

TRAVEL INSURANCE POLICY

Emergency Medical - Individual Risk Rating

Northbridge® Insurance

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TRAVEL INSURANCE POLICY

Emergency Medical

This **policy** is underwritten by Northbridge General Insurance Corporation ("Northbridge"). Northbridge has appointed Xodus Travel Services Inc. (operating as Xodus) as the administrator under this **policy**.

Bolded Words have a specific meaning. Please refer to the "Definitions" section of this **policy** to find the meaning of each bolded word.

This **policy** contains a provision removing or restricting the right of the insured to designate persons to whom or for whose benefit insurance money is to be payable.

10-Day Free Look – If **you** notify **us** within ten (10) days of **your** purchase date, as indicated on **your confirmation**, that **you** are not completely satisfied with **your policy**, **we** will provide a full refund if **you** have not already departed on **your trip** and there is no claim in progress. Refunds are only available when **we** receive **your** request for a refund before **your departure date**.

IMPORTANT INFORMATION

You have purchased a travel insurance **policy** – what's next? **We** want **you** to understand (and it is in **your** best interest to know) what **your policy** includes, what it excludes, and what is limited (payable but within limits).

- Travel insurance covers claims arising from sudden and unexpected situations (i.e. **accidents** and **emergencies**) and typically does not cover follow-up or recurrent care.
- To qualify for this insurance, **you** must meet all of the eligibility requirements.
- This insurance contains limitations and exclusions (i.e. **medical conditions** that are not disclosed by **you**, pregnancy, **your child** born on **your trip**, excessive use of alcohol, high risk activities).
- In the event of a claim **your** prior medical history may be reviewed.
- If **you** have been asked to complete a **medical declaration** and any of **your** answers are not accurate or complete, **your policy** may be voidable.

IMPORTANT: If **you** have any **change in health status**, including but not limited to a **change in medication** or **treatment**, between the date **you** completed the application for this coverage and **your effective date**, **you** must either go to northbridgetravel.ca and modify **your medical declaration** or notify the **Assistance Center** by calling 1-866-424-0825 or 1-416-987-1250. In addition, if **you** have purchased a multi-trip plan, **you** must also notify the **Assistance Center** if there is any **change in health status**, **treatment** or **change in medication** after **your effective date**. Otherwise, any such change may render **your policy** voidable by **us**.

It is your responsibility to understand your coverage. If you have any questions call the number located on your confirmation of coverage sent via e-mail or mail from Northbridge's trusted partner.

IN THE EVENT OF AN EMERGENCY

If **you** have a medical **emergency**, **you** must notify the **Assistance Center** before obtaining **emergency treatment** so that **we** may confirm coverage and provide pre-approval of **treatment**. Please note that if **you** do not notify the **Assistance Center** without reasonable cause, **you** may have to pay 25% of the eligible medical expenses **we** would normally pay under this **policy**. If it is medically impossible for **you** to contact the **Assistance Center**, please have someone contact the **Assistance Center** on **your** behalf.

We reserve the right, as reasonably required, to transfer **you** to any **hospital** or to transport **you** to Canada following an **emergency**.

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If **you** refuse to be transferred or transported when **you** are declared medically fit to travel, any continuing costs incurred after **your** refusal will not be covered and the payment of such costs becomes **your** sole responsibility. All coverage ceases upon **your** refusal to be transported, and no coverage will be provided to **you** for the remainder of the **trip**.

In the event of emergency, call the Assistance Center immediately at:
1-833-754-3725 toll-free from the USA and Canada
1-416-987-1218 direct to Canada from anywhere else in the world

The Assistance Center is ready to assist you 24 hours a day, each day of the year.

ELIGIBILITY

To be eligible for insurance under this **policy**, **you** must, prior to the purchase date and/or **effective date**:

- Be a resident of Canada and covered under a **government health insurance plan (GHIP)** for the entire duration of **your trip**; and
- Have purchased coverage for the entire duration of **your trip** away from **home**; and
- Be at least thirty (30) days of **age**; and
- Not have been advised by a **physician** to avoid travel; and
- Not have a **terminal illness** or metastatic cancer; and
- Not require kidney dialysis; and
- Not have been prescribed or used home oxygen in the last twelve (12) months; and
- Never have had a heart, kidney, liver or lung transplant, or bone marrow, stem cell or organ transplant (except corneal transplant).

In addition, **we** must have received **your** completed application (including the **medical declaration**), **you** must have had **your** health history reviewed by **us** and received a **Medical Underwriting Agreement** from **us**, and **you** must have paid the required premium in full.

DESCRIPTION OF INSURANCE BENEFITS
SECTION: EMERGENCY MEDICAL BENEFIT

This **policy** provides emergency medical coverage for the plan type **you** have purchased:

- A single-trip plan for travel outside **your** province of residence or Canada; or
- A multi-trip (annual) plan for an unlimited number of **trips** outside **your** province of residence or Canada, taken within one (1) year of the **effective date** for the **trip** length as shown on **your confirmation**.

What does emergency medical insurance cover?

Emergency medical insurance covers **you** for up to $10,000,000 CAD of covered expenses as a result of an **emergency** while on a **trip**, only if these covered expenses are not covered by **your government health insurance plan (GHIP)** or any other benefit plan. If **you** have purchased a multi-trip plan, regardless of the number of **trips** taken, the maximum payable for the term of the **policy** is $10,000,000 CAD per insured person.

A medical **treatment** plan approved by **your** attending **physician** and accepted by the **Assistance Center**, will be developed to provide **medically necessary treatment**. After **your emergency** medical **treatment** has started, the **Assistance Center** must assess and pre-approve additional medical **treatment**.

Covered expenses are subject to the **policy**'s limits, exclusions, terms and conditions, and **your deductible** amount as shown on **your** certificate of insurance.

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Eligible emergency medical expenses include:

1. **Expenses for emergency treatment** – **We** will pay for **reasonable and customary** charges for **emergency** medical care received from a **physician** in or out of a **hospital**, the cost of a semi-private **hospital** room (or an intensive or coronary care unit where **medically necessary**), the services of a licensed private duty nurse while **you** are in **hospital**, the rental or purchase (whichever is less) of a **hospital** bed, wheelchair, brace, crutch or other medical appliance, tests that are needed to diagnose or find out more about **your** condition, and drugs that are prescribed for **you** and are available only by prescription from a **physician** or dentist.
2. **Expenses for paramedical services** – **We** will pay for care received from a licensed chiropractor, osteopath, physiotherapist, chiropodist or podiatrist, up to $70 CAD per visit to a combined maximum limit of $700 CAD for a covered **injury**.
3. **Expenses for ambulance transportation** – **We** will pay for **reasonable and customary** charges of local licensed ambulance service to the nearest qualified medical service provider in an **emergency**.
4. **Expenses for dental treatment** – If **you** need **emergency** dental **treatment**, **we** will pay:
   a. *Up to $300 CAD for the relief of dental pain; or*
   b. *If **you** suffer an accidental blow to the mouth, up to $3,000 CAD to repair or replace **your** natural or permanently attached artificial teeth (up to $2,000 CAD during **your trip** and up to $1,000 CAD to continue **medically necessary treatment** in the ninety (90) days after the **accident**).*
5. **Extra expenses for meals, hotel, and taxi** – If a medical **emergency** prevents **you** or **your travel companion** from returning **home** as originally planned, or if **your emergency treatment** or that of **your travel companion** requires **your** transfer to a location that is different from **your** original destination, **we** will reimburse **you** up to $200 CAD per day to a maximum limit of $2,000 CAD for **your** extra meals, hotel, and taxi fares. **We** will only pay for these expenses if **you** have actually paid for them.
6. **Childcare expenses** – If **you** are admitted to **hospital** due to a medical **emergency**, **we** will reimburse up to $75 CAD per day to a maximum of $500 CAD for childcare costs incurred by **you** during **your trip** to care for **your children** travelling with **you** and remaining with **you** at **your** destination. Original receipts from the professional childcare provider are required and the professional childcare provider must be someone other than **immediate family** or a **travel companion**.
7. **Hospital allowance** – When **you** are hospitalized for forty-eight (48) hours or more due to a medical **emergency** during **your trip**, **we** will reimburse **you** $50 CAD per day up to $300 CAD per incident for **your** telephone, parking, and television out-of-pocket expenses. Expenses must be supported by original receipts.
8. **Phone call expenses** – **We** will pay for phone calls to or from the **Assistance Center** regarding **your** medical **emergency**. **You** must provide receipts or other reasonable evidence showing the cost of these calls and the phone numbers involved, to confirm that the calls were made to or from the **Assistance Center** during your **trip**.
9. **Expenses to bring you home** – If **your** treating **physician** recommends that **you** return **home** because of **your emergency** or if the **Assistance Center** recommends that **you** return **home** after **your emergency**, when approved and arranged by the **Assistance Center**, **we** will pay for one or more of the following:
   a. *The extra cost of an economy class **fare** via the most cost-effective itinerary; or*
   b. *A stretcher **fare** on a commercial flight via the most cost-effective itinerary, if a stretcher is **medically necessary**; and/or*
   c. *The return cost of an economy class **fare** via the most cost-effective itinerary for a qualified medical attendant to accompany **you**, and the attendant's reasonable fees and expenses, if this is **medically necessary** or required by the airline; or*
   d. *The cost of air ambulance transportation, if this is **medically necessary**.*

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10. **Expenses related to your death** – If **you** die during **your trip** from an **emergency** covered under this insurance, **we** will reimburse **your** estate for:
    a. *Up to $5,000 CAD for the cost to have **your** body prepared or cremated where **you** die and the cost of the standard transportation container normally used by the airline, plus up to $5,000 CAD for the return **home** of **your** remains; or*
    b. *Up to $5,000 CAD to have **your** body prepared or cremated and the cost of a standard burial container, plus up to $5,000 CAD for **your** burial where **you** die.*
11. **Identification of remains** – If **you** die during **your trip** from an **emergency** covered under this insurance and someone is required to travel to **your** place of death to legally identify **your** body, **we** will reimburse the economy class airfare via the most cost-effective itinerary for that person, as well as up to $300 CAD for that person's hotel and meal expenses. **We** will also provide that person with emergency medical insurance under the same terms and limitations of this **policy** for up to seventy-two (72) hours.
12. **Return excess baggage** – When approved in advance by the **Assistance Center**, up to $300 CAD for the return of **your** excess baggage. This benefit is payable if **you** return **home** under Benefit #9 and #10.
13. **Pet return** – If **your** domestic dog or cat travels with **you** during **your trip** and **you** return to Canada under Benefit #9 or #10, **we** will pay the cost of one-way transportation up to a maximum of $500 CAD to return **your** domestic dog or cat to Canada.
14. **Expenses to bring someone to your bedside** – If **you** are travelling alone and are admitted to a **hospital** for three (3) days or more because of a medical **emergency**, **we** will reimburse the economy class airfare via the most cost-effective itinerary for someone to be with **you**. **We** will also reimburse up to $1,000 CAD for that person's hotel and meals and cover them with emergency medical insurance under the same terms and limitations of this **policy** until **you** are medically fit to return **home**. For a **child** insured under this **policy**, this benefit is available immediately upon their **hospital** admission.
15. **Expenses to return your travel companion** – When approved in advance by the **Assistance Center**, **we** will cover the extra cost of one-way economy airfare via the most cost-effective itinerary to return **your travel companion** (who is travelling with **you** at the time of **your emergency** and insured under a Northbridge travel insurance **policy**) **home**, if **you** return **home** under Benefit #9 or #10 above.
16. **Expenses to return children under your care** – If **you** are admitted to **hospital** for more than twenty-four (24) hours or must return **home** because of an **emergency**, when approved in advance by the **Assistance Center**, **we** will pay for the extra cost of one-way economy class airfare to return the **children home** via the most cost-effective itinerary and the return economy class airfare via the most cost-effective itinerary for a qualified escort when the airline requires it. The **children** must have been under **your** care during **your trip** and covered under a Northbridge travel insurance **policy**.
17. **Expenses for vehicle return** – If, because of a medical **emergency**, **you** or **your travel companion** are unable to drive **home** the **vehicle you** used during **your trip**, when approved in advance by the **Assistance Center**, **we** will cover up to $3,000 CAD charged by a commercial agency to bring **your vehicle home**. Or, if **you** rented a **vehicle** during **your trip**, up to $3,000 CAD for its return to the rental agency.
18. **Qualified medical attendant** – **We** will reimburse the reasonable expenses for the services of a medical attendant. These services must be on the recommendation of a **physician** as a result of a medical **emergency** occurring during travel and must be approved in advance by the **Assistance Center**.
19. **Eyeglasses replacement** – In the event **your** eyeglasses are damaged as a result of a covered **injury**, **we** will reimburse **you** up to $200 CAD to replace them during **your covered trip**.
20. **Pet care** – If **you** are admitted to **hospital** for twelve (12) or more hours while on **your covered trip**, coverage is provided up to $1,500 CAD for **your family pet** travelling with **you** on **your covered trip** for:
    a. *The necessary accommodations and care in a pet boarding facility while **you** are hospitalized; and*
    b. *The necessary preparation and transportation costs to return to **your departure point** if **you** are evacuated or repatriated by the **Assistance Center**.*

All benefits must be pre-approved and arranged by the **Assistance Center**.

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What is not covered under emergency medical insurance?

Emergency medical insurance does not cover expenses relating directly or indirectly to:

1. **Misrepresentation** – Any **emergency** when, prior to the purchase date and/or **effective date**, **you** had not met all the eligibility requirements or completely and accurately answered all the questions in the **medical declaration** (if applicable) and/or any **emergency** relating to any **pre-existing condition** not listed on the **Medical Underwriting Agreement**.
2. **Unreported changes in health** – Any change in **your health status** occurring after **your** application date and not reported prior to **your effective date**. If **you** purchased a multi-trip plan, any change in **your health status** occurring after **your effective date** that has not been reported and reassessed for continued coverage under the terms of this **policy**.
3. **Reasonable and customary** – Covered expenses that exceed the **reasonable and customary** charges where the medical **emergency** happens.
4. **Continued treatment** – The continued **treatment** of a **medical condition** or related condition, following **emergency treatment** during **your trip**, if the **Assistance Center** determines that **your emergency** has ended.
5. **Elective treatment** – Any non-**emergency**, experimental or elective **treatment** such as cosmetic surgery, chronic care, or rehabilitation including any expenses for directly or indirectly related complications.
6. **Pregnancy and childbirth** – Routine pre-natal or post-natal care; pregnancy, delivery, or complications of either, arising nine (9) weeks before or after the expected date of delivery; **your child** born during **your trip**.
7. **Birth defects** – For insured **children** under two (2) years of **age**, any **medical condition** related to a birth defect.
8. **Not following prescribed treatment** – Any **medical condition** that is the result of **you** not following **treatment** as prescribed to **you** by a licensed medical professional, including prescribed medication.
9. **Treatment after declining return or transfer** – Any further medical **treatment** if the **Assistance Center** determines that **you** should transfer to another facility or return to **your home** province/territory of residence for **treatment**, and **you** choose not to. Any expenses incurred after the date on which **you** have declined an offer of repatriation and/or medical evacuation.
10. **Trips for the purpose of obtaining medical treatment** – Any **trip** made for the purpose of obtaining a diagnosis, **treatment**, surgery, investigation, palliative care, or any alternative therapy, as well as any directly or indirectly related complication.
11. **Treatments provided by specified services or suppliers** – Any **treatment**, services or supplies provided by a home for the aged, a rest home, health spa, nursing home, convalescent **hospital**, hospice, palliative care facility, a place for the care and treatment of addiction, custodial or educational facility, or any rehabilitation facility.
12. **Reasonable to expect** – Any **medical condition** or symptoms when **you** knew or for which it was reasonable to believe or expect before **you** left **home** or before the **effective date** of coverage that:
    a. ***Treatment*** *will be required during* ***your trip****; or*
    b. *For which future investigation or* ***treatment*** *was planned before* ***you*** *left* ***home****; or*
    c. *Which produced symptoms that would have caused an ordinarily prudent person to seek* ***treatment*** *in the three (3) months before leaving* ***home****; or*
    d. *That had caused* ***your physician*** *to advise* ***you*** *not to travel.*
13. **Not contacting the Assistance Center** – Covered expenses, including air transportation, that exceed 75% of the cost **we** would normally pay under this insurance, if **you** do not contact the **Assistance Center** at the time of the **emergency**.

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14. **Treatment requiring pre-authorization** – Any **treatment**, services or supplies not **medically necessary**, or any medical procedures and/or tests (including MRI, MRCP, CAT Scan, CT Angiogram, Nuclear Stress Test, Angiogram or Cardiac Catheterization) not authorized by the **Assistance Center** in advance. All surgery must be authorized by the **Assistance Center** prior to being performed except in extreme circumstances where surgery is performed on an **emergency** basis.
15. **For policy extensions and top-ups** – Any **medical condition** which first appeared, was diagnosed, or treated after the scheduled **departure date** and prior to the **effective date** of the **policy** extension or **top-up**.
16. **Benefits requiring pre-authorization** – Any benefit that must be authorized or arranged in advance and the **Assistance Center** has given no authorization and/or made no arrangement for that benefit.

In addition, refer to *General Exclusions*.

SECTION: TRAVEL AND FLIGHT ACCIDENT BENEFITS

What does travel accident insurance cover?

Subject to the **policy** terms and conditions, **we** will pay up to the maximum according to the following schedule for loss of life, limb or sight resulting directly from an **injury**:

1. Up to $50,000 CAD if an **injury** causes **you** to die, to become completely and permanently blind in both eyes, or to have two of **your** limbs fully severed above **your** wrist or ankle joints, within three hundred and sixty-five (365) days of the **injury**.
2. Up to $25,000 CAD if an **injury** causes **you** to become completely and permanently blind in one eye, or to have one of **your** limbs fully severed above a wrist or ankle joint, within three hundred and sixty-five (365) days of the **injury**.
3. If **you** have more than one **injury** during **your trip**, **we** will pay the applicable **sum insured** only for the one **accident** that entitles **you** to the largest benefit amount.

Loss of life due to disappearance: If there is an **accident** and **your** body has not been found within three hundred and sixty-five (365) days of the **accident**, it will be presumed, subject to evidence to the contrary, that **you** suffered loss of life.

What does flight accident insurance cover?

Subject to the **policy** terms and conditions, **we** agree to pay up to $100,000 CAD for loss of life, limb or sight directly resulting from **injury** occurring during a **trip** while **you** are:

1. Riding solely as a ticketed passenger in, or boarding or disembarking from, a certified multi-engine transportation-type aircraft or passenger aircraft provided by a regularly **scheduled airline** on any regularly scheduled **trip** operated between licensed airports.
2. On airport premises immediately before boarding or immediately after disembarking from an aircraft.
3. Riding as a passenger in an airport limousine or bus, or other **common carrier** provided, and arranged for, by the airline or airport authority, when going to or after being at an airport for the purpose of boarding an aircraft or disembarking from an aircraft.

Coverage is for all eligible flights ticketed and arranged before the **effective date**.

The maximum amount payable for **injury** resulting from one covered event under all flight accident coverage under all policies issued by **us** and administered by the **Assistance Center** is $100,000 CAD.

What is not covered under travel or flight accident insurance?

See *General Exclusions.*

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GENERAL EXCLUSIONS

We will not pay any expenses relating directly or indirectly to:

1. **Aircraft** – An **injury** or loss occurs while **you** are piloting an aircraft, learning to pilot an aircraft, or acting as a member of an aircraft crew.

2. **Commercial travel** – Any loss resulting when **you** are a driver, the operator, a co-driver, a crew member, or any other passenger on a commercial vehicle used for the purpose of delivering goods or carrying a load. This exclusion is not applicable when the commercial vehicle is used during **your trip** solely for pleasure purposes and not used for delivering goods or carrying a load. Air travel other than as a passenger in a commercial aircraft licensed to carry passengers for hire, except while being transported under the terms of the **emergency** transportation or **emergency** return **home** benefits.

3. **High risk activities** – Any loss or **emergency** that occurs while **you** are participating in:
   a. *Any sporting activity for which **you** are paid; or*
   b. *Any extreme sport or activity involving a high level of risk, such as those indicated below, but not limited to: mountain climbing requiring the use of specialized equipment, including carabiners, crampons, pick axes, anchors, bolts and lead rope or top rope anchoring equipment to ascend or descend a mountain; rock-climbing; parachuting; skydiving; hang-gliding or using any other air supported device; participating in a motorized speed contest; or scuba diving.*

4. **Abuse of drugs or alcohol** – Any loss or **medical condition**, including symptoms of withdrawal, arising from, or in any way related to **your** intoxication, chronic use, abuse, overdose or chemical dependence on medication, alcohol, drugs or other intoxicants.

5. **Self-inflicted injuries** – Any loss or **medical condition** resulting from **your** self-inflicted injuries, unless medical evidence establishes that the **injuries** are related to a mental health illness.

6. **Minor mental or emotional disorder** – Any loss resulting from **your minor mental or emotional disorder**.

7. **Costs recoverable through other sources** – Benefits are not payable for costs which can be reimbursed by any other source, including trustees or any government or industry compensation fund.

8. **Motor vehicle accidents** – Any loss, **sickness** or **injury** resulting from a motor **vehicle accident** where **you** are entitled to receive benefits pursuant to any **policy** or legislative plan of motor vehicle insurance.

9. **Armed forces** – Any losses resulting from **your** participation in armed forces activities.

10. **Sanctions** – Benefits are not payable under this **policy** for any losses or expenses incurred due to or as a result of **your** travel to a sanctioned country for any business or activity that would violate any Canadian economic or trade sanction law or regulation.

11. **Criminal acts** – Any claim that results from or is related to **your** or **your** beneficiary's commission or attempted commission of a criminal offence or illegal act.

12. **Acts of terrorism**

13. **Acts of war**

14. **Government issued travel advisories** – Any loss or **medical condition you** suffer or contract when an official travel advisory issued by the Canadian government states, "Avoid all non-essential travel" or "Avoid all travel" regarding the country, region or city of **your** destination, before **your effective date**. To view the travel advisories, visit the Government of Canada Travel site. This exclusion does not apply to claims for an **emergency** or a **medical condition** unrelated to the travel advisory.

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COVERAGE PERIODS

When your coverage starts

Travel insurance must be purchased prior to departure from **your** province or territory of residence in Canada and for the entire duration of **your trip** (exceptions apply to **top-ups**).

For single-trip plans, your coverage starts on the later of:

- The date **you** leave **home**; or
- The **effective date** shown on **your confirmation**.

For multi-trip plans, your coverage starts:

- Each date **you** leave **home**; and
- Each date **you** leave Canada on or after the **effective date** as stated on **your confirmation**.

When your coverage ends

For single-trip plans, your coverage ends on the earliest of:

- The date **you** return **home**; or
- The **expiry date**, as stated on **your confirmation**.

For multi-trip plans, your coverage ends on the earliest of:

- The date **you** return **home**; or
- The **expiry date**, as stated on **your confirmation**; or
- When travelling outside Canada, the date **you** reach the maximum **trip** length **you** purchased for each **trip**, as stated on **your confirmation**.

Additional details regarding multi-trip plans

- Provides coverage for an unlimited number of **trips** taken within one (1) year, commencing with the **effective date** as shown on **your confirmation**.
- Provides **you** with **emergency** medical coverage for an unlimited number of days of travel within Canada but outside **your** province or territory of residence.
- Each **trip** taken outside of Canada can be up to the maximum number of days **you** selected when **you** purchased **your** multi-trip plan, beginning on the first day **you** leave Canada.
- For a **trip** to be covered under the benefits of a Northbridge **emergency** medical insurance policy, it must start on or after the **effective date** and end prior to or on the **expiry date** shown on **your confirmation**.

To stay longer than planned

Any extension is subject to the approval of the **Assistance Center**. **We** will not extend any coverage beyond twelve (12) months after the **effective date**.

You may be able to extend your coverage if:

- The total length of **your** time away from Canada, including **top-up** or extension, does not exceed the maximum allowed by **your government health insurance plan (GHIP)**; and
- **You** pay the additional premium; and
- **You** have had no claim or event that has resulted or may result in a claim under this **policy**; and
- There has been no change in **your health status**.

For multi-trip plans, if your trip:

- Is longer than the maximum number of coverage days **you** have under **your** current plan; or
- Will extend beyond the **expiry date** shown on **your confirmation**, **you** can either:
  - *Purchase **top-up** coverage before the **expiry date** of **your** multi-trip plan for any additional travel days; or*
  - *Purchase a new Northbridge plan, with no lapse in coverage, providing the total duration of the **trip** does not exceed the maximum **trip** length **you** choose.*

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When **you** apply for **top-up** coverage, **you** will be required to answer questions about **your** health.

In the event of a claim, **you** will be required to provide proof of **your departure date** and **your** return date. Proof can include **your** plane ticket, train ticket, a stamped passport, and/or a credit card or bank statement showing purchases in Canada just prior to **your departure date**.

Automatic extension

Coverage will automatically be provided beyond **your expiry date** as shown on **your confirmation** if:

- **Your common carrier** or **vehicle** is delayed. In this case, **we** will extend **your** coverage for up to seventy-two (72) hours; or
- **You** or **your travel companion** are hospitalized on the **expiry date**. In this case, **we** will extend **your** coverage during the hospitalization up to three hundred and sixty-five (365) days or until, in the opinion of the **Assistance Center**, **you** are stable for discharge from **hospital** or evacuation **home**, whichever is earlier and for up to five (5) days after discharge from the **hospital**; or
- **You** or **your travel companion** have an **emergency** that does not require hospitalization but prevents travel. In this case, **we** will extend **your** coverage for up to five (5) days.

VIRTUAL MEDICAL SERVICES

Northbridge is pleased to provide you with Virtual Medical Services on a worldwide basis through **our emergency assistance provider**.

What services are available?

Our emergency assistance provider has an international network of medical providers and partners who provide services across time zones and who assure quick and streamlined access to healthcare 24/7/365 all over the world.

The program will assist with coordinating payment of eligible expenses subject to the terms and conditions of the **policy**.

To access this service, call the **Assistance Center** using the phone numbers indicated on the wallet card.

WHAT ELSE DO YOU NEED TO KNOW?

Coverage under this **policy** is issued on the basis of information provided in **your medical declaration**, application and the **Medical Underwriting Agreement**. **Your** entire contract with **us** consists of this **policy**, **your** application for this **policy** (including the **medical declaration**), the **Medical Underwriting Agreement**, the **confirmation** issued in respect of that application, and any other amendments or endorsements resulting from extensions of coverage.

This insurance is void in the case of fraud or attempted fraud, or if **you** conceal or misrepresent any **material fact** in **your** application for this **policy**, extension or **top-up** of coverage for benefits under this **policy**.

We will not pay a claim if **you**, any person insured under this **policy** or anyone acting on **your** behalf attempt to deceive **us** or makes a fraudulent, false or exaggerated statement or claim. **You** must be accurate and complete in **your** dealings with **us** at all times.

Despite any other provision of this contract, this contract is subject to the statutory conditions in the *Insurance Act* respecting contracts of *Accident and Sickness Insurance*.

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Limitation of Liability

This **policy** is non-participating and **our** liability under this **policy** is limited solely to the payment of eligible expenses, up to the maximum amount purchased, for any loss or expense. Neither **we**, upon making payment under this **policy**, nor **our** agents or administrators assume any responsibility for the availability, quality, results or outcome of any **treatment**, transportation or service, or **your** failure to obtain any **treatment**, transportation or service covered under the terms of this **policy**.

Premium

The required premium is due and payable at the time of purchase and will be determined according to the schedule of premium rates in effect at that time.

Upon payment of the appropriate premium, this document becomes a binding contract provided it is accompanied by a **confirmation** upon which a contract number appears, and **we** have received **your** completed application (including the **medical declaration** and **Medical Underwriting Agreement**) prior to **your departure date**. If the premium is insufficient for the **period of coverage** selected, **we** will charge and collect any underpayment, or shorten the **policy** period by written endorsement if an underpayment in premium cannot be collected.

How does this insurance work with other coverages that you may have?

The coverages outlined in this **policy** are second payor coverages. Along with this coverage, **you** may have other liability, group or individual, basic or extended health insurance plans or contracts with other insurers including any private or provincial or territorial auto insurance plan providing **hospital**, medical or therapeutic coverage or any other liability insurance. In this case, amounts payable under this insurance are limited to that portion of **your** expenses, incurred outside the province or territory of residence, that are in excess of the amounts insured by **your** other in-force plans or contracts.

Total benefits paid to **you** by all insurers cannot exceed **your** actual expenses. **We** will coordinate the payment of benefits with all insurers who provide **you** with benefits similar to those provided under this insurance (except if **your** current or former employer provides **you** with an extended health insurance plan with a lifetime maximum of $50,000 CAD or less), to a maximum of the largest amount specified by each insurer.

In addition, **we** have full rights of subrogation. In the event of a payment of a claim under this **policy**, **we** will have the right to proceed, in **your** name, but at **our** expense, against third parties who may be responsible for giving rise to a claim under this **policy**. **You** will execute and deliver such documents as are necessary and cooperate fully with **us** to allow **us** to fully assert **our** rights. **You** must do nothing to prejudice such rights. In return of payment of benefits (compensation) and up to the amount thereof, **we** become the beneficiary of the rights and causes of action that **you** might have against anyone responsible or the loss. If **we** can no longer exercise this action due to **your** action or inaction, **we** can be relieved of all or part of its obligations towards **you** or **your** beneficiary.

If **you** are insured under more than one insurance **policy** underwritten by **us**, the total amount **we** pay to **you** cannot exceed **your** actual expenses; and the maximum **you** are entitled to is the largest amount specified for the benefit in any one **policy**.

HOW TO MAKE A CLAIM

Please note that if **you** do not call the **Assistance Center** in an **emergency** prior to receiving **treatment**, **you** may have to pay 25% of the eligible medical expenses **we** would normally pay under this **policy** (25% co-insurance).

If it is medically impossible for **you** to contact the **Assistance Center** when the **emergency** happens, the 25% co-insurance will not apply. In this case, **we** ask that **you** contact the **Assistance Center** as soon as **you** can or that someone do so on **your** behalf. Do not assume that someone will contact the **Assistance Center** for **you**. It is **your** responsibility to verify that the **Assistance Center** has been contacted.

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If **you** choose to pay eligible expenses directly to a health service provider without prior approval by the **Assistance Center**, these eligible expenses will be reimbursed to **you** based on the **reasonable and customary** charges that **we** would have paid directly to such provider. Medical charges that **you** pay may be higher than this amount; therefore, **you** will be responsible for any difference between the amount **you** paid and the **reasonable and customary** charges reimbursed by **us**. Some benefits are not covered if they have not been authorized and arranged by the **Assistance Center**.

To make a claim due to **sickness**, **injury**, or disease during **your trip**, as well as travel and flight accident, **your** proof of claim should be sent to the **Assistance Center** as soon as possible and in no event later than twelve (12) months from the date of loss.

If you are making an emergency medical insurance claim, we will need:

- Original itemized receipts for all bills and invoices; and
- Proof of payment by **you** and by any other benefit plan; and
- Medical records including complete diagnosis by the attending **physician** or documentation by the **hospital**, which must support that the **treatment** was **medically necessary**; and
- Proof of the **accident** if **you** are submitting a claim for dental expenses resulting from an **accident**;
- Proof of travel (including **departure date** and return date); and
- **Your** historical medical records (if **we** determine such to be applicable).

If you are making a travel and flight accident insurance claim, we will need:

- A police, autopsy or coroner's report; and
- Medical records; and
- A death certificate, as applicable.

Special condition: If **your** body is not found within three hundred and sixty-five (365) days of the **accident**, **we** will presume that **you** died of **your** injuries.

To whom will we pay your benefits if you have a claim?

Except in the case of **your** death, **we** will pay the covered expenses under this insurance to **you** or the provider of the service. Any sum payable in the event of **your** loss of life will be payable to **your** estate. **You** must repay **us** any amount paid or authorized by **us** on **your** behalf if **we** determine that the amount is not payable under **your policy**. All amounts shown throughout this contract are in Canadian dollars. If currency conversion is necessary, **we** will use **our** exchange rate on the date **you** received the service outlined in **your** claim. **We** will not pay for any interest under this insurance.

Is there anything else you should know if you have a claim?

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is barred unless commenced within the time set out in the *Insurance Act*, or in the *Limitations Act* in the Canadian province or territory where **your policy** was issued.

To determine the validity of a claim under this **policy**, **we** may obtain and review the medical records of **your** attending **physician**(s), including the records of **your** regular **physician**(s) at **home**. These records may be used to determine the validity of a claim whether or not the contents of the medical records were made known to **you** before **you** incurred a claim under this **policy**. As a condition precedent to recovery of insurance money under this **policy**, the claimant shall afford **us** an opportunity to examine the person of the person insured when and so often as **we** reasonably require while the claim hereunder is pending; and in the case of death of the person insured, **we** may require an autopsy subject to any law of the applicable jurisdiction relating to autopsies.

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IMPORTANT CONTACT INFORMATION

To enquire about **your** claim status, please log into **your** account described in **your** fulfillment documentation or call the Customer Service Center at 1-833-754-3704 or 1-416-987-0869.

For coverage information, general inquiries, or to apply for an extension or refund of premium, please call the partner where **you** purchased this **policy**. Their contact information is located on the **confirmation** of insurance sent to **you**.

Written correspondence regarding claims should be mailed to:
Northbridge General Insurance Corporation
c/o Xodus Travel Services Inc.
3215 Electricity Dr., Windsor ON, N8W 5J1

DEFINITIONS

Note: In this **policy**, words and terms denoting the singular shall be interpreted to mean the plural and vice versa, unless the context clearly indicates otherwise. When **bolded** in this **policy**, the term:

Accident means an occurrence due to external, violent, sudden or fortuitous causes beyond **your** control which occurs during **your period of coverage**.

Act of terrorism means any activity that involves a threat to use or the actual use of violence or any dangerous or threatening act, or the use of force, where such activity, threat, act, or use is directed against the general public, governments, organizations, properties or infrastructures, or electronic systems, and the intention of such activity, threat, act or use is to:

- Instill fear in the general public;
- Disrupt the economy;
- Intimidate, coerce or overthrow a government (whether that government is legal or illegal); and/or
- Promote political, social, religious or economic objectives.

Act of war means hostile or warlike action, whether declared or not, in a time of peace or war, whether initiated by a local government, foreign government or foreign group, civil unrest, insurrection, rebellion or civil war.

Age means **your age** at **your** application date.

Assistance Center is Xodus Travel Services Inc., who provides the **emergency** service 24 hours a day, 7 days a week, during **your period of coverage** on behalf of **us**.

Baggage and/or **personal effects** means items or articles of necessity, adornment or for personal convenience including clothing and other personal effects worn on the person that are usually carried by travellers for their individual use while travelling, not including **personal money**, passport, travel visa, driver's license or birth certificate.

Bankruptcy or **default** means the **travel supplier** is insolvent, is bankrupt, is in receivership, has made a proposal to its creditors or filed a notice of intention to make a proposal to creditors under the Bankruptcy and Insolvency Act R.S.C. 1985, B-3, or filed for protection from creditors under the Companies' Creditors Arrangement Act, R.S.C. 1985, c C-36. For non-Canadian **travel suppliers**, **bankruptcy** or **default** means the inability to provide contracted services due to total cessation or complete suspension of operations due to financial insolvency, with or without the filing of a **bankruptcy** petition, whether voluntary or involuntary, by a tour operator, cruise line, airline or other **travel supplier**.

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Change in health status means:

- There has been any new symptom(s); or
- Existing symptom(s) have become more frequent or severe; or
- A **physician** has determined that the **medical condition** has become worse; or
- Test findings have shown that the **medical condition** may be getting worse; or
- A **physician** has provided, prescribed, or recommended any new medication or any **change in medication**; or
- A **physician** has provided, prescribed or recommended any investigative testing, new **treatment** or any change in **treatment**; or
- There has been admission to a **hospital** or referral to a specialty clinic or specialist; or
- There has been testing for which the results have not yet been received.

Change in medication means the medication dosage, frequency, or type has been reduced, increased, stopped and/or new medications have been prescribed. **Exceptions:** The routine adjustment of Coumadin (Warfarin) or insulin (as long as they are not newly prescribed or stopped) and there has been no change in **your medical condition**; and a change from a brand name medication to a generic brand medication of the same dosage.

Child, **Children** means **your** unmarried, dependent son or daughter or **your** grandchild(ren) under the **age** of twenty-one (21) or, if a full-time student, under the **age** of twenty-six (26). Also, an unmarried dependent son or daughter of any **age**, if mentally or physically disabled and dependent on **you** for support.

Common carrier means a conveyance (bus, taxi, train, boat, airplane or other **vehicle**) which is licensed, intended for and used to transport paying passengers.

Company, **we**, **our**, **us** means Northbridge General Insurance Corporation "Northbridge".

Covered trip or **trip** means **travel arrangements** insured by this **policy** commencing on the **departure date** and ending on the **expiry date**, both as shown on the **policy confirmation**. For the multi-trip plan, it means **trips** undertaken during the **period of coverage** of this **policy**.

Deductible means the amount of covered expenses that **you** are responsible for paying per person, per covered condition or event. **Your deductible** amount in Canadian dollars applies to the amount remaining after any covered expenses are paid by any other benefit plan, and/or **your government health insurance plan (GHIP)**. The insurer will pay eligible expenses for losses incurred in excess of the **deductible** amount.

Departure date means the date **you** leave **home**.

Departure point means the city, province, territory or country **you** depart from first on **your covered trip**.

Effective date means the date on which **your** coverage starts. See the COVERAGE PERIODS section to determine **your** coverage start date for this **policy**.

Emergency means a sudden and **unforeseen medical condition** that requires immediate **treatment**. An **emergency** no longer exists when the evidence reviewed by the **Assistance Center** indicates that no further **treatment** is required at destination, or **you** are able to return to **your** province or territory of residence for further **treatment**.

Expiry date means the date **your** coverage ends. See the COVERAGE PERIODS section to determine **your** coverage end date for this **policy**.

Family pet or **pet** means a domestic dog or domestic cat kept for companionship and enjoyment on a full-time basis at **your** permanent residence. **Family pet** includes certified guide dogs, and service dogs trained to assist with conditions such as seizures, diabetes, anxiety or depression.

Fare means the same ticket class that **you** originally purchased for **your covered trip**. This is subject to availability. If **you** have not insured the full non-refundable cost of **your covered trip**, **fare** means the lowest single seat **fare** from any *International Air Transportation Association* carrier.

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Government health insurance plan (GHIP) means the health insurance coverage that the provincial or territorial governments provide to its residents.

Home means **your** Canadian province or territory of residence. If **you** requested coverage to start when **you** leave Canada, **home** means Canada.

Hospital means an institution that is licensed as an accredited **hospital** that is staffed and operated for the care and **treatment** of in-patients and out-patients. **Treatment** must be supervised by **physician**(s) and there must be registered nurses on duty twenty-four (24) hours a day. Diagnostic and surgical capabilities must also exist on the premises or in facilities controlled by the establishment.

A **hospital** is not an establishment used mainly as a clinic, or home for the aged, health spa, rest or nursing home, convalescent hospital, hospice, extended or palliative care facility, addiction treatment center, custodial or educational facility, or any rehabilitation facility.

Immediate family means **spouse**, parent, legal guardian, step-parent, grandparent, grandchild, in-law, natural or adopted **child**, step-child, brother, sister, step-brother, step-sister, aunt, uncle, niece, nephew or cousin.

Injury means sudden bodily harm that is caused by external and purely accidental means.

Material fact means any fact that would cause **us** to decline **your** application for insurance or charge more premium than **you** have paid for this **policy**.

Medical condition means any disease, **sickness** or **injury** (including symptoms of undiagnosed conditions); or complication of pregnancy within the first thirty-one (31) weeks.

Medical declaration means all the medical questions that **you** were required to answer when **you** applied for coverage under this **policy**.

Medical Underwriting Agreement means the document that **you** receive from **us** after **you** have been medically underwritten, which specifies **your pre-existing conditions** covered under this **policy**, and includes **your** responses provided in the **medical declaration**.

Medically necessary means **treatment** or services that are appropriate for the relief of **sickness** or **injury** in an **emergency**, based on generally accepted professional medical standards.

Minor mental or emotional disorder means having anxiety or panic attacks or being in an emotional state. A **minor mental or emotional disorder** is one where **your treatment** includes only minor tranquilizers or minor anti-anxiety medication (anxiolytics) or no prescribed medication at all.

Natural disaster means a disaster resulting from natural causes including flood, hurricane, tornado, earthquake, volcanic eruption or blizzard.

Period of coverage means the period of time between **your effective date** for the applicable coverage and **your** return date, or the **expiry date** as indicated on **your policy confirmation**, whichever comes first.

Physician means a person who is not **you** or a member of **your immediate family** or **your travel companion**, licensed in the jurisdiction where the services are provided, to prescribe and administer medical **treatment**.

Policy means this document and **your policy confirmation** issued at the time the required premium has been paid.

Policy confirmation or **confirmation** means the document provided by **us** which confirms the insurance coverage **you** have purchased indicating **your policy** number, **your** purchase date, **your departure date** and **your expiry date** along with a brief summary of benefits. This document sets out **your period of coverage** and forms an integral part of the **policy** contract. It also includes the **Medical Underwriting Agreement** and application for this **policy**, once the required premium has been received by **us**.

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Pre-existing condition means any **medical condition** that exists before **your effective date**.

Quarantined means **you**, **your travel companion**, are forced into strict medical isolation by a recognized government authority, their authorized deputies, medical examiners or **physician** to prevent the spread of the disease due to **you** or **your travel companion** either having, or being suspected of having a contagious disease, infection or contamination.

Reasonable and customary means charges incurred for goods and services that are comparable to what other providers charge for similar goods and services in the same geographical area.

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

Scheduled airline means any airline licensed for the transportation of passengers for hire, and which maintains regular published schedules (including any chartered flights by such airlines or licensed tour companies).

Sickness means illness, disease, or any symptom related to that illness and/or disease.

Spouse means someone to whom one is legally married, or with whom one has been residing and who is publicly represented as a **spouse**.

Sum insured means the amount of insurance coverage **you** have purchased for the benefit indicated.

Terminal sickness means a **medical condition** from which no recovery is expected, and which carries a prognosis of death within twelve (12) months of **your effective date** .

Top-up means extending medical-only coverage to commence on the expiration of another plan of insurance.

Travel arrangements means transportation, accommodations, and other specified services arranged for **your covered trip**.

Travel companion means someone who shares **trip** arrangements and accommodations with **you**. No more than three individuals (including the insured) will be considered **travel companions** on any one **trip**.

Travel supplier means any entity or organization that coordinates or supplies travel services for **you**.

Treatment means hospitalization, or a procedure prescribed, performed or recommended by a **physician** for a **medical condition**. This includes but is not limited to prescribed medication (including prescribed as needed), investigative testing and surgery. **IMPORTANT:** Any reference to testing, tests, test results, or investigations excludes genetic tests. “Genetic test” means a test that analyzes DNA, RNA or chromosomes for purposes such as the prediction of disease or vertical transmission risks, or monitoring, diagnosis or prognosis.

Unforeseen means not known, anticipated, or reasonably expected, and occurring after the **effective date** of the benefit under which the claim is being made.

Vehicle includes any private or rental passenger automobile, boat, mobile home, camper truck or trailer home which **you** use during **your trip** exclusively for the transportation of passengers (other than for hire).

You or **your** means the person(s) named as the insured(s) on the **confirmation**, for which insurance coverage was applied for and the appropriate premium was received by **us**.

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PRIVACY NOTICE

The Northbridge group of companies is committed to protecting **your** personal information. This Privacy Notice section applies to all of the member companies of Northbridge, which includes Northbridge General Insurance Corporation.

When **you** request an insurance product or service from **us**, **you** consent to allow **us** to collect, use and disclose **your** personal information for the following purposes:

- Offering and providing products and services to meet **your** needs.
- Establishing and maintaining communications with **you**.
- Verifying personal information, **you** provide in **your** application.
- Assessing and underwriting risks on a prudent basis.
- Performing safety assessments.
- Determining insurance product prices.
- Investigating and settling claims.
- Detecting and preventing fraud or other illegal activities.
- Analyzing business results and compiling statistics.
- Conducting market research.
- Reporting to regulatory or industry entities.
- Acting as required or authorized by law.

You may withdraw **your** consent, but doing so may limit **our** ability to provide **you** with the requested product or service.

As part of maintaining **our** relationship with **you**, **we** may share **your** personal information within the Northbridge group of companies and with third parties, but only for the purposes identified above, and in accordance with this Privacy Notice. Where personal information is shared with third parties, it is done on the basis that they will maintain the confidentiality of the information. If **we** discover that third parties are improperly handling **your** personal information, **we** will take appropriate action to protect **your** personal information.

We may use service providers located outside of Canada to collect, use, disclose or store personal information. Where **we** do so, **we** will contractually require such third party to employ the appropriate security safeguards to protect **your** personal information, subject to the law in the third- party jurisdiction. While the personal information is in another jurisdiction it may be accessed by the courts, law enforcement and national security authorities of that jurisdiction. The jurisdictions where personal information may be collected, used, disclosed and stored include the United States of America.

You can obtain a copy of **our** Privacy Policy by visiting **our** website at northbridgetravel.ca or by contacting **your** broker or agent. **You** may request access to **your** personal information that **we** have on file in order to verify its accuracy and completeness by sending a written request to **our** Privacy Officer. If **you** have any questions or complaints regarding **our** Privacy Policy or procedures, please contact **our** Privacy Officer:

By Mail
Northbridge General Insurance Corporation
105 Adelaide Street West, 7th Floor Toronto, ON M5H 1P9
Attention: Privacy Officer

By E-mail
privacy@nbfc.com

By Phone
1-416-350-4400 or 1-800-268-9680

If **we** are unable to resolve **your** privacy concern to **your** satisfaction, **you** have the right to contact **your** privacy regulator. **Our** Privacy Officer will provide **you** with this contact information upon request.

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HELP IS JUST A PHONE CALL AWAY

Enjoying **your trip** should be the first thing on **your** mind. The multilingual **Assistance Center** is there to help and support **you** 24 hours a day, each day of the year with:

Pre-Trip Information

- Passport and visa information
- Health hazards advisory
- Weather information
- Currency exchange information
- Consulate and embassy locations

During a Medical Emergency

- Verifying and explaining coverage
- Referral to a doctor, **hospital**, or other healthcare provider
- Monitoring **your** medical **emergency** and keeping **your** family informed
- Arranging return transportation **home** when **medically necessary**
- Arranging direct billing of covered expenses (where possible)

Other Services

- Assistance with lost, stolen or delayed baggage
- Assistance in obtaining **emergency** cash
- Translation and interpreter services in a medical **emergency**
- **Emergency** message services
- Assistance with obtaining prescription drugs
- Assistance with obtaining legal help or bail bond

Note: These services may result in additional costs to **you**.

In the event of **emergency**, call the **Assistance Center** immediately at:
1-833-754-3725 toll-free from the USA and Canada
1-416-987-1218 direct to Canada from anywhere else in the world

The **Assistance Center** is ready to assist **you** 24 hours a day, each day of the year.



Everyone wants to have a carefree trip and should be able to travel with confidence in their travel insurance purchase. Most Canadians travel every day without a problem, but if something does happen, the member companies of the Travel Health Association of Canada (THIA) want you to know your rights.

THIA's Bill of Rights and Responsibilities builds on the golden rules of travel insurance:

Know your health. Know your trip. Know your policy. Know your rights.

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