcare facility: A facility recognized as such under legislation in effect in the country where it is located.

Host at destination: The person who will be lodging you for all or part of the *trip*.

Illness: A serious disturbance in the normal state of the organs or functions of the human body. It must occur suddenly and unexpectedly and require immediate emergency care. An *illness* must be certified by a *physician* to be recognized for the purposes of this insurance.

Insured: Any eligible person whose name appears on the *special conditions* for whom the insurability questionnaire was completed, if necessary, and for whom the required premium has been paid.

Insurer: The Desjardins Financial Security Life Assurance Company. However, for property insurance provided to *insureds* in some provinces, the *Insurer* is The Personal Insurance Company.

Key employee: An employee who is critical to the success of the company or the institution where the two of you work, and whose absence would jeopardize the main operations of the business.

Living expenses: Expenses for room and board, child care expenses for *dependent children* not accompanying you, as well as certain telephone charges and taxi fares.

Loss of use: The total and permanent loss:

- a) of use of one hand **and** the wrist, or
- b) of use of one foot **and** the ankle, or
- c) of sight in one eye.

Nurse: A person authorized by law to practise the nursing profession in the region where the services are provided.

Passenger conveyance: Any means of transportation (air, sea or land) operated by a carrier licensed by the competent authorities to transport passengers.

Permanent employment: Non-seasonal employment under a contract of unlimited duration and for which you are paid at least 20 hours per week.

Physician: A person authorized by law to practise medicine in the region where the medical services are provided.

Province of residence: The Canadian province or territory where you live.

Repatriation: Return, arranged by the Assistance Service, of any *insureds* to their place of residence.

Special conditions: The document that the *Insurer* gives to the *contract holder* to confirm the coverage and amounts selected for each *insured*. The notice of renewal and premium collection that the *Insurer* gives to the *contract holder* at the time of renewal is considered in like manner as *special conditions*.

Spouse: The *insured's spouse* is the person who:

- a) is married to or has entered into a civil union with the *insured*; **or**
- b) can prove that
 - he has been living conjugally with the *insured* for at least 12 months; **or**
 - he has been living conjugally with the *insured* and that they have had a child together; **and that** he and the *insured* have not been separated for 3 months or longer due to a breakdown of their relationship.

The *Insurer* recognizes only one *spouse*. It is not responsible for the validity of the designation of *spouse*.

Travel service supplier: Any travel agency, travel wholesaler, charter tour operator, cruise line, *common carrier* or lodgings authorized or accredited to operate such a business or provide these types of services.

Travelling companion: A person with whom you have planned the *trip* and with whom you have made travel arrangements. In the event that several people are travelling together, only three (3) *insureds* can submit claims for an event affecting the same *travelling companion*, regardless of how many Travel Insurance contracts they are covered by.

Trip or Travel: Any specific period of time of 182 days or less (or 365 days maximum, subject to *Insurer's* approval) that *insureds* spend outside their *province of residence*. For **Trip Cancellation** coverage, the term "*trip*" or "*travel*" also applies to a *trip* taken within the *insured's province of residence*.

Vehicle: A car, motorcycle, motor home or van with a maximum load capacity of 1000 kilograms.

1- PRODUCT DESCRIPTION

a) Types of Coverage

Travel Insurance is offered as an individual plan often taken out for a specific *trip*. However, you can also enrol in the **Frequent Travel Package**, which covers all *travel* outside your *province of residence* for a period of one year.

Your *special conditions* confirm whether or not you are insured under the **Frequent Travel Package**. They also specify the maximum duration for which you will be covered for each of your *trips* as well as the coverage and the amount of insurance that you have taken out. Unless indicated elsewhere, all amounts applicable are per *trip*, per *insured*.

Your *insurance application* confirms whether or not you are insured under the **Frequent Travel Package**. It also specifies the maximum duration of the *trips* covered during an insurance year as well as the coverage and the amount of insurance that you have taken out. Unless indicated elsewhere, all amounts applicable are per *trip*, per *insured*.

Regular Travel Insurance and the Frequent Travel Package may contain various coverages associated with your *trip*:

- a) Emergency Health Care coverage;
- b) Emergency Return Trip coverage;
- c) Accident coverage;
- d) Trip Cancellation coverage;
- e) Baggage coverage.

You may choose to take out all of these coverages, or just some of them. The ones you have selected are indicated in the *special conditions* that you received with your distribution guide and general conditions. A description of each coverage can be found in the section entitled **“What Coverages Are Offered?”**

Your Travel Insurance plan also gives you access to the Assistance Service for the duration of your *trip*.

b) Summary of Specific Conditions

■ Who Is Eligible?

You are eligible for Travel Insurance if the following conditions are met:

- a) You are a *Canadian resident* and are at least 15 days old.
- b) Your *trip* begins and ends in Canada, in your *province of residence*.
- c) Your *trip* is taken outside your *province of residence*; **this condition, however, does not apply to Trip Cancellation coverage.**
- d) Your insurance was issued prior to your departure date and covers the entire duration of your *trip*.

For the Emergency Health Care coverage, the following conditions must also be met in order for your insurance to be valid:

- You must be covered under the government health and hospitalization insurance plans of your *province of residence* for the entire duration of the *trip*. **It is your responsibility to check with the appropriate organizations that you do, in fact, have this coverage.**
- If you enrol in this coverage **to complete another travel insurance plan:**
 - a) Your new coverage must be purchased for the entire duration of the *trip* not covered by your initial travel insurance contract. (In this case, you must provide the *Insurer* with your actual departure date and your scheduled return date.)
 - b) The initial travel insurance must be approved by Desjardins Financial Security Life Assurance Company.

For the Emergency Return Trip coverage, the following condition must also be met in order for your insurance to be valid:

- You must have **Emergency Health Care** coverage or similar coverage offered by the *Insurer*. In both cases, coverage must be purchased for the entire duration of your *trip*.

For the Trip Cancellation coverage, the following condition must also be met in order for your insurance to be valid:

- There is no *trip* cancellation claim applicable at the time you are applying for this coverage.

■ What Is the Age Limit for Enrolling?

There is no age limit for regular Travel Insurance. To enrol in the **Frequent Travel Package**, however, you must be under 81 years of age.

■ How Do I Apply for Travel Insurance?

You can apply for Travel Insurance:

- a) By phone, toll free, at **1-877-888-4873** or call collect at **418-647-5299**;
- b) By Internet, at www.desjardinstravelinsurance.ca.

When you apply for Travel Insurance, you must provide the Travel Insurance representative with:

- a) answers to the eligibility questions;
- b) any other information required to issue the insurance policy.

You will also be required to pay the necessary premium at the time of application.

■ Must I Answer Health Questions?

Applicants in certain age groups who select the **Emergency Health Care** coverage, or the **Trip Cancellation** coverage must answer the insurability questionnaire. Insurance may be refused if the *Insurer* considers the applicant's health problems to be an unacceptable risk. Alternatively, the insurance may simply not cover the health problems that the *Insurer* refuses to insure.

Please read the **Limitations for Pre-Existing Medical Conditions or Injuries (pages 32 to 34)** as well as the **Limitations, Restrictions and Exclusions (pages 35 to 42)** contained in this distribution guide. These sections will tell you whether your Travel Insurance may be limited because of health problems before your coverage begins.

If you have any questions, talk to your *physician* or contact the *Insurer*, to be sure you have correctly answered the questions asked in the Limitations for Pre-Existing Medical Conditions or Injuries section and to find out whether your state of health could represent an unacceptable risk for the *Insurer*.

■ What Coverages Are Offered?

1. Emergency Health Care Coverage

WARNING: You will pay for a portion of your expenses, if you fail to call the Assistance Service **BEFORE** going to a *healthcare facility* or if you disregard their instructions. This portion equals 30% of the first \$10,000 of expenses, which would otherwise be eligible for reimbursement after any *deductible* has been applied.

You hold **Emergency Health Care** coverage if it is indicated on your *special conditions*. This insurance covers the expenses incurred in obtaining certain emergency medical services. Expenses are covered up to \$5,000,000 in the following cases:

- a) if you have an *accident* during your stay outside your *province of residence*;
- b) if you suddenly and unexpectedly become ill during your stay outside your *province of residence*.

Only the expenses that are not reimbursed by a government agency or any other private insurance plan are covered. However, these amounts should not exceed the reasonable and customary charges usually made for such care or services in the region where they were provided.

If your *special conditions* specify a *deductible*, the amount of eligible expenses described in this distribution guide will be reduced by the amount of such *deductible*. The amount of the *deductible* is applied once per *event*, for the duration of the *trip*.

CARE AND SERVICES COVERED

Hospital services – Hospital room and board charges for semi-private accommodation (two-bed room) or, if your state of health requires it, private accommodation (one-bed room).

Medical care and services – The services of a *physician*, a surgeon and an anaesthetist.

Medical care and services prescribed by a physician

- a) Laboratory tests and X-rays.
- b) Private duty nursing services provided while confined to *healthcare facility*.
- c) Prescription drugs (see exclusion 7 on page 38 and the limitation regarding Emergency Health Care coverage on page 35).
- d) The purchase or rental of crutches, canes, splints, or the rental of a wheelchair, a respirator or other medical or orthopaedic appliances. It is understood that the total rental cost of any of these items must not exceed the purchase price of the item.

Paramedical services – The services of a chiropractor (excluding X-rays), a podiatrist and a physiotherapist who are members in good standing of their professional association. These expenses are covered up to \$60 per treatment, for a maximum of \$300 for all these services combined.

Dental services – Emergency treatment for the repair of damage resulting directly from an accidental blow to the mouth to natural healthy teeth. The maximum reimbursement is \$3,000.

Living expenses – Reasonable *living expenses* if you must delay your return because you, a *family member* accompanying you or a *traveling companion* falls ill or is injured. The *illness* or injury must be certified by a *physician*. The maximum reimbursement for *living expenses* is \$200 per day, for a total of \$2,000.

Transportation expenses

- a) Transportation to the facility where you can receive appropriate medical treatment.
- b) *Repatriation* to your place of residence to receive appropriate medical care as soon as your state of health permits. This care may include any medical consultation, examination, treatment or surgery. (Refer to exclusion 14 in this regard.)
- c) *Repatriation* to your place of residence if your *travelling companion* or a *family member* is repatriated. Expenses are covered if:

- this *travelling companion* or *family member* is repatriated to receive appropriate care. This care may include any medical consultation, examination, treatment or surgery;
 - *repatriation* of this person prevents the *insured* from returning to the point of departure by the means of transportation originally arranged for the return trip.
- d) Round-trip economy transportation, as well as the usual fees and expenses of a qualified medical attendant. However, this person cannot be a *family member*, a friend or a *travelling companion*. This transportation will be covered only if the necessity is confirmed by the attending *physician*.
- e) Transportation of a *family member* who must leave his/her *province of residence* to:
- come and identify your body in the event of your death; or
 - visit you when you are staying at a *health-care facility* during your trip for more than 7 days.

The insurance covers the cost of round-trip economy transportation by the most direct route, provided that:

- necessity for such transportation is confirmed by the attending *physician*;
- you are not already accompanied by a *family member* aged 18 or over.

The *family member* will also be entitled to receive up to \$500 for *living expenses*. He will be insured under this **Emergency Health Care** coverage for the duration of his visit, up to 72 hours after you are discharged from *health-care facility*.

- f) The cost of returning your personal or rented *vehicle*, provided that:
- a *physician* certifies that your health does not allow you to drive; and
 - no *family member* accompanying you or any *travelling companion* is able to do so;
 - this *vehicle* was used to reach your destination;
 - the *vehicle* is in good mechanical condition to make the return trip.

The maximum reimbursement under each insurance contract is \$2,000.

g) In the event of an *insured's* death, the following expenses are covered:

- *repatriation* of the body or ashes to the *insured's* usual place of residence by the most direct route;

Maximum reimbursement: **\$12,000** for transportation, and for preparation of the body (including cremation, if applicable);

- cremation or burial in the country where death occurred;

Maximum reimbursement: **\$6,000**.

To be eligible, *repatriation* must first be approved and arranged by the Assistance Service. The cost of the coffin or urn is not covered.

h) The cost of repatriating a cat or dog that is accompanying you on your *trip* back to your home if you have to be repatriated for one of the reasons above, up to \$500.

2. Emergency Return Trip Coverage

You hold **Emergency Return Trip** coverage if it is indicated on your *special conditions*. This insurance covers your transportation expenses to return to your *province of residence* and then rejoin the *trip*. These expenses are covered provided that:

a) you must interrupt your *trip* for one of the following reasons:

- one of your or your *spouse's family members*, who is not accompanying you on your *trip*, dies or is hospitalized for at least 7 days;
- the person for whom you are the legal guardian or the estate executor, who is not accompanying you on your *trip*, dies or is hospitalized for at least 7 days;
- a disaster causes significant damage to your main residence located in your *province of residence* or to your place of business;

- b) on the date you apply for insurance, you do not know of any reason that would prevent you from taking the *trip*;
- c) your *trip* is for 182 days or less;
- d) they are unexpected transportation costs that you incur on an emergency basis.

Expenses are limited to the cost of one emergency return ticket per *trip*, corresponding to round-trip economy airfare by the most direct route.

3. Accident Coverage

You hold **Accident** coverage if it is indicated on your *special conditions*. Under this coverage, the *Insurer* will pay benefits in the event of death or *loss of use* as a result of an *accident* occurring in the following situations:

Option: “while aboard an *aircraft*”

If your *special conditions* confirm that you hold the “while aboard an *aircraft*” option under the **Accident** coverage, you are covered in the following situations:

- a) While you are travelling as a passenger aboard an *aircraft* for your *travel*.
- b) While you are travelling as a passenger aboard ground or sea transportation provided at the expense of the airline. This means of transportation is a replacement for the *aircraft* aboard which you would have been covered under this insurance.
- c) While you are a passenger in a limousine, bus or helicopter provided by the airline or by airport management in the *trip* itinerary.
- d) While you are waiting at the airport for the departure of the flight for which this insurance was issued.
- e) While you are exposed to the elements because of a forced landing or disappearance of the *aircraft* aboard which you are covered under this insurance.

If you accidentally suffer one of the following losses, this option entitles you to the following percentage of the amount of insurance you purchased:

a) death	100%
b) <i>loss of use</i> of two or more limbs	100%
c) <i>loss of use</i> of one limb	50%

Option: “while travelling”

If your *special conditions* confirm that you hold the “while travelling” option under the **Accident** coverage, you are covered in case of an *accident* for the entire duration of your *trip*. If you accidentally suffer one of the following losses, you are entitled to the following percentage of the amount of insurance purchased:

a) death in a <i>passenger conveyance</i>	200%
b) death in any other situation	100%
c) <i>loss of use</i> of two or more limbs	100%
d) <i>loss of use</i> of one limb	50%

For the “while aboard an *aircraft*” option and the “while travelling” option

In the event of death, only the death benefit will be payable, even if you suffer the *loss of use* of one or more limbs.

No benefits will be paid while you are in a coma.

If you opted for both coverage options, only one benefit will be payable in accordance with the option that offers the highest benefit for the same *accident*.

If your body is not found within 52 weeks of the *accident*, you will be presumed dead for the purposes of this contract.

4. Trip Cancellation Coverage

You hold **Trip Cancellation** coverage if it is indicated on your *special conditions*. This insurance covers the expenses connected with the cancellation of the *trip* due to the causes recognized by the *Insurer*.

Causes of cancellation – For the causes mentioned in subsections “a” to “g”, the *illness* or *accident* must be serious enough to prevent you from proceeding with your *trip*. In the case of a

dispute, the *Insurer* also reserves the right to have the person in question examined by a *physician* of its choosing. The causes for cancellation recognized by the *Insurer* for the purposes of this coverage are as follows:

- a) You or one of your *family members* becomes ill, has an *accident* or dies.
- b) Your *travelling companion* becomes ill, has an *accident*, dies or is unable to take the *trip* due to one of the causes of cancellation stipulated in this distribution guide.
- c) A *family member* of your *travelling companion* becomes ill, has an *accident* or dies.
- d) The person for whom you are the legal guardian becomes ill, has an *accident* or dies.
- e) Your business partner, a *key employee* or your *host at destination* becomes ill, has an *accident* or dies.
- f) You, your *spouse*, your *travelling companion*, or the *spouse* of your *travelling companion* becomes pregnant:
 - after your *trip* is reserved and the Trip Cancellation coverage purchased; and
 - the scheduled departure date occurs during the 60 days preceding the due date.
- g) The *business meeting* you are scheduled to attend is cancelled. This cancellation is necessary because the person with whom prior arrangements were made becomes ill, has an *accident* or dies. Reimbursement is limited to transportation expenses and a maximum of 3 days of accommodation.
- h) After purchasing the Trip Cancellation coverage, you or your *travelling companion* receives notice of custody of a child, the effective date of which occurs during the *trip*.
- i) You or your *travelling companion* is called upon to serve as a police officer, firefighter, or called upon to serve in the armed forces in active duty or as a reservist, or if you are called upon to provide essential healthcare services.
- j) You are summoned for jury duty or are subpoenaed as a witness during the time the *trip* is scheduled to take place.
- k) You are quarantined or the plane aboard which you are travelling is hijacked.
- l) The person for whom you are the estate executor dies.
- m) You are required to move more than 160 kilometres from your place of residence in the

30 days prior to your departure. This transfer is required by the employer for whom you were working on the date you purchased coverage.

- n) A disaster causes significant damage to your main residence located in your *province of residence* or to your place of business.
- o) A particular situation occurs in your destination country or region, which prompts the Canadian government to issue a travel advisory against travel to that destination. This advisory must have been issued after the date on which your plane ticket, travel package or travel insurance was purchased.
- p) *Default of the travel service supplier.* The *travel service supplier* must have an office in Canada and hold all the licences and operating certificates required by the competent Canadian authorities.
- q) The company you work for shuts down operations (lock-out), declares bankruptcy or you involuntarily lose your *permanent employment*. These causes can only be argued if:
 - you had been actively working for the same employer for more than one year at the time you purchased coverage; and
 - you had no reason to believe that you would lose your job at the time you purchased coverage.
- r) Your cruise is cancelled due to a mechanical failure, grounding or quarantining of the cruise ship or it is repositioned due to bad weather. The cancellation can occur either prior to the departure date from your *province of residence*, or after this date if the cancellation occurs before the departure date of the cruise ship.
- s) If your connecting *common carrier* or *vehicle* is delayed due to a traffic accident or emergency road closure by police. The *common carrier* can also be delayed by mechanical problems, inclement weather, or a natural disaster. This delay must result in you missing a connection that prevents you from continuing your *trip* as planned.

Before departure – In the event of cancellation prior to departure, this coverage provides for reimbursement of the following expenses, up to the amount of the insurance purchased:

- a) *Travel* expenses paid before coverage was pur-

chased and which are not refundable by the *travel service supplier* (the *Insurer* considers travel credits a reimbursement).

- b) Additional expenses incurred as a result of the following:
- one of your *travelling companions* must cancel for one of the reasons described above, and you decide to proceed with the *trip* as initially planned, without this *travelling companion*.

The *Insurer* will reimburse some of the cancellation fees stipulated in the *travel service supplier's* contract. These expenses are determined on the basis of the date of the event causing the cancellation or in the case of a statutory holiday, the first business day thereafter. Furthermore, reimbursement is made only if the travel agency or carrier concerned are notified on the day the cause for cancellation occurs. In the case of a statutory holiday, notification can be given on the first business day thereafter. The *Insurer's* claims department must be informed at the same time.

If your departure is delayed or if you miss a connection, the *Insurer* will reimburse the following expenses that are not reimbursed by the *travel service supplier* (the *Insurer* considers travel credits a reimbursement). The maximum reimbursement corresponds to the amount of insurance taken out at purchase. Eligible expenses are as follows:

- a) The additional cost of a one-way, economy-class ticket by the most direct route to the scheduled destination if you missed a connection due to any of the following reasons:
- delay of the *common carrier* (plane, bus, train, boat, taxi or limousine), if the delay is caused by inclement weather, a natural disaster, or mechanical problems; or
 - delay of the *common carrier* or a *vehicle* if your delay is caused by a traffic accident or emergency road closure (in which case a police report is required).

In all cases, you must have planned to be at the point of departure at least 3 hours before the scheduled time of your departure.

- b) The additional cost of a one-way, economy-class ticket by a scheduled carrier (plane, boat, train, bus) by the most direct route. This ticket will allow you to rejoin your group for the rest of the *trip* if:
- your departure is delayed because you became ill or had an *accident*;
 - your *travelling companion* became ill or had an *accident*.
- c) Reasonable *living expenses*. The maximum reimbursement for *living expenses* is \$200 per day, for a total of \$2,000.

If you must interrupt your trip or delay your return, the *Insurer* will reimburse the following expenses that are not reimbursed by the *travel service supplier* (the *Insurer* considers travel credits a reimbursement). To be eligible for reimbursement, expenses must have been paid before coverage was purchased. Eligible expenses are as follows:

- a) The additional cost of a one-way, economy-class ticket by the most direct route for the return *trip* to your point of departure. The same means of transportation as the one used to make the *trip* must be used for the return *trip*. If, because of an *illness* or an *accident*, your return is delayed by more than 7 days after the scheduled end date specified in your *special conditions*, the claim will be paid only upon presentation of proof of your hospitalization.
- b) Reasonable *living expenses*. The maximum reimbursement for *living expenses* is \$200 per day, for a total of \$2,000.
- c) The unused portion of the land arrangements of the *trip* (hotel reservations, car rentals, etc.).

In the event of default of a travel service supplier, the eligible expenses are as follows:

- a) If the *default* occurs before departure: the non-refundable, prepaid *travel* expenses.
- b) If the *default* occurs after departure: the unused, non-refundable portion of the prepaid *travel* expenses.

(See the restrictions that apply.)

5. Baggage Coverage

You hold **Baggage** coverage if it is indicated on your *special conditions*. This coverage provides for compensation in the following cases:

- a) your baggage or personal effects are damaged or lost by the *common carrier* or are stolen;
- b) return of your baggage or personal effects is delayed for more than 12 hours because they were not routed as planned. This baggage must, however, have been checked with a *common carrier*.

The compensation provided under this coverage cannot exceed the amount of insurance specified on your *special conditions*.

In case of theft or damage, compensation cannot exceed the following amounts:

- a) \$500 per item;
- b) \$500 for each of the following groups of items:
 - jewellery, watches, or articles made of silver, gold or platinum;
 - cameras, photo equipment, and related accessories;
 - cell phones and related accessories;
 - laptop computers and related accessories;
 - video or audio recorders and related accessories.

In case of theft, compensation cannot exceed \$250 for all the following expenses combined: replacement of a passport, driver's licence, birth certificate or visa.

In case of delay in recovering your personal effects, the maximum amount reimbursed for toiletries and essential clothing is \$500. This amount is reimbursed only if the *insured* purchases the essential items before the baggage is recovered and before returning to the point of departure in his/her *province of residence*. Furthermore, the compensation paid for delayed baggage will be deducted from the total amount of insurance if a loss is subsequently ascertained.

The *Insurer* reserves the right to elect to repair or replace damaged or stolen property by items

similar in nature and quality. Furthermore, the *Insurer* is liable only for the actual value of the property at the time the covered loss or damage occurred.

■ **Effective Date of Insurance**

The effective date of insurance varies from coverage to coverage, in accordance with the provisions described below.

The **Emergency Health Care** and **Emergency Return Trip** coverage take effect on the later of the following dates:

- a) the beginning date specified on your *special conditions*;
- b) the actual departure date, that is the day on which you leave your *province of residence*.

The **Trip Cancellation** coverage takes effect on the day you purchase the insurance, as indicated under **“Who Is Eligible?”** (pages 13 and 14).

In the case of the **“while aboard an aircraft”** option, the **Accident** coverage takes effect on your flight departure date.

The **“while travelling”** option of the **Accident** coverage and the **Baggage** coverage take effect on the later of the following dates:

- a) the beginning date specified on your *special conditions*;
- b) the actual departure date, that is the date on which you leave your residence.

Effective Date of Frequent Travel Package Insurance

The date on which coverage takes effect is specified on your *special conditions* and coverage cannot take effect prior to this date.

For **Emergency Health Care** and **Emergency Return Trip** coverage, your insurance takes effect on your departure date, which is the day on which you leave your *province of residence*.

For **Trip Cancellation** coverage, the insurance takes effect on the later of the following dates:

- a) the date on which the *trip* is paid for in full or the first partial payment is made;
- b) the date on which annual coverage begins, as specified in the *special conditions*.

For the “while travelling” option under **Accident** coverage and for **Baggage** coverage, the insurance takes effect on your departure date, which is the day you leave your residence.

For the “while aboard an *aircraft*” option under **Accident** coverage, the insurance takes effect on the flight departure date.

■ Termination of Insurance

Your insurance terminates on the earliest of the following dates:

- a) the end date specified on your *special conditions*;
- b) the actual date you return to your residence for **Baggage** coverage and **Accident** coverage, or the actual date you return to your *province of residence* for all other coverages; this date applies whether you return of your own volition or as a result of *repatriation* arranged by the Assistance Service;
- c) furthermore, for **Trip Cancellation** coverage, the date of the event that caused the *trip* to be cancelled prior to your scheduled departure date.

Termination of Frequent Travel Package Insurance

The **Frequent Travel Package** terminates on the first of the following dates:

- a) 12 months after its effective date, unless it is renewed;
- b) 12 months after the latest renewal in the event of a renewal year;
- c) on the actual date you return to your residence for **Baggage** coverage and **Accident** coverage, or the actual date you return to your *province of residence* for all other coverages;

- d) on the date of the *event* that causes the *trip* to be cancelled before your scheduled departure date;
- e) on the date on which the number of days (including your departure and return dates) specified on your *special conditions* have elapsed. This number corresponds to the maximum duration of coverage for each *trip* taken outside your *province of residence*. However, if you extended your **Frequent Travel Package** coverage, each coverage terminates on the appropriate date specified in this distribution guide.

■ Extension of Coverage

If your *trip* exceeds the duration indicated in your *special conditions*, you must ask the *Insurer* for an extension of your travel coverage. To extend **Emergency Health Care** or **Baggage** coverage or the “while travelling” option of **Accident** coverage:

- a) The *Insurer* must receive your application for *extension of coverage* and the premium payment before coverage terminates.
- b) The *extension of coverage* must be purchased to cover the rest of your *trip*.
- c) However, the *Insurer* may approve your application for *extension of coverage* within 24 hours of the date on which your coverage terminates, if you can prove that you were unable to apply earlier. No extensions will be granted after this period of time.
- d) Additional condition for **Emergency Health Care** coverage: You must be covered under a government health and hospitalization insurance plan for the entire duration of the *trip* and for the duration of any *extension of coverage* under this plan.

To extend **Trip Cancellation** or **Emergency Return Trip** coverage or the “while aboard an *aircraft*” option of **Accident** coverage:

- You must inform the *Insurer* if you are extending your *trip* before the return date specified on your *special conditions*. The new scheduled return date will subsequently be entered on your *special conditions*.

Your insurance will be automatically extended, free of charge:

- a) If your return is delayed because the *passenger conveyance* in which you are travelling as a paying passenger was delayed. The maximum extension is 72 hours.
- b) If you are delayed because of a traffic accident or a mechanical problem of a *vehicle* aboard which you are travelling. The maximum extension is 72 hours.
- c) If you are hospitalized and your insurance terminates while you are confined to a *healthcare facility*; the maximum extension is 72 hours after you are discharged from the *healthcare facility*.
- d) If you receive a *living expense* allowance and have to delay your return because of an *illness* or *accident* covered under your insurance. The *extension* is limited to 72 hours after the last of the following periods have elapsed:
 - the *living expense* allowance payment period; or
 - the hospitalization period.
- e) If you have checked your insured property with a *common carrier* and delivery is delayed, your **Baggage** coverage continues until the *common carrier* returns your property to you.

The **Trip Cancellation** coverage and **Accident** coverage with the “while aboard an *aircraft*” option will be automatically extended until the actual date that you return to your *province of residence*:

- a) if your return is delayed for one of the above-mentioned reasons; and
- b) if your *trip* is insured under these coverages and your return is delayed.

■ How Is the Cost of my Insurance Calculated?

The premium is calculated based on the following information:

- a) your age on the departure date, or upon renewal if you are renewing the **Frequent Travel Package**;

- b) the length of the insured *trip*;
- c) the coverages selected;
- d) the amounts of insurance selected, and which are indicated on your *special conditions*;
- e) your health, if you fall into a certain age group;

The premium also includes the administrative fees charged by the *Insurer* to issue Travel Insurance and any applicable taxes.

■ What You Need to Know about Premiums

When you apply for Travel Insurance, you authorize the *Insurer* to deduct the premium required to bring the coverage into force. The premium is withdrawn from a chequing account or charged to a credit card, and **is payable in a lump sum.**

If you hold the **Frequent Travel Package** and you are under age 55, the *Insurer* will collect the premium each year on the automatic renewal date. If you do not want to renew your coverage, you must inform the *Insurer* accordingly.

The *Insurer* may change usual premium in the context of a promotion.

■ Is Contract Renewal Guaranteed?

If you hold the **Frequent Travel Package**, the *Insurer* will advise the *contract holder* in writing of the upcoming renewal of the contract 30 days before the contract expiry date. If you are under age 55, the insurance is automatically renewed on the contract expiry date, provided the premiums are paid. If you are between ages 55 and 80, you must complete the insurability questionnaire and the *Insurer* must have deemed you to be insurable for the insurance to be renewed. When you reach age 81, the **Frequent Travel Package** can no longer be renewed.

The *Insurer* will renew the **Frequent Travel Package** in accordance with the payment method and details that applied to the insurance application or the last renewal. You must advise the *Insurer* of any change to your address so you can receive your renewal notice, or any change to your account so the required premium can be collected. If you do not want to renew your insurance, you must advise the *Insurer* accordingly.

■ Can the Insurer Amend or Cancel the Contract?

The *Insurer* can make changes to its Travel Insurance products; however, these changes will apply only to new *special conditions* and **Frequent Travel Package** renewals.

The *Insurer* may cancel the contract in any of the following situations:

- a) If you make a false statement, whether fraudulent or not;
- b) If you omit or refuse to disclose information pertaining to any of the *insureds* under your insurance contract;
- c) If you refuse to authorize the *Insurer* to use information deemed essential concerning what you knew, and which is related to the insured events or risks;
- d) If you refuse the treatment prescribed by the attending *physician* or the Assistance Service, or if you refuse to follow the Assistance Service's instructions to:
 - change *healthcare facility*;
 - undergo diagnostic examination;
 - return to your *province of residence*.

The *Insurer* can also terminate the contract if the premium is not paid. In this case, the *Insurer* sends a cancellation notice to the *contract holder*, indicating that the insurance will terminate if the premium is not paid within 30 days.

IMPORTANT

LIMITATIONS FOR PRE-EXISTING MEDICAL CONDITIONS OR INJURIES

The following tables apply to Emergency Health Care and Trip Cancellation coverage.

If a person has more than one pre-existing medical condition or injury, the following tables apply to each one separately. Limitations related to pre-existing medical conditions or injuries are applied in addition to the eligibility and risk selection requirements.

AGE 54 OR UNDER
 During the 3 months preceding the effective date of coverage

Did the *insured* have a medical condition or injury for which he/she:

- consulted a *physician*?
- took medication?
- was hospitalized?
- received treatment?

Or was advised to do so by a *physician* or is waiting for results?

NO	YES	
Insured	Did the <i>insured</i> have this medical condition or injury more than 3 months before the effective date of coverage and has it remained STABLE* during the 3 months preceding the effective date of coverage?	
	YES	NO
	Insured	Not insured for this or any other related medical condition or injury.

AGE 55 OR OVER
 During the 6 months preceding the effective date of coverage

Did the *insured* have a medical condition or injury for which he/she:

- consulted a *physician*?
- took medication?
- was hospitalized?
- received treatment?

Or was advised to do so by a *physician* or is waiting for results?

NO	YES	
Insured	Did the <i>insured</i> have this medical condition or injury more than 6 months before the effective date of coverage and has it remained STABLE* during the 6 months preceding the effective date of coverage?	
	YES	NO
	Insured	Not insured for this or any other related medical condition or injury.

* "STABLE" means that the *insured* was not hospitalized and the treatment and dosage of medication was not changed (other than decreased). In the case of someone taking Coumadin or medication for diabetes, "stable dosage" is not a factor that is considered.

For Emergency Health Care coverage, the 3- or 6-month reference period specified in the above tables starts on the actual date of your departure. For Trip Cancellation coverage, it starts:

- a) on the date you purchase the insurance if the coverage is not part of the Frequent Travel Package;**
- b) on the date you pay for your *trip* in full or make your first partial payment if the coverage is part of the Frequent Travel Package.**

For the Frequent Travel Package, the 3- or 6-month reference period specified in the above tables applies separately to each *trip* based on your age and your health.

When you apply for an *extension of coverage before the trip begins*, the limitations for pre-existing medical conditions or injuries are applicable based on your age and state of health:

- a) on the actual date of your departure for Emergency Health Care coverage;**
- b) on the date on which you apply for extended coverage for Trip Cancellation coverage.**

When you apply for an *extension of coverage during the trip*, the limitations for pre-existing medical conditions or injuries are applicable based on your age and state of health:

- a) on the later of the following dates for Emergency Health Care coverage:**
 - the date on which the extended coverage begins;**
 - the date on which you apply for extended coverage;**
- b) on the date on which you apply for extended coverage for Trip Cancellation coverage.**

■ Limitations, Restrictions and Exclusions

LIMITATIONS

PRIOR COMMUNICATION WITH THE ASSISTANCE SERVICE

If an *illness* or *accident* occurs outside your *province of residence*, you **MUST** contact the Assistance Service for prior approval **BEFORE** going to a *healthcare facility*.

If you fail to call the Assistance Service in advance or to follow their instructions, you will have to pay a portion of your expenses. (See also exclusion number 14.) This portion equals 30% of the first \$10,000 of expenses incurred that would otherwise be eligible for reimbursement after any *deductible* has been applied. For example, if the benefit would normally have been \$1,000, only \$700 will be reimbursed if the Assistance Service is not contacted in advance or if you do not follow their instructions.

If you are unable to do so, a person accompanying you must contact the Assistance Service on your behalf within 24 hours of the event.

LIMITATION RELATED TO THE ACCIDENT COVERAGE - OPTION "WHILE ABOARD AN AIRCRAFT"

The total amount payable by the *Insurer* as a result of the same *accident* is limited to C\$5 million for all *insureds* under similar policies. If the total amount of claims submitted exceeds this limit, the total amount payable by the *Insurer* will be limited to C\$5 million. The benefits payable to each *insured* will be reduced accordingly.

LIMITATION RELATED TO EMERGENCY HEALTH CARE COVERAGE

Prescription drugs taken when you are not hospitalized are limited to a 30-day supply.

RESTRICTIONS

The *Insurer* is not responsible for the availability or quality of the care or services received.

No benefits are payable if the *Insurer* has refunded the premium in whole or in part before a claim is submitted.

Maximum reimbursement is \$2,500 in the case of *default*. You must, however, have given the *Insurer* written authorization to claim, on your behalf, any amount paid.

The *Insurer's* liability is limited to \$500,000 for all the expenses incurred following the *default* of a single *travel service supplier*. It is also limited to \$1,000,000 per calendar year for all expenses incurred further to the *default* of all *travel service suppliers* combined.

In the event that several people are travelling together, only three (3) insureds can submit claims for an event affecting the same *traveling companion*, regardless of how many Travel Insurance contracts they are covered by.

The *Insurer* will pay only half of the amount that would otherwise have been reimbursed if it recognizes an act of terrorism occurring before departure as a cause for cancellation.

EXCLUSIONS

The *Insurer* does not pay the amounts set out in the contract in the following circumstances: (An «X» indicates the coverage to which each exclusion applies.)

A- Baggage				
B- Accident				
C- Trip Cancellation and Emergency Return Trip				
D- Emergency Health Care				
A	B	C	D	
	X	X	X	1. If the purpose of your <i>trip</i> is to receive medical care or services, even if the <i>trip</i> is taken on the recommendation of a <i>physician</i> .
			X	2. For optional or non-emergency care, even if it is received as a result of an emergency. Care is considered optional and non-emergency if it can be obtained in your <i>province of residence</i> without endangering your life or health.
	X	X	X	3. For death, <i>loss of use</i> or expenses resulting from pregnancy, miscarriage, childbirth or their complications, if these expenses are incurred within 60 days prior to the normal expected delivery date.
	X	X	X	4. For death, <i>loss of use</i> or any <i>event</i> occurring while using narcotics or abusing drugs or alcohol. Drug abuse means exceeding the dosage recommended by a health specialist. Alcohol abuse means the consumption of alcohol resulting in a blood alcohol level of more than 80 mg of alcohol per 100 ml of blood.
	X	X	X	5. For any expenses resulting directly or indirectly from a self-inflicted injury, suicide or attempted suicide, whether or not you are aware of your actions.

A- Baggage				
B- Accident				
C- Trip Cancellation and Emergency Return Trip				
D- Emergency Health Care				
A	B	C	D	
		X	X	6. For expenses covered by a government agency or another insurer in accordance with the coordination of benefits provision described.
			X	7. For expenses incurred for life-sustaining drugs taken on an on-going basis, such as insulin, nitro-glycerine and vitamins.
			X	8. For expenses related to hospital services incurred outside your <i>province of residence</i> , when these services are not covered under your province's hospitalization insurance plan.
	X	X	X	9. For death, <i>loss of use</i> or expenses related directly or indirectly to a mental, nervous, psychological or psychiatric disorder, unless these expenses are incurred while confined to a <i>healthcare facility</i> for at least 24 hours.
X	X	X	X	10. For death, <i>loss of use</i> or any <i>event</i> occurring after departure in a region or a country that the Canadian government advised Canadians against visiting before the <i>trip</i> begins. This exclusion applies unless the <i>insured</i> or the <i>insured's</i> beneficiary demonstrates that the particular situation existing in the country visited has not contributed in some way to said death, <i>loss of use</i> or <i>event</i> .
X	X	X	X	11. For death, <i>loss of use</i> or any <i>event</i> occurring while the <i>insured</i> participated in a riot or in a criminal offence.

A- Baggage				
B- Accident				
C- Trip Cancellation and Emergency Return Trip				
D- Emergency Health Care				
A	B	C	D	
	X			12. For death or <i>loss of use</i> resulting from an act of terrorism.
			X	13. If your insurance is purchased as an <i>extension of coverage</i> to complete another insurance coverage: for expenses related to an <i>illness</i> or <i>accident</i> that occurred when the other insurance was in force. This exclusion also applies if you are hospitalized when the new coverage comes into force or if you should have been hospitalized or repatriated in accordance with the <i>Insurer's Assistance Service</i> standards.
	X	X	X	14. If you refuse the treatment prescribed by the attending <i>physician</i> or the Assistance Service, or if you refuse to follow the Assistance Service's instructions to: <ul style="list-style-type: none"> • change <i>healthcare facility</i>; • undergo diagnostic examination; • return to your <i>province of residence</i>; the insurance will be terminated.
	X	X	X	15. If an <i>accident</i> occurs while you are: <ul style="list-style-type: none"> • gliding, hang-gliding, mountain climbing, climbing, parachuting, bungee jumping, or rodeo; • training for or taking part in a motor vehicle competition. Note that "motor vehicle" means not only the <i>vehicles</i> defined in this policy but also includes all means of transportation that use one or more engines.
	X	X	X	

A- Baggage				
B- Accident				
C- Trip Cancellation and Emergency Return Trip				
D- Emergency Health Care				
A	B	C	D	
	X	X	X	<ul style="list-style-type: none"> participating in sports or underwater activities as a professional (person who engages for gain in an activity as your main gainful occupation) or scuba diving as an amateur, unless you hold a basic scuba diving licence from a certified school.
		X	X	16. For any treatment or diagnosis of an <i>illness</i> or affliction related directly or indirectly to the human immunodeficiency virus (HIV).
			X	17. For care, treatment or surgery received for cosmetic purposes and any related complications.
		X		18. If, on the insurance enrolment date, you were aware of the reason that would prevent you from taking or completing the <i>trip</i> .
		X		19. If this reason did not prevent you, beyond any reasonable doubt, from taking or completing the <i>trip</i> .
		X		20. The cancellation during the <i>trip</i> of an excursion, outing, or activity lasting one day or less that does not end the <i>trip</i> before the planned return date.
		X		21. If you take the <i>trip</i> to visit an ill or injured person whose state of health or death causes you to cancel your departure or change the originally scheduled return date.

A- Baggage				
B- Accident				
C- Trip Cancellation and Emergency Return Trip				
D- Emergency Health Care				
A	B	C	D	
	X			22. If death or <i>loss of use</i> occurs more than 52 weeks after the <i>accident</i> , unless the <i>insured</i> is in a coma at the end of this period; the <i>Insurer</i> will then determine the benefits payable, if any, at the end of the coma.
X				23. For the theft of animals, the damage or theft of bicycles (except as checked baggage on a <i>common carrier</i>), trailers, boats, motors, aircraft (the term "aircraft" means in this case any craft capable of flight) or other means of transportation or their accessories, furniture and other furnishings, dentures, hearing aids, artificial limbs, contact lenses, eyeglasses (prescription or sunglasses) or their accessories, money, tickets, bonds, securities and documents, perishable items, professional supplies or property used for an occupation, antiques and collectors' items, or illegally acquired, held, stored or transported property.
X				24. For damage caused by normal wear and tear, voluntary damage, gradual deterioration, insects, vermin, a manufacturing defect, or damage caused by repairs or treatments to an object, or the breaking of fragile or brittle objects.
X				25. For theft resulting from your own oversight or carelessness.

A- Baggage				
B- Accident				
C- Trip Cancellation and Emergency Return Trip				
D- Emergency Health Care				
A	B	C	D	
X				26. For damage or theft of an item insured under a contract issued by another insurer in accordance with the coordination of benefits provision, or for which you can request compensation from the <i>common carrier</i> .
X				27. For damage caused by radiation or radioactive contamination.
		X	X	28. For expenses incurred for the treatment of a pre-existing medical condition or injury for which you are not insured based on the limitations for pre-existing medical conditions or injuries.
	X	X	X	29. In the case of the Frequent Travel Package: If the <i>insured</i> was the driver, the pilot, a crew member or a non-paying passenger travelling in a <i>commercial vehicle</i> . This exclusion will not apply if the aforementioned vehicle was used solely as a means of private transportation during the vacation and if the vehicle was a car or van (or truck) with a maximum load capacity of 1000 kg; a road vehicle in which you are not travelling as a driver.
	X	X	X	30. If you travel aboard an aircraft free of charge. The term "aircraft" means in this case any craft capable of flight.
	X	X	X	31. For expenses or compensation already paid under another coverage of this contract.
	X	X	X	32. If a <i>physician</i> had advised you not to travel.

■ Cancellation of the Contract

Full Refund

You can ask the *Insurer* to cancel your Travel Insurance contract. You must contact the *Insurer* before the indicated departure date. Your premium will then be refunded.

Partial Refund

You may receive a partial refund of your premium if you have to return earlier than expected. In this case, the *Insurer* will deduct administrative fees from the refund amount. The unused coverage period is then calculated based on the date of receipt of the refund request. The request must be submitted within two weeks following the early return date.

For example, if you return 10 days before the end of a *trip* scheduled to last 25 days, the refund would be calculated as follows:

(Premium paid) – (15 days) x (rate per day)
administrative fees subtracted from this amount

Applicable Exclusions

In the following cases, **your premium will not be refunded**, even if you must interrupt or cancel your *trip*:

- a) if you have **Trip Cancellation** coverage (**valid prior to departure**);
- b) if you have paid for a family premium and are in one of the following situations:
 - the early return does not concern all of the *insureds*; or
 - a claim has been submitted by one of the *insureds* and was accepted;
- c) if you have the **Frequent Travel Package**;
- d) if you submitted a claim for the *trip* which was already approved.

2- CLAIMS

a) Submitting a Claim

To submit a claim, first contact the *Insurer* at one of the following numbers:

Canada or the United States – Toll free
1-877-888-4873

Anywhere in the world – Call collect
418-647-5299

To speak directly with a Canadian operator who will put through your collect call to the Insurer, dial the Canada Direct access code from the country you are in. Codes are available at: www.infocanadadirect.com.

The *Insurer* will provide you with a claim form upon request.

For **Emergency Health Care** coverage, you must also provide to the *Insurer* the original invoice for care received. This invoice must include:

- a) the date on which the care was given;
- b) the name of the *insured* who received the care;
- c) the diagnosis;
- d) the description of the care dispensed;
- e) signature of the attending *physician*;
- f) the cost of the care received.

For **Trip Cancellation** coverage, you must also, depending on the type of benefits, provide one or more of the following supporting documents:

- a) the unused transportation tickets;
- b) the official receipts for the cost of the return trip (other than those for the return trip specified in the *special conditions*);
- c) the receipts for the land arrangements (hotel reservations, car rentals, etc.). These must include the contracts that were officially issued through the travel agency or an accredited company, and must indicate the amounts not refunded in the event of cancellation;

d) an official document stating the cause of cancellation of your *trip*. If cancellation is due to medical reasons, you must provide a medical certificate from the attending *physician* practising in the region where the *accident* or *illness* occurred. This medical consultation must have taken place before the date of your departure or before the date of your return, as the case may be. Furthermore, the medical certificate must indicate the complete diagnosis and specify the exact reasons why the *trip* had to be cancelled.

For **Emergency Return Trip** coverage, you must also provide one or more of the following supporting documents:

- a) official receipts for travel expenses to and from (other than those for the return trip specified in the *special conditions*).
- b) an official document stating the reason for interrupting your *trip*. If you interrupted your *trip* for medical reasons, you must provide a medical certificate from the attending *physician* practising in the region where the *accident* or *illness* occurred. This medical consultation must have taken place during your *trip*. The medical certificate must indicate the complete diagnosis and specify the exact reasons why you need to return.

For **Baggage** coverage, you must also:

- a) notify the police as soon as you become aware of the loss;
- b) notify the *Insurer* as quickly as possible;
- c) take all reasonable steps to protect, safeguard or recover your property;
- d) obtain a written statement of the theft or damage, such as a police report, or a statement from the hotel manager, tour guide or representatives of the transportation company;
- e) provide proof of the value of the property, along with a sworn statement;
- f) if your baggage is delayed, provide proof of delay of the baggage checked with the *common carrier*, as well as receipts of purchases.

For all coverages, you must provide all the documents required by the *Insurer*, even if they are not indicated on the claim.

In all cases, you must send your claim to the *Insurer* within 90 days of the loss. Proof and other information must be sent to the *Insurer* within 90 days of filing your claim.

The *Insurer* will pay no benefits until you or any other person entitled to receive benefits authorizes the collection and disclosure of personal information.

When you submit a claim, the *Insurer* reserves the right to have you examined by a *physician* of its choice.

For all **Baggage** claims, the *Insurer* may demand to see any damaged property or items in order to assess the damage.

b) Insurer's Reply

Once the *Insurer* has approved the claim, benefits will be paid within 30 days of receipt of the documented evidence required.

If the *Insurer* does not approve the claim or only pays a portion of the benefit, it will send a letter to the claimant explaining the reasons for its decision. It will send the letter within **30 days** of receipt of the documents requested to examine the claim.

c) Appealing the Insurer's Decision and Recourse

If the *Insurer* does not approve your claim, you may submit additional information and request that it review your file. This option is also available to your beneficiaries.

Note that the law provides for a maximum of 3 years (period of prescription) within which to contest the *Insurer's* decision.

If you are a Quebec resident and want to know more about your rights, you can call the Autorité des marchés financiers at 1-877-525-0337. You can also consult your legal advisor.

■ Benefit Payment Methods

Payment of benefits or the reimbursement of expenses incurred by an *insured* will be made by direct deposit or by cheque payable to the *contract holder*. For **Accident** coverage, in the event of death, payment will be made to the *contract holder* or to his legal heirs, if *contract holder* is deceased. In the case of a *loss of use*, the payment is made to the *insured* if the *insured* is of the age of majority, or to the *insured's* legal guardian if the *insured* is a minor.

It is understood that no benefits will be paid if the *Insurer* has refunded all or part of your insurance premium before receiving your claim.

Unless otherwise indicated, all amounts specified in the insurance contract are expressed in Canadian dollars. All payments set out in this contract will be made in Canadian currency at the prevailing exchange rate on the date of the payment by the *Insurer*.

■ Coordination of Benefits

The *Insurer* takes into account any benefits and reimbursements that can be obtained from other organizations (private or public), so that the amounts paid to the *contract holder* do not exceed the expenses actually incurred. The benefits and reimbursements that can be obtained from another organization include those that would have been paid by this organization if a proper claim had been submitted to it.

The order of payment of benefits is established as follows:

- a) An organization that does not have a coordination of benefits provision becomes the first payer of your benefits.
- b) Otherwise, your benefits or reimbursements will be divided proportionally between the organizations, based on the amounts that should have been paid by each of them.

As well, if you do not contact the Assistance Service within the required time or if you do not follow their instructions, you will have to pay 30% of the first \$10,000 of eligible expenses incurred after any *deductible* has been applied.

■ Right of Subrogation

By paying the premium for this insurance, you agree that the *Insurer* automatically acquires the right to prosecute the perpetrator of the damage in your name and at its own expense, up to the amount of benefits it paid out.

■ Dividends

Under this contract, dividends are payable on the profits earned by the *Insurer* on similar contracts. Dividends are apportioned and calculated in the manner the *Insurer* sees fit.

3- SIMILAR PRODUCTS

Similar products are also available on the market. Check whether or not you already have insurance that provides you the same coverage as that described in this guide.

4- REGULATORY AGENCIES

To learn more about the insurance product, call the *Insurer*. For more information on the *Insurer's* and the distributor's obligations, contact the appropriate provincial regulatory agency responsible for overseeing the application of insurance legislation.

Autorité des marchés financiers (Quebec residents only)

Place de la Cité, Tour Cominar
2640, boul. Laurier, bureau 400
Québec (Québec) G1V 5C1
Phone: 1-877-525-0337
E-mail: information@lautorite.qc.ca
Web Site: www.lautorite.qc.ca

Financial Services Commission of Ontario (Ontario residents only)

Financial Services Commission of Ontario
5160 Yonge Street
P.O. Box 85
Toronto, Ontario, M2N 6L9
Phone: 1-800-668-0128
Email: contactcentre@fsco.gov.on.ca
Website: www.fsco.gov.on.ca

5- PERSONAL INFORMATION MANAGEMENT

Desjardins Financial Security Life Assurance Company (DFS) handles the personal information it has on you in a confidential manner. DFS keeps this information on file so that you may benefit from the Company's various financial services (insurance, annuities, credit, etc.). This information is consulted solely by DFS employees who need to do so in the course of their work.

You have the right to consult your file. You may also have information corrected if you demonstrate that it is inaccurate, incomplete, ambiguous or not useful. To do so, you must send a written request to the following address:

Privacy Officer
Desjardins Financial Security
Life Assurance Company
200, rue des Commandeurs
Lévis (Québec) G6V 6R2

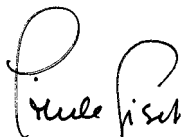
DFS may send information on its promotions or offer new products to those whose names appear on its client list. DFS may also give its client list to another component of the Desjardins Group for the same purposes. If you do not wish to receive these offers, you may have your name removed from the list. To do so, you must send a written request to the Privacy Officer at DFS.

DFS uses service providers located outside of Canada to perform certain specific activities in its normal course of business. As such, it is possible that some of your personal information may be transferred to another country and be subject to the laws of that country. For information about DFS's policies and practices in terms of transferring personal information outside of Canada, visit the DFS website at www.dsf-dfs.com, or write to the DFS Privacy Officer at the address indicated above. The Privacy Officer can

also answer any questions you may have about the transfer of personal information to service providers located outside of Canada.



Denis Berthiaume
President and
Chief Operating Officer
Desjardins Financial Security
Life Assurance Company



Linda Fiset
Vice-President
Creditor and Direct Insurance
Desjardins Financial Security
Life Assurance Company



Sylvie Paquette
President and Chief Operating Officer
The Personal Insurance Company

6- DISSATISFIED? LET US KNOW.

As a responsible company that is attentive to the needs of its clients, Desjardins Financial Security wants to provide each and every one of them with products and services that meet their expectations. However, if you are dissatisfied with any of our products or services, please let us know by following the steps below.

1. Contact the person from whom you purchased the product.

Call the person who sold you the insurance. You can find the number by consulting the literature you received when you purchased the product in question. Ask for explanations. In most cases, a simple call is all it takes to get the answers you are looking for.

2. Call our Customer Service Centre.

If you are not fully satisfied with the explanations provided in step 1, contact our Customer Service Centre at 1-866-838-7584. Our staff is very familiar with our products and will certainly be able to help you.

3. Write to our Dispute Resolution Officer.

If you are not satisfied with the explanations you received from our Customer Service Centre, you may file a complaint with Desjardins Financial Security's Dispute Resolution Officer. This person's role is to assess the merits of the company's decisions and the soundness of its practices.

Please write to:

Dispute Resolution Officer

Desjardins Financial Security

200, rue des Commandeurs

Lévis (Québec) G6V 6R2

Or email: disputeofficer@dfs.ca

You can also call the Officer at 1-877-838-8185.

For more information on the procedure to follow in the event of a problem or complaint, please visit our website at www.dfs.ca/complaint, where you can also find complaint forms.

Your satisfaction is our priority!

Helpful hints

- Make sure you have all the documents and information required to provide a detailed explanation of the problem (account statements, names of employees in question, dates, etc.).
- Write down the names of the individuals with whom you have spoken, and the dates of your conversations.
- Include your name, address and telephone number in any correspondence.

ASSISTANCE SERVICE

The Assistance Service can be contacted at any time while your insurance is in force. The main services offered in the event of *accident* or *illness* are:

- 24-hour toll-free telephone assistance;
- referral to *physicians* or *healthcare facilities*;
- assistance with admission to *healthcare facilities*;
- transportation if you require emergency care;
- *repatriation* to your city of residence, as soon as your state of health permits it;
- *repatriation* of a *travelling companion*, your *spouse* or your *dependent children*;
- settlement of formalities in the event of death;
- delivery of medical assistance and medication if you are too far from a *healthcare facility*;
- the necessary arrangements to send for a *family member* (when prescribed by the *physician*); these services are available only if you are confined to a *healthcare facility* for at least 7 days and you are not accompanied by a person aged 18 or over;
- transmission of messages to your close friends or family in the event of an emergency;
- assistance in replacing lost or stolen tickets, identification papers or official documents required to continue the *trip*;
- assistance in finding lost or stolen baggage;
- assistance in the case of language barriers;
- information prior to departure concerning passports, visas and vaccinations required in the country of destination;
- assistance in case of *accidents* and legal problems.

The information required when you contact the Assistance Service can be found in the following section.

**INFORMATION REQUIRED BY
THE ASSISTANCE SERVICE**

When you contact the Assistance Service concerning a medical consultation or hospitalization, the following information must be provided:

1- Information concerning the caller

Name: _____

Telephone: _____

2- Information concerning the sick or injured person

Name: _____

Date of birth: _____

Permanent address: _____

Telephone: _____

SIN: _____

Other travel insurance: _____

3- Where can the sick or injured person be reached?

Address: _____

If in a *healthcare facility*, room no.: _____

Telephone: _____

Fax: _____

4- What medication is the *insured* currently taking?

5- Summarize the circumstances under which the *accident or illness occurred* (What happened? When? Date of consultation or hospitalization?)



Whenever an *illness* or *accident* occurs outside of your *province of residence*, you **MUST** contact the Assistance Service **BEFORE** going to a *healthcare facility* and you must follow their instructions. Otherwise, you will be required to pay 30% of the first \$10,000 incurred that would normally, after the application of all *deductibles*, be eligible for benefits. The Assistance Service is available toll-free 24 hours a day.

Fold here

Contract No.: _____

Departure date: _____ Return date: _____

Type of coverage: _____

Name of your physician: _____

Tel. No.: _____ **Area code + Number**

Person to contact in case of emergency

Name: _____

Tel. No.: _____ **Area code + Number**

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TRAVEL INSURANCE

**TRAVEL
ASSISTANCE
CARD**

In case of an *accident* or an *illness* likely to require medical care or hospitalization abroad, you must call the Assistance Service, regardless of the time of day or night, or wherever you are in the world. Please call one of the following telephone numbers:

En cas d'accident ou de maladie pouvant nécessiter des soins médicaux ou une hospitalisation à l'étranger, vous devez communiquer avec le Service d'assistance, peu importe le lieu et l'heure, en composant le :

En caso de accidente o de enfermedad que pueda requerir asistencia médica o una hospitalización en el extranjero, tiene que comunicar con el servicio de ayuda, cualquiera que sea el lugar y la hora, llamando por teléfono al:

Fold here

Canada and United States (toll free):
Canada et États-Unis (sans frais) :

1-800-465-6390

In any other country
(Except North and South America) **(toll free):**
Ailleurs dans le monde
(à l'exclusion des Amériques) **(sans frais) :**

Country's Overseas Area Code
Indicatif outre-mer du pays

+ 800 29 48 53 99

Available in certain countries
Accessible de certains pays

Anywhere in the world (call collect):
Partout dans le monde (à frais virés) :

514-875-9170

To speak directly with a Canadian operator who will put through your collect call to the Assistance Service, dial the Canada Direct access code from the country you are in. Codes are available at www.infocanadadirect.com.

Pour parler directement avec un opérateur canadien qui appellera le Service d'assistance à frais virés, composez le code d'accès de Canada Direct du pays dans lequel vous voyagez. Les codes sont disponibles sur le site www.infocanadadirect.com.

TRAVEL ASSISTANCE CARD

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Type of coverage: _____

Name of your physician: _____

Tel. No.: _____ **Area code + Number**

Person to contact in case of emergency

Name: _____

Tel. No.: _____ **Area code + Number**



www.desjardinstravelinsurance.ca

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