

General conditions for your Visitors to Canada Insurance contract

Visitors to Canada Insurance
is offered on an individual basis.

Things you must absolutely do:

Before the effective date of coverage



Make sure that you are covered for a medical condition or injury you already had before the effective date of coverage. See pages 9 and 10.

In case of emergency



You must call us BEFORE going to a hospital or clinic and follow the instructions we provide. Otherwise, you will have to pay 30% of the expenses, up to \$3,000. See page 1.

To:

- **Make a claim**
- **Make changes to your contract**
- **Ask questions**

Canada and the
United States, toll free:
1-855-440-9884

Anywhere in the world:
418-647-5476

The words “we”, “us” and “our” refer to the insurer (Desjardins Financial Security Life Assurance Company) and its assistance service.

IMPORTANT NOTICE PLEASE READ CAREFULLY

Purpose of the insurance

The purpose of this insurance is to provide financial protection if you have an *accident* or suddenly and unexpectedly become *ill* during your visit to Canada or side trip outside Canada.

Limits and exclusions

This insurance includes certain limits and exclusions that could reduce your coverage. For example, you might not be covered for expenses related to an injury, *illness* or symptoms you had **before** the effective date of coverage. See page 9 to find out if the “Exclusion for pre-existing medical conditions or injuries” applies to you.

If you have an *accident* or become *ill* during your visit to Canada or during a side trip, we might review your medical history when assessing your claim.

A 4-day waiting period applies after the insurance is purchased. During this waiting period, you are not covered for any *illnesses*. For example, if you purchase the insurance on November 2, you will not be covered for any *illnesses* for which the initial symptoms began between November 2 and 6, inclusive. If, however, your coverage begins more than 4 days after the purchase date, the waiting period does not apply.

You must call us before seeking treatment

If you are injured or become *ill*, **you must call us BEFORE going to a hospital or clinic** and follow the instructions we provide.

If you don't, you will have to pay 30% of the expenses that would otherwise have been eligible for reimbursement after any deductible has been applied, up to \$3,000. If you are unable to contact us yourself, have someone call us on your behalf within 24 hours of the *accident* or start of the *illness*.

PLEASE READ YOUR VISITORS TO CANADA INSURANCE CONTRACT AS SOON AS YOU RECEIVE IT

Desjardins Financial Security Life Assurance Company

200, rue des Commandeurs, Lévis (Québec) G6V 6R2

Telephone: 1-855-440-9884

Fax: 1-866-301-7131

desjardins.com/visitorstocanada

**You must call us BEFORE
going to a hospital or clinic
and follow the instructions we provide**

If you are unable to contact us yourself, have someone call us on your behalf within 24 hours of the *accident* or start of the *illness*.

To call us



**CANADA AND THE UNITED STATES
TOLL FREE**

1-888-875-3228

**ANYWHERE IN THE WORLD
CALL COLLECT**

514-871-3228

ATTENTION

If you do not contact us or follow the instructions we provide, you will be responsible for 30% of the expenses incurred that would otherwise have been eligible for reimbursement after any deductible has been applied, up to \$3,000. For example, if the benefit would normally have been \$1,000, only \$700 will be reimbursed if you don't contact us in time or follow the instructions we provide.

DOCUMENTS THAT MAKE UP YOUR CONTRACT

The following documents make up your Visitors to Canada Insurance contract:

1. **These general conditions**

This document describes what is and is not covered by the insurance, how your premium is calculated and paid, how to submit a claim, the situations that may lead to contract termination, etc.

2. **Your special conditions**

This document indicates the maximum amount of coverage you chose for each *insured*, coverage start and end dates, applicable deductible, premium, etc.

3. **Any rider or appendix** that indicates a contract update.

FREE-LOOK PERIOD

You have 10 days from the date the contract is received to read it and notify us if you are not satisfied. At your request, we will cancel the contract as of the contract effective date. This date is indicated in the special conditions. We will also refund any premiums paid, except in the following circumstances:

- a) If the request is made after the coverage terminates or
- b) If you have submitted a claim.

The words in *italics* in this document are defined on pages 21 and 22.

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1. PRODUCT DESCRIPTION

How does this insurance cover you?

During your visit to Canada

Visitors to Canada Insurance covers you if you have an *accident* or become *ill* while in Canada and need emergency health care.

During a side trip outside Canada

This insurance also covers you if you have an *accident* or become *ill* while on a side trip outside Canada (except to your *country of residence*). The side trip must be made starting from Canada, and the duration of all side trips must be less than 50% of the duration of your coverage. For example, if you are covered for a 30-day visit to Canada, you will also be covered if you leave Canada to visit the United States for 4 days and Mexico for 7 days.

Who is eligible for this coverage?

You may be eligible for Visitors to Canada Insurance if:

- You are a Canadian citizen who is not covered under a provincial health plan.
 - You are an international student who has a student visa.
 - You are a foreign worker who has a work visa.
 - You are an immigrant waiting for your provincial health coverage to take effect.
 - You are a visitor to Canada.
- AND
- You are between the ages of 15 days and 84 years.

Do you have to answer health questions?

We need to ask you questions about your health to determine whether we can insure you.

We cannot insure you in any of the following situations:

- A *physician* has advised you not to travel.
- You have undergone radiotherapy, chemotherapy or cancer surgery or your *physician* has recommended that you undergo any of these treatments (excluding oral medications) in the past year.
- You have a terminal illness and your life expectancy is less than 2 years.
- You have kidney failure requiring dialysis.
- You are using home oxygen to treat a lung condition.
- You have heart failure.
- You have metastatic cancer.
- You have already had, or are waiting for, an organ transplant (excluding cornea transplant).

Even if we agree to insure you, you might not be covered for expenses related to any injury or medical condition you had before the coverage took effect. To find if you're covered, you'll need to answer the questions in the "Exclusion for pre-existing medical conditions or injuries" table on page 9. If you have any questions, feel free to contact us or your *physician*.

How do you buy the insurance?

You can purchase Visitors to Canada Insurance:

- a) By phone at **1-855-440-9884** (toll-free)
- b) Online at visitorsnocanadadesjardins.ca

When you apply for insurance, you must provide us with:

- a) Answers to the health questions
- b) Any other information required to issue the insurance contract.

What care and services are covered?

Visitors to Canada Insurance covers expenses incurred for certain **emergency medical services** if, during your visit to Canada or your side trip outside Canada:

- a) You have an *accident*
- b) You suddenly and unexpectedly become *ill*.

“Emergency medical services” refers to any medical services that must be provided immediately by a *physician* or dentist that cannot be postponed until you return to your *country of residence*. We consider the emergency to have ended when the attending *physician* and the assistance service’s medical advisors believe you are able to continue your trip or return to your *country of residence*. Once the emergency has ended, we will no longer cover any expenses related to the *illness* or *accident* in question.

Eligible expenses are reimbursed up to the maximum indicated in your special conditions. All amounts are per *insured*. We are not responsible for the availability or quality of the care or services received.

Eligible expenses are as follows:

1. Hospital services

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

2. Medical care and services

a) Services of a *physician*, a nurse practitioner, a surgeon or an anaesthetist.

And if they are prescribed by a *physician*:

b) Laboratory tests and X-rays

c) Private duty services provided by a *nurse* while you are hospitalized

d) Drugs that can only be obtained with a prescription

e) Purchase or rental of crutches, canes, splints, or the rental of a wheelchair, a respirator or other medical or orthopaedic appliances. Note: If the total rental cost exceeds the purchase cost, we will only reimburse the purchase cost.

3. Paramedical services

If prescribed by a *physician*: the services of chiropractors (excluding X-rays), podiatrists and physiotherapists who are members in good standing of their professional associations (up to \$300 for each professional).

4. Dental services

Emergency treatment for the repair of damage resulting directly from an accidental blow to the mouth to natural healthy teeth (up to \$3,000).

5. Transportation by ambulance

Transportation to the closest facility where appropriate medical treatment is available. You do not have to obtain prior approval to use local ambulance services.

6. Living expenses

Reasonable living expenses if the return must be delayed because you or one of your *travel companions* has an *illness* or injury certified by a *physician* (up to \$150 a day or a total of \$1,500). Living expenses include expenses for room and board, as well as certain telephone charges and taxi fares.

7. Repatriation

- a) *Repatriation* to your *country 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.
- b) *Repatriation* to your *country of residence* if a *travel companion* is repatriated and if the *repatriation* prevents you from returning to the point of departure by the means of transportation originally arranged for the return trip.

We have to approve and plan *repatriation* so that is covered by the insurance.

The following *insureds* may be *repatriated* to their Canadian province of residence:

- A Canadian citizen who is not covered under a provincial health plan.
- An immigrant who is waiting for their provincial health coverage to take effect.

8. Transportation expenses

- a) 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 *travel companion*. This transportation will be covered only if the necessity is confirmed by the attending *physician*.
- b) Round-trip economy transportation by the most direct route of a *family member* who must leave their *country of residence* to come and identify the *insured's* body in the event of their death or visit the *insured* during a stay at a *hospital* that lasts more than 7 days during the trip. The insurance covers transportation provided that the necessity for such transportation is confirmed by the attending *physician* and that the *insured* is not already accompanied by a *family member* aged 18 or over. This person will also be entitled

to the reimbursement of their living expenses (up to \$150/day, \$500 total). They will also be automatically covered under your contract for the duration of the visit, up to 72 hours after you are discharged from the *hospital*.

We have to approve and plan transportation so that is covered by the insurance.

9. Death

In the event of an *insured's* death:

- *Repatriation* of the body or ashes to the *insured's country of residence* by the most direct route. Maximum reimbursement: \$10,000 for transportation, and for preparation of the body (including cremation, if applicable).
- Cremation or burial in Canada or in the country where death occurred. Maximum reimbursement: \$4,000. Note: The cost of a coffin or urn is not covered.

We have to approve and plan *repatriation*, cremation or burial so that is covered by the insurance.

Limitations

If you don't contact us before seeking treatment

In case of *accident* or *illness*, we will handle your case and direct you to a *hospital* or clinic. If you have an *accident* or become *ill* and need emergency medical care during your visit to Canada or a side trip outside Canada, you must call us BEFORE going to a *hospital* or clinic and follow our instructions. If you don't, you will have to pay a portion of the expenses. See page 1 for details.

For prescription drugs

We will reimburse drugs (maximum 30-day supply) prescribed for an *illness* or *accident*. This limit applies to each *illness* and *accident*. It does not apply while you are hospitalized.

Exclusions

For pre-existing medical conditions or injuries

The purpose of this insurance is to provide financial protection if you have an *accident* or suddenly and unexpectedly become *ill* during your visit to Canada or side trip outside Canada. You might not be covered for expenses related to an injury or medical condition that existed **before** the effective date of coverage, even if your coverage has been approved.

Each *insured* must answer the questions below for **each** injury or medical condition.

During the 6 months preceding the effective date of coverage, did you have a medical condition or injury (other than a **minor ailment**) for which you:

- experienced symptoms?
- consulted a *physician*?
- took medication?
- were hospitalized?
- underwent or are awaiting tests?
- received treatments?

Or were advised to do so by a *physician* or are waiting for results?

NO	YES	
You are covered	Did this medical condition or injury occur 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
You are covered		You are not covered for this medical condition or injury or any other related medical condition or injury, even if your insurance application was approved.

“Minor ailment” refers to any *illness*, injury or medical condition that does not require:

- a) Prescription medication for a period greater than 21 days
- b) More than one follow-up visit to a *physician*, or
- c) Hospitalization, surgery or a referral to a specialist.

To be considered a minor ailment, the *illness*, injury or medical condition must end at least 30 days prior to the departure date of each trip. However, a chronic condition or any complication related to a chronic condition is not considered a *minor ailment*.

“**Stable**” refers to a state for which there is no hospitalization and no change to treatment or dosage (unless revised downwards). In the case of someone taking Coumadin or medication for diabetes, “stable dosage” is not a factor that is considered.

Heart and lung conditions

Have you **ever had** any of the following surgeries or any of the following heart or lung conditions?

- Heart attack
- Angina
- Bypass
- Angioplasty
- Heart-valve surgery
- Aortic aneurism
- Peripheral vascular disease
- Stroke
- Transient ischemic attacks (mini strokes)
- Emphysema
- Chronic bronchitis
- Asthma treated with cortisone
- Chronic obstructive pulmonary disease (COPD)

NO	YES
You are covered	You are not covered for this medical condition or any related condition.

Extension of coverage

If you apply for an extension of coverage before the effective date of coverage, the “Exclusion for pre-existing medical conditions or injuries” applies based on your state of health on the actual effective date of coverage.

If you apply for an extension of coverage while your coverage is in effect, the “Exclusion for pre-existing medical conditions or injuries” starts to apply again. The 6-month reference period is then calculated based on your state of health on the date you apply for the extension.

Other exclusions

We will not pay any benefits in the following situations:

Exclusions for medical reasons

1. If you become *ill* during the 4-day waiting period after the date you purchase the insurance. You will not be covered for any *illnesses* for which you experienced the initial symptoms during this period either.
2. If the purpose of the visit to Canada or your side trip outside Canada is to receive medical care or services, even if you are travelling on the recommendation of a *physician*.
3. For care other than “emergency health care” even if it is received as a result of an emergency and regardless of the availability or quality of this care in your *country of residence*.
4. If a *physician* has advised you not to travel.
5. For care, treatment or surgery for cosmetic purposes and any related complications.
6. If you receive any treatment or diagnosis of an *illness* or ailment related directly or indirectly to the human immunodeficiency virus (HIV).
7. For any expenses resulting from pregnancy, miscarriage, childbirth or related complications. Expenses incurred for any child who is born while the insurance is in effect are also excluded.
8. For any expenses related directly or indirectly to a mental, nervous, psychological or psychiatric disorder, except if you are hospitalized for over 24 hours for this condition.
9. If you incur expenses for life-sustaining drugs taken on an ongoing basis, such as insulin, nitro-glycerin and vitamins.
10. If you incur expenses for a health issue related to a congenital disorder.
11. If you incur expenses for an *illness* for which you experienced symptoms in the 6 months before the effective date of coverage and for which a reasonable person would have consulted a *physician*.
12. For emergency or non-emergency health care while your coverage is suspended because of a return to your *country of residence* (see “Effective date and termination of coverage” on page 15).
13. If you incur expenses for an injury that occurred, or an *illness* or symptoms that first developed while you were back in your *country of residence* and for any related complications.

Exclusions related to actions or activities

14. For an *accident* 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.
15. For an *accident* that occurs while you are participating in a riot or in a criminal offence.
16. 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.
17. For an *accident* that occurs while you are participating in:
 - An activity for pay
 - A sporting event for which the winners are awarded money
 - Any type of motor vehicle competition, including training, or any race
 - Amateur scuba diving, unless you hold a basic scuba diving licence from a certified school or
 - Any non-standard sport or activity with a high level of stress and risk involved such as, but not limited to: gliding, hang gliding or paragliding, climbing or mountaineering, parachuting, sky diving or bungee jumping, or any other similar activity.
18. For an *accident* that occurs while you are piloting an aircraft, learning to pilot an aircraft or acting as a crew member of an aircraft. An aircraft refers to any craft capable of flight.

Exclusions for events beyond your control

19. For an *illness* or an *accident* that occurs after departure in a region or a country that the Canadian government advised Canadians against visiting before the trip begins. However, you are covered if you or the person submitting the claim demonstrates that the particular situation existing in the country visited did not contribute in any way to the *illness* or *accident*.
20. For an *accident* that is the result of a war—whether declared or not—a riot, a revolution or an act of terrorism.

Others

21. For expenses covered by a government agency or another insurer in accordance with the coordination of benefits.
22. For expenses incurred after the date on which you refuse the treatment prescribed by the attending *physician* or if you refuse to follow our recommendations or one of the following directions:
 - change *hospital* or clinic
 - undergo diagnostic examination
 - return to your *country of residence*.
23. For expenses that exceed the reasonable and customary fees usually charged where the *illness* or *accident* occurs.

2. EXTENSION OF COVERAGE

If you decide to extend your visit beyond the date specified in your special conditions, you must contact us in order to be covered for the additional days. To do so, you'll need to:

- a) Apply for the extension and pay the required premium before your insurance terminates so that the waiting period does not start again.
- b) Extend the coverage for all the additional days, without exceeding 365 days in total.

Automatic extension

We will automatically extend your coverage, free of charge, in the following situations:

- a) Your return is delayed because the *common carrier* in which you are travelling as a paying passenger was delayed or you are delayed because of a traffic accident or a mechanical problem of a *vehicle* in which you are travelling. The maximum *extension* is 72 hours.
- b) You are hospitalized and your insurance terminates while you are confined to a *hospital*; the maximum extension is 72 hours after you are discharged from the *hospital*.
- c) 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
 - The hospitalization period.

3. EFFECTIVE DATE AND TERMINATION OF COVERAGE

Coverage takes effect on the later of the following dates:

- a) the effective date indicated in the special conditions
- b) your actual arrival date in Canada.

Coverage terminates on the earliest of the following dates:

- a) the termination date indicated in the special conditions
- b) the date your provincial health coverage takes effect
- c) 365 days after the effective date of coverage
- d) the date you leave Canada to return to your *country of residence*.*

* If you leave Canada to return to your *country of residence* and you come back to Canada while your contract is in force, your coverage will be suspended while you are away and will restart when you return to Canada for your remaining days of coverage. We will not refund any premiums paid for the days spent in your *country of residence*.

4. PREMIUM

How is the cost of your insurance calculated?

The premium is calculated based on:

- a) The age of each *insured* on the effective date of coverage
- b) The duration of the insured trip
- c) The deductible chosen
- d) The amounts of coverage chosen.

What you need to know about the premium

When you apply for insurance, you authorize us to deduct the premium required to bring the coverage into force. You must pay the premium required when you purchase the insurance. The premium is withdrawn from a chequing account with a Canadian financial institution or charged to a credit card, and is payable in a lump sum.

We may change the usual premium for certain promotions.

Premium refund in case of contract cancellation

You can ask us to cancel your Visitors to Canada Insurance contract at any time and receive a premium refund. However, a cancellation fee applies.

Refund exclusions

Your premium will not be refunded in the following situations, even if you have to interrupt or cancel your trip:

- a) You submitted a claim for the trip that was already approved, or
- b) You paid for a family premium and the early return does not involve all of the *insureds*.

5. TERMINATION OF THE CONTRACT

We 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 us to use information deemed essential concerning what you knew, and that is related to the insured events or risks.
- d) If you refuse the treatment prescribed by the attending *physician* or refuse to follow our instructions to:
 - Change *hospital* or clinic
 - Undergo a diagnostic examination
 - Return to your *country of residence*.
- e) If the premium is not paid. In this case, we will send you a cancellation notice indicating that the insurance will terminate if the premium is not paid within 30 days.

6. CLAIMS

How to make a claim

For all claims, you must complete a claim form and send it to us within 90 days of the *accident* or *illness*. Proof and other information must be sent to us within 90 days of filing your claim.

To obtain a claim form, call one of the following numbers:

CANADA AND THE UNITED STATES

Toll free
1-855-440-9884

ANYWHERE IN THE WORLD

418-647-5476

Do you have to pay a deductible?

A deductible is the non-reimbursable portion of eligible expenses, or the portion you must pay before being entitled to an initial reimbursement. For example, if your expenses are \$500 and your deductible is \$100, we will pay you \$400.

If you chose a deductible, the amount that applies to your contract is stipulated in your special conditions and applies only once to every *accident* or *illness* that occurs and to each *insured*.

Supporting documents

You must provide any information, documentation or other proof we deem necessary to examine the claim.

You must also provide the original invoice for care and services 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.

When you submit a claim, we reserve the right to have you examined by a *physician* of our choice.

Situations in which we don't pay benefits

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

We will pay no benefits if we have refunded all or part of the premium before we receive a claim.

If an *insured* is covered under more than one Visitors to Canada Insurance contract, we will consider only one of these contracts when paying the benefit. However, we will pay the most generous amount of all the different contracts.

Our response to your claim

Once we have approved the claim, benefits will be paid within **60 days** of receipt of the documented evidence required.

If we do not approve the claim or only pay a portion of the benefit, we will send a letter explaining the reasons for our decision. We will send the letter within **60 days** of receipt of the documents requested to examine the claim.

If you disagree with our decision

If we deny your claim, you can send us additional information and ask for your claim to be reviewed.

Legal notice for British Columbia, Alberta and Manitoba residents

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the *Insurance Act* or any applicable law.

Benefit payment

We will pay any amount payable by direct deposit to a Canadian financial institution or by cheque to the *contract holder*.

Unless otherwise indicated, all amounts specified in the insurance contract are expressed in Canadian dollars. We will calculate any amount payable using the exchange rate in effect on the payment date. We do not pay interest.

Multiple insurance coverages

In the event the *insured* is covered by more than one contract, this Visitors to Canada Insurance contract will provide reimbursement of expenses and payment of benefits for amounts in excess of the coverage provided by any other contract.

Coordination of benefits

We take 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 if a proper claim had been submitted.

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.
- b) Otherwise, the benefits or reimbursements will be divided proportionally between the organizations, based on the amounts that should have been paid by each.

Right of subrogation

By purchasing this insurance, you authorize us to prosecute the perpetrator of the damage in your name and at our expense, up to the amount we paid you.

Governing law and jurisdiction

This contract shall be governed by and interpreted under the laws of the Canadian province or territory in which this contract was issued. The parties abide to the jurisdiction of the Court of the Canadian province or territory in which this policy was issued, and further agree that any action and proceeding brought by either party to enforce this contract shall be commenced in said Canadian province or territory.

7. 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*. The injury must also require immediate emergency care.

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

Contract holder: A person age 18 or over who signs a contract with the insurer. The *contract holder* 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.

Country of residence: The *insured's* usual place of residence before their visit to Canada.

Family members: *Spouse*, son, daughter, father, mother, brother, sister, father-in-law, mother-in-law, grandparent, grandchild, half-brother, half-sister, brother-in-law, sister-in-law, son-in-law, daughter-in-law, stepson, stepdaughter, uncle, aunt, cousin, nephew and niece.

Hospital: A *hospital* or facility recognized as such under legislation in effect in the country where it is located.

Illness or ill: 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 and services. An *illness* must be certified by a *physician* to be recognized for the purposes of this insurance.

Insured: Any eligible person whose name appears in the "Insured(s)" section of the special conditions and for whom the required premium has been paid.

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

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

Repatriation or repatriate: The return of any *insured* to their *country of residence*, that we arrange if their state of health or the state of health of any of their *travel companions* requires it.

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:
- They have been living conjugally with the *insured* for at least 12 months **or**
 - They have been living conjugally with the *insured* and that they have had a child together **and that**
 - they have not been separated from the *insured* for 3 months or longer due to a breakdown of their relationship.

We recognize only one *spouse*.

Travel companion: A person 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 *accident* or *illness* affecting the same *travel companion*, regardless of how many Visitors to Canada Insurance contracts they are covered by.

Vehicle: A car, motorcycle, motor home or van with a maximum load capacity of 1,000 kilograms.

8. 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 dfs-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.



Gregory Chrispin
President and Chief Executive Officer
Desjardins Financial Security Life Assurance Company



Christian Dufour
Senior Vice-President
Individual Insurance
Desjardins Financial Security Life Assurance Company

9. DISSATISFIED? LET US KNOW

Are you concerned about or dissatisfied with our service or our Visitors to Canada Insurance product? Let us know.

Call out customer service team at 1-866-647-5013.

To file an official complaint, you can:

1. Contact our Dispute Resolution Officer at 1-877-838-8185.
2. Use the complaint form at: dfs.ca/complaint.

10. ASSISTANCE SERVICE

The Assistance Service is available at no cost 24 hours a day for as long as your insurance remains in force.

Key services include:

Pre-departure assistance

Services offered to you **before you visit Canada or before your side trip**, to provide you with information about your trip:

- Health information (e.g. sanitary precautions) and other useful information (passport and visa information, recommended vaccinations, etc.).
- Multilingual health fact sheets available on the Desjardins Travel Solution mobile app.

Medical assistance during the visit to Canada or side trip outside Canada in the event of illness or accident

- Referrals to *physicians* or *hospitals* or clinics.
- Assistance with admission to *hospitals* or clinics.
- Transportation if you require emergency care.
- Monitoring of your case by our doctors and nurses specialized in emergency medicine.
- *Repatriation* to your *country of residence*, as soon as your state of health allows.
- *Repatriation* of a *travel companion*, your *spouse* or your dependent children.
- Settlement of formalities in the event of death.
- 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 *hospital* for at least 7 days and are not accompanied by a person aged 18 or over.
- Loved ones contacted in the event of an emergency.

General assistance during the visit to Canada or side trip

- 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 case of legal problems.
- Assistance in case of language barriers.

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) :

1-888-875-3228

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

514-871-3228

Cut here

Cut here



Your Visitors to Canada Insurance contract includes an Assistance Service. If you require treatment, have an **accident** or become **ill** while travelling, contact the Assistance Service BEFORE going to a **hospital** and follow the instructions they provide. If you are unable to contact the service yourself, have a person accompanying you do so on your behalf within 24 hours of the **accident** or **illness**. The Assistance Service will handle your case and direct you to the appropriate facility. If you follow their instructions, you will not be responsible for the portion of expenses incurred that would otherwise have been eligible for reimbursement after any deductible has been applied (30% of the first \$10,000).

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Contract no.: _____

Departure date: _____ Return date: _____

Name of your physician: _____

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

Person to contact in case of emergency

Name: _____

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



Insurance

Life • Health • Retirement

Your Visitors to Canada Insurance contract includes an Assistance Service. If you require treatment, have an *accident* or become *ill* while travelling, contact the Assistance Service BEFORE going to a *hospital* and follow the instructions they provide. If you are unable to contact the service yourself, have a person accompanying you do so on your behalf within 24 hours of the *accident* or *illness*. The Assistance Service will handle your case and direct you to the appropriate facility. If you follow their instructions, you will not be responsible for the portion of expenses incurred that would otherwise have been eligible for reimbursement after any deductible has been applied (30% of the first \$10,000).

Fold here

Contract no.: _____

Departure date: _____ Return date: _____

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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Cut here

VISITORS TO CANADA
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):

1-888-875-3228

Anywhere in the world (call collect):
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desjardins.com/visitorsstocanada

