

INTERNATIONAL STUDENT HOSPITAL & MEDICAL INSURANCE



RIGHT TO EXAMINE POLICY

Please review this policy to ensure it meets your needs. You have 10 days after purchase to return this policy for a full refund, provided your coverage has not begun. Please refer to the sections of the policy that explain when coverage begins. For refunds after coverage has begun, refer to our refund policy also explained in this document.

IMPORTANT NOTICE

Please read your policy carefully.

What am I covered for?

Please read the section titled 'Benefits'. This policy is intended to cover losses arising from sudden, unexpected and unforeseeable circumstances.

What is not covered?

This policy does not cover everything. Your insurance has exclusions, conditions and limitations. You should carefully read and understand your policy when you receive it. Pre-existing medical conditions may be excluded. Any medical condition and/or symptoms you are aware of prior to the *effective date*, whether diagnosed or not, may not be covered.

What if I have an emergency or claim?

You must notify TIC Emergency Assistance (toll free 1-800-995-1662 or worldwide collect 416-340-0049) prior to any *medical consultation* or any surgery being performed, or within 24 hours of admission to a *hospital*. Failure to do so, without reasonable cause, will result in the reduction of eligible benefit amounts payable by 20%. To apply for benefits, complete the claim form and include all original bills. Incomplete forms will cause delay.

Is my personal information protected?

We are committed to protecting the privacy, confidentiality and security of the personal information we collect, use and disclose. Your personal information, including your medical history, will be collected, used and disclosed only for the purpose of providing you with the requested insurance services. For a copy of TIC's privacy policy, please contact us or visit our website www.travelinsurance.ca.

I want to stay longer. Can I purchase further coverage?

Yes, you can, subject to policy terms and conditions. Just call your agent or TIC (during business hours) prior to the expiry of your policy. You must be in good health and not have incurred any losses during the *period of coverage*. Fees will be charged.

Assistance

TIC or Co-operators Life Insurance Company will use their best efforts to provide assistance for a *sickness or injury* arising anywhere in the world. They or their agents will not be responsible for the availability, quantity, quality, or results of any medical treatment received, or for failure to obtain medical service.

Mandatory Statement of Health and Consent.

We may require you to complete and sign an application, which may include a statement on your state of health with a consent to access your medical history when necessary.

Note: Words in italics indicate they are defined on pages 3 to 4.

INTERNATIONAL STUDENT HOSPITAL & MEDICAL INSURANCE POLICY

ELIGIBILITY

To be eligible for coverage a person must:

- be a *student*; or
- be a *spouse* or child (15 days to 18 years old) of such eligible *student*, all of whom live together in the same residence as the *insured student*; and
- be currently in good health; and
- be less than 65 years of age; and
- not be insured or eligible for benefits under a Canadian government health insurance plan.

Coverage Begins

When an application has been made and the premium has been paid, coverage begins on the latest of the date and time:

- the completed application is accepted by TIC or its representative; or
- indicated as the *effective date* on the application; or
- the *insured* departs from their *country of origin*;

except coverage for loss resulting from *sickness* begins 48 hours thereafter, unless this coverage was purchased prior to arrival in Canada or before the *expiry date* of a TIC International Student Hospital & Medical policy.

Coverage Ends

Coverage ends on the earliest of the date:

- indicated as the *expiry date* on the confirmation of coverage; or
- 365 days after the *effective date* for this policy; or
- the *insured* is no longer enrolled as a *student* at an accredited educational institution; or
- the *insured* becomes eligible under a Canadian government health insurance plan.

DESCRIPTION OF COVERAGE

- The *insurer* agrees to pay up to an *aggregate limit* of \$500,000 for *necessary, reasonable and customary* costs incurred in Canada by an *insured* as a result of *sickness* or *injury* occurring during the *period of coverage*. Eligible costs will be reimbursed in accordance with the applicable provincial *medical/dental association schedule of fees* or the amount specified in this policy, whichever is less.
- The *insurer* will pay for eligible costs incurred, up to the *aggregate limit* for acute *emergency sickness* or *injury* incurred during the *period of coverage* while the *insured* is travelling outside of Canada for up to 30 days.
- The *spouse* and any children of the *insured* are covered only when family coverage is selected and paid for at the time of application. Newborns will be covered from 15 days of age following written approval by TIC.

BENEFITS

Benefits are payable for the following costs:

1. Hospital

The *insurer* agrees to pay for semi-private *hospital* accommodation and for *reasonable and customary* services and supplies necessary for the care of the *insured* during confinement as a resident in-patient.

2. Medical

The *insurer* agrees to pay for:

- a) The *reasonable and customary* services of a legally licensed *physician*, surgeon, anaesthetist or registered graduate nurse (all of whom are not related by blood or marriage to the *insured*).
- b) Diagnostics, lab tests and/or x-ray examinations as ordered by a *physician*.
- c) When ordered by a *physician*, up to an *aggregate limit* of \$10,000, for:
 - i. The use of a licensed local land ambulance to the nearest *hospital*;
 - ii. Private duty services of a registered graduate nurse (who is not related by blood or marriage to the *insured*);*
 - iii. The services of a legally licensed physiotherapist, osteopath, chiropodist or podiatrist (who is not related by blood or marriage to the *insured*);*
 - iv. The services of a legally licensed doctor of chiropractic (who is not related by blood or marriage to the *insured*) limited to \$200 per unrelated *sickness* or *injury* during the *period of coverage*;*
 - v. Rental of crutches, wheelchair or *hospital*-type bed (standard non-electric model only), not exceeding the purchase price; the cost of splints, trusses, braces or other approved prosthetic appliances; initial purchase of casts; artificial limbs, eyes or other approved prosthetic or medical appliances;*
 - vi. Oxygen and rental of equipment for its administration;*
 - vii. Blood and blood plasma, except when donated;
- d) Prescription drugs or medications for outpatient use will be reimbursed at 80% of the costs incurred. Prescription drugs and medications are covered at 100% when the *insured* is hospitalized.

3. Maternity Benefit

When the appropriate family premium has been paid and pregnancy commences after the *effective date* of this policy the *insurer* will pay 80% of costs incurred by the *insured* mother, up to \$25,000 per pregnancy, for the following as the result of her pregnancy, childbirth, miscarriage, or complications related thereto:

- a) *hospital* accommodation at the daily public or standard ward rate; and
- b) services or treatment by a *physician*.

Newborns will be covered from 15 days of age following written approval by TIC.

4. Eye Examination

The services of a registered optometrist for diagnostic procedures to determine the presence of any observed abnormality in the visual system. Limited to one visit in any consecutive 12-month *period of coverage*.

5. Accidental Dental

Up to \$1,000 will be reimbursed for treatment or services to whole or sound natural teeth (including capped or crowned teeth) which are damaged as a result of an *accidental* blow to the face. These costs cannot exceed the minimum fee specified in the *Canadian Dental Association schedule of fees* of the province or territory in which the dental cost was incurred.

6. Wisdom Teeth

Up to \$100 per tooth will be reimbursed for dental and/or oral surgical procedures which are *necessary* for the extraction of impacted wisdom teeth.

7. Dental Emergencies

Up to \$500 will be reimbursed for the immediate relief of acute dental pain caused by other than a blow to the face. Dental conditions for which the *insured* has previously received treatment or advice are not covered. Treatment relating to any dental claim must begin within 48 hours from the onset of the *emergency* and must be completed prior to the *insured's* return to their *country of origin*.

8. Accidental Death & Dismemberment

The *insurer* agrees to pay up to the sum insured of \$10,000, for loss of life, limb or sight resulting directly from *accidental injury* occurring during the *period of coverage*, except while boarding, riding or alighting from an aircraft. Loss of life, limb or sight must occur within one year from the *injury*.

Benefits are payable according to the following schedule.

- a) 100% of sum insured resulting from the same *accidental injury* for loss of:
 - i. life; or
 - ii. entire sight of both eyes; or
 - iii. both hands; or
 - iv. both feet; or
 - v. one hand and entire sight of one eye; or
 - vi. one foot and entire sight of one eye.
- b) 50% of sum insured resulting from the same *accidental injury* for loss of:
 - i. entire sight of one eye; or
 - ii. one hand; or
 - iii. one foot.

Loss of hand or hands, or foot or feet means severance through or above the wrist joint or ankle joint, respectively.

Loss of eye or eyes means total and irrecoverable loss of the entire sight.

Only one amount is payable (the largest) if the *insured* suffers more than one of these losses.

Exposure and Disappearance

If the *insured* is exposed to the elements or disappears as a result of an *accident*, the loss will be covered if:

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

9. Return Home

When approved and arranged by TIC, up to \$3,000 will be paid for the additional cost of one-way economy transportation by the most direct route to the *insured's country of origin* if a covered *sickness* or *injury* necessitates the immediate return of the *insured* during the *period of coverage*, or if *necessary* continuing medical care is required and is not covered under this policy according to exclusion IS7 or IS8.

10. Return of Deceased

In the event of death due to a covered *sickness* or *injury*, up to \$10,000 will be reimbursed for costs incurred to return the *insured* in a standard transportation container, to their *country of origin*, or up to \$4,000 for cremation or burial at the place of death.

SPECIFIC CONDITIONS

1. TIC must be notified prior to any *medical consultation* or any surgery being performed, or within 24 hours of admission to a *hospital*. Failure to do so, without reasonable cause, will result in the reduction of eligible benefit amounts payable by 20%.
2. TIC reserves the right as reasonably required, to transfer an *insured* to any *hospital* or to transport an *insured* to his/her *country of origin* if the *insured* is unable to continue his/her studies due to a covered *sickness* or *injury*. If the *insured* refuses to be transferred or transported when declared medically fit to travel, any continuing costs incurred after the *insured's* refusal will not be covered and the payment of such costs becomes the sole responsibility of the *insured*. Coverage ceases upon the *insured's* refusal and no coverage will be provided to the *insured* for the remainder of the *period of coverage*.
3. General Provisions apply. Refer to page 4.

EXCLUSIONS

Benefits are not payable for costs incurred due to:

IS1 Any *sickness, injury* or medical condition that exhibited symptoms for which a diagnosis need not have been made or required any or all of, *medical consultation*, prescription medication, medical treatment or hospitalization prior to the *effective date*, when the application for insurance is made more than 30 days after the date of registration at the college or university.

IS2 Any *sickness, injury* or medical condition for which a diagnosis need not have been made or state of health which, prior to the *effective date* was such as to render *expected medical treatment* or hospitalization.

IS3 Losses while sane or insane due to: emotional, mental or nervous disorders resulting from any cause, including but not limited to anxiety or depression; suicide or attempted suicide; or intentional self-inflicted injury.

IS4 *Act of war*, kidnapping, *act of terrorism* caused directly or indirectly by *nuclear, chemical or biological* means, riot, strike or civil commotion, unlawful visit in any country, participation in protests, participation in armed forces activities or a commercial sexual transaction or the commission or attempted commission of any criminal offence, contravention of any statutory law or regulation in the area where the loss occurred by the *insured*, a *family member* or travelling companion.

IS5 Any *sickness, injury* or medical condition, for which a diagnosis need not have been made, where the policy is purchased or the *trip* is undertaken for the purpose of securing medical treatment or advice.

IS6 Loss, death or *injury*, if at the time of the loss, death or *injury*, evidence supports the *insured* was affected by, or the medical condition causing the loss was in any way contributed to by, the use of alcohol, prohibited drugs or any other intoxicant; the non-compliance with a prescribed treatment or medical therapy; or the misuse of medication.

IS7 Any treatment, investigation or hospitalization which is a continuation of, or subsequent to, an inpatient hospitalization, unless approved in advance by TIC.

IS8 Any treatment, investigation or hospitalization which exceeds 30 days following the initial day that *necessary* outpatient treatment began, unless approved in advance by TIC.

IS9 Travelling against the advice of a *physician* or any loss resulting from a *sickness* or medical condition that was diagnosed by a *physician* as *terminal* prior to the *effective date* of this policy.

IS10 *Injury* resulting from training for or participating in speed contests usually and customarily in excess of 60 km per hour, *professional* sport activities, or organized motor sport contests.

IS11 Any loss incurred as a result of pregnancy, abortion, miscarriage, childbirth, or complications thereof, except as specifically provided under the 'Maternity Benefit.' (Benefit 3).

IS12 *Sickness* or *injury* resulting from a motor vehicle *accident* where the *insured* is entitled to receive benefits pursuant to any policy or legislative plan of motor vehicle insurance.

IS13 Cosmetic surgery unless such surgery is a result of a covered *sickness* or *injury*.

IS14 Any *medical consultation* that is elective or related to a prior elective procedure.

IS15 Dental care, services or supplies, except as specifically provided under 'Accidental Dental' (Benefit 5), 'Wisdom Teeth' (Benefit 6) or 'Dental Emergencies' (Benefit 7).

IS16 Treatment or services that contravene, or are prohibited by, legislation under a provincial or territorial hospital/medical plan.

IS17 Naturopathic, holistic or acupuncture treatment.

IS18 Costs that exceed the *reasonable and customary* rate for the area where the treatment or services are being performed.

IS19 Eye glasses, contact lenses, hearing aids and/or prescriptions for any of these items, unless required as the result of an *accidental injury*.

IS20 Any nuclear occurrence, however caused.

IS21 General assessments or check-ups, or any services requested by a third party.

IS22 Services excluded under the applicable provincial Health Insurance Act and government Schedule of Benefits.

IS23 The purchase of:

- a) medications or drugs not approved for use by the appropriate government authority;
- b) patent or proprietary medications;
- c) vitamins or vitamin preparations;
- d) drugs or medications which can be purchased without a prescription;
- e) acne medications;
- f) nicotine resin products;
- g) dietary supplements or weight loss products;
- h) quantities of any drug or medication which exceed a 30-day supply within one month prior to the policy *expiry date*;
- i) contraceptives prescribed for any purpose;
- j) contraceptive consultation or testing;
- k) fertility drugs or testing;
- l) drugs, medications, or other costs paid for by any other agency; or
- m) experimental drugs, preventative medications or vaccines.

IS24 Any loss incurred outside of Canada, except for loss due to acute *emergency hospital* and other covered *emergency* costs due to *sickness* or *injury* occurring during the *period of coverage* while the *insured* is on a *trip* less than 30 days.

DEFINITIONS

Accident(al) means a sudden, unexpected, unforeseeable, unavoidable external event.

Act of terrorism means an act, including but not limited to the use of force or violence and/or the threat thereof or commission or threat of a dangerous act, of any person or group(s) or government(s), committed for political, religious, ideological, social, economic or similar purposes including the intention to intimidate, coerce or overthrow a government (whether defacto or de jure) or to influence, affect or protest against any government and/or to put the civilian population, or any section of the civilian population, in fear.

Act of war means any loss or damage arising directly or indirectly from, occasioned by, happening through or in the consequence of war, invasion, acts of foreign enemies, hostilities or warlike operations (whether war is declared or not) by any government or sovereign, using military personnel or other agents, civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power.

Aggregate limit means the total number or the maximum value of insured losses resulting from any one *accident* or event causing loss.

Country of origin means the country in which the *insured* maintained a permanent residence prior to entry into Canada.

Effective date means the date and time coverage begins as provided for in the section titled 'Coverage Begins'.

Emergency means a sudden, unforeseen *sickness* or *injury* occurring during the *period of coverage*, which requires immediate intervention by a *physician* or legally licensed dentist and cannot reasonably be delayed. An emergency is deemed to no longer exist when medical evidence indicates that the *insured* is able to continue their *trip* or return to their place of ordinary residence or *country of origin*.

Expected medical treatment means *medical consultation* or hospitalization, which has been shown, by prior medical history, as probable or certain to occur.

Expiry date means the date coverage ends as indicated in the section titled 'Coverage Ends'.

Family member means the *insured's* legal or common-law *spouse*, parent, brother, sister, legal guardian, step-parent, step-child, step-brother, step-sister, aunt, uncle, niece, nephew, grandparent, grandchild, in-law, ward, natural or adopted child.

Hospital means a facility incorporated or licensed as a hospital by the jurisdiction where such services are provided and which has accommodation for resident in-patients, a laboratory, a registered

graduate nurse and *physician* always on duty and an operating room where surgical operations are performed by a *physician*. In no event shall this include a convalescent or nursing home, home for the aged, health spa, or an institution for the care of drug addicts, alcoholics or persons suffering from mental or nervous disorders.

Injury means bodily harm which is directly caused by or resulting from an *accident*, being a sudden and unforeseen event, excluding bodily harm that results from deliberate or voluntary action and independent of *sickness* and all other causes.

Insured means an eligible person named on the application, who has been accepted by TIC or its authorized representative, and has paid the required premium.

Insurer means Co-operators Life Insurance Company.

Medical consultation means any medical services obtained from a licensed medical practitioner for an ailment, *sickness* or medical condition, including but not limited to any or all of: history taking, medical examination, investigative testing, advice or treatment, and for which a diagnosis of the condition need not have been definitively made. This does not include regular medical checkups where no medical signs or symptoms existed or were found during the check-up.

Medical/dental association schedule of fees means the official schedule of fees published by the medical/dental association, society or college of the province or territory in which the treatment or service occurred. If the province or territory does not publish an official schedule of fees, benefits payable under this policy will be in accordance with the provincial medical/dental association schedule of fees in Canada closest to where the treatment or service occurred.

Necessary means medically required treatment for an unexpected *sickness* or *injury*.

Nuclear, chemical or biological means the use of any nuclear weapon or device or the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical agent and/or biological agent, including the resultant contamination where:

- **Nuclear** means any occurrence causing bodily *injury*, *sickness*, disease, or death or loss of or damage to property, or for loss of use of property, arising out of or resulting from the radioactive, toxic, explosive, or other hazardous properties of source, special nuclear, or by-product material.
- **Chemical agent** shall mean any compound which, when suitably disseminated, produces incapacitating, damaging or lethal effects on people, animals, plants or material property.
- **Biological agent** shall mean any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) which cause illness and/or death in humans, animals or plants.

Period of coverage means the period from the *effective date* to the *expiry date* as indicated in this policy and for which premium has been paid.

Physician means a person other than the *insured*, who is legally qualified and licensed to practice medicine or perform surgery in the location where the services are performed, and is not related to the *insured* by blood or marriage.

Professional means an activity engaged in by the *insured*, who earns the majority of their income from such activity.

Reasonable and customary means the services customarily provided or the costs customarily incurred for covered losses, which are not in excess of the standard practice or fee in the geographical area where the services are provided or costs are incurred for comparable treatment, services or supplies for a similar *sickness* or *injury*.

Sickness means illness or disease.

Spouse means a person who is legally married to the *insured*, or has been living in a common-law relationship (either opposite sex or same sex) with the *insured* for a continuous period of at least one year and who resides in the same household as the *insured*.

Student means a person:

- a) whose *country of origin* is not Canada and who is residing in Canada on a temporary basis; and
- b) who regularly attends school, college, university, or other accredited educational institution; and

- c) who is enrolled in a minimum of 60% of the usual course requirements for the program in which they are enrolled; or
- d) who remains in Canada for up to one year immediately after completion of studies as described under a) to c) of this definition, and who is working or has applied to work in a field related to the studies completed.

Terminal means a *sickness* or medical condition for which a *physician* gave a prognosis of eventual death or for which palliative care was received, prior to the *effective date*.

Trip means the period of travel contracted by the *insured* and for which coverage is in effect.

GENERAL PROVISIONS

Assignment

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

Automatic Extension of Coverage

1. This coverage shall be automatically extended for up to 72 hours if, during the *period of coverage*, the conveyance in which the *insured* is riding or is scheduled to ride as a passenger, scheduled to arrive at destination during the *period of coverage*, is delayed due to circumstances beyond their control.
2. Coverage will be automatically extended for up to 5 days, if the *insured* is hospitalized due to a covered *sickness* or *injury* on or before the coverage *expiry date*.

Benefit Payments

Unless otherwise stated, all provisions in this policy apply to each *insured* during one *period of coverage*.

Benefits are only payable under one policy, for each *insured* during the *period of coverage*. If more than one TIC policy is in effect at the same time benefits will only be paid under one insurance policy, the one with the greatest sum insured. Benefits are only payable for the plans and the specific sum insured selected, paid for and accepted by TIC at the time of application. Any benefits payable do not include interest charges.

Claim Submission

The *insured* shall be responsible for the verification of:

1. Any medical costs incurred and shall obtain itemized accounts of all medical services which have been provided;
2. Verification of any payment that would have been made if the *insured* had been covered by a provincial or territorial hospital/medical plan;
3. Any payment made by any other insurance plan or contract;
4. And providing substantiating medical documentation from their *country of origin* at the request of TIC.

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

Contract

The application, any completed medical questionnaire, confirmation of coverage, this policy, any document attached to this policy when issued, and any amendment to the policy agreed upon in writing after it is issued, constitute the entire contract. Each policy or term of coverage is considered a separate contract. TIC reserves the right to decline any application or any request for extensions of coverage. No condition of this policy shall be deemed to have been waived, either in whole or in part, unless the waiver is clearly expressed in writing and signed by TIC.

Coordination of Benefits

Coverage under this policy is in excess of all or any existing coverage concurrently in force held by the *insured*, including but not limited to homeowners, tenants, multi-risk, any credit card, third party liability, group or individual basic or extended health insurance or any private or legislative plan of motor vehicle insurance providing hospital, medical or therapeutic coverage. TIC will coordinate all benefits in accordance with the Canadian Life and Health Insurance Association guidelines. Reimbursement will not be made for any costs, services or supplies that are payable to the *insured* under a motor vehicle insurance policy or legislative plan pursuant to the 'no-fault' benefits

schedule under any Insurance Act, or for which the *insured* receives benefits from any other party pursuant to any policy or legislative plan of motor vehicle insurance.

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

Currency

All amounts stated in the policy, including premium, are in Canadian currency. At the option of TIC, benefits may be paid in the currency of the country where the loss occurred.

Governing Law

This policy will be governed by the laws of the Canadian province or territory where the policy was issued. At no time will this policy be governed by the laws and regulations of any other country.

Limit on Liability

It is a condition precedent to liability under this policy that at the time of application, the *insured* knows of no reason to seek medical attention.

Misrepresentation or Nondisclosure

A failure to disclose or misrepresentation of any material fact by the *insured*, or fraud, either at the time of application or at the time of claim, shall render the entire contract null and void, and any claim submitted thereunder shall not be payable.

Premiums

The total premium amount is due and payable at the time of application.

Rights of Examination

The claimant shall provide TIC with the opportunity to examine the *insured* when and so often as it reasonably requires while a claim is pending. In the case of an *insured's* death TIC may require an autopsy, subject to any laws of the applicable jurisdiction relating to autopsies.

Subrogation (Right of Recovery)

In the event of any payment of benefits under this policy, TIC shall be subrogated to all the rights of the *insured* including without limitation the right to proceed in the *insured's* name, but at the *insurer's* expense, against any third party that may be responsible for giving rise to a claim under this policy. The *insured* shall execute all documents required and shall co-operate fully with the *insurer* to secure such rights. The *insured* shall do nothing after the loss to prejudice the *insurer's* right of recovery.

Time

Expiry time of coverage is the time within the time zone where the *insured* was residing when the application was made.

REFUNDS

Refunds are payable when:

1. The *student* fails to meet visa entry eligibility requirements.
2. The *insured* permanently returns to his/her country of origin 30 days or more prior to the *expiry date* of coverage.
3. The *insured* becomes covered under a provincial or territorial health/medical plan.

Premium refunds must be obtained from the agent where coverage was originally purchased unless purchased directly from TIC. There will be no refund of premium if any losses have been incurred whether or not a claim has been made. Premiums, which are 100% refundable, are subject to a \$10 administration fee, except when cancelled during the 10 day examination period. Partial cancellations are charged a \$25 administration fee. These fees are deducted from the net premium to be refunded. Premiums less than \$10 will not be refunded.

CLAIMS PROCEDURES

Important Notes:

1. In the event of a *sickness* or *injury*, TIC must be notified prior to any *medical consultation* or any surgery being performed or within 24 hours of admission to a *hospital*. Failure to do so, without reasonable cause, will result in the reduction of eligible benefit amounts payable by 20%. To make your claim, fill out the claim form completely and include all original bills. Incomplete information will cause delay.

2. Claims must be reported within 30 days of occurrence.
3. Written proof of claim must be submitted within 90 days of occurrence.
4. Any costs incurred for documentation or required reports are the *insured's* or claimant's responsibility.

When submitting your claim please include:

1. A completed and signed claim form with all **original** bills and receipts. Incomplete forms will delay your claim.
2. Medical records including an emergency room report and diagnosis from the medical facility or a Medical Certificate completed by the treating *physician*. Any fee for completion of the certificate is not a benefit under this insurance.
3. Further documentation may be required upon review of your claim.

All claims forms are available online at: www.travelinsurance.ca or by calling TIC Claims Department.

SUBMIT CLAIMS TO:

For Provinces Manitoba and West

TIC Claims Department
125 – 4400 Dominion Street
Burnaby, BC, Canada V5G 4G3
Collect worldwide: 604-639-8849
Toll free Canada/U.S.A.: 1-800-882-5246

For Provinces Ontario and East

TIC Claims Department
1200 – 438 University Avenue
Toronto, ON, Canada M5G 2K8
Collect worldwide: 416-340-8809
Toll free Canada/U.S.A.: 1-800-869-6747

STATUTORY CONDITIONS

Notwithstanding any other provisions herein contained, this contract is subject to the Statutory Conditions in The Insurance Act respecting contracts of Accident and Sickness Insurance. For Québec residents, notwithstanding any other provisions herein contained, this contract is subject to the mandatory provisions of the Civil Code of Québec respecting contracts of Accident and Sickness Insurance.

In witness whereof, CO-OPERATORS LIFE INSURANCE COMPANY has caused this policy to be signed by its COO and Senior Vice President.

Administered by:

TIC Travel Insurance Coordinators Ltd.
300 – 2609 Westview Drive
North Vancouver, BC
Canada V7N 4M2

Underwritten by:

Co-operators Life Insurance Company
1920 College Avenue
Regina, Saskatchewan
Canada S4P 1C4

EMERGENCY PROCEDURES

In the event of an *injury* or *sickness*, TIC Emergency Assistance must be notified prior to any *medical consultation* or any surgery being performed or within 24 hours of admission to a *hospital*. Failure to do so, without reasonable cause, will result in the reduction of eligible benefit amounts payable by 20%. We are here to help. Our service is available 24 hours a day, 7 days a week. TIC Emergency Assistance also provides support and recommendations for non-medical emergencies, providing you with access to resources to help resolve any unexpected difficulties you encounter during your *period of coverage*.

TIC EMERGENCY ASSISTANCE

Toll free Canada/U.S.A.: 1-800-995-1662

Toll free worldwide: 800-842-08420 or 00-800-842-08420

If unable to contact us through the toll free numbers
call collect: 416-340-0049

Contact us at www.travelinsurance.ca and initiate your claim
and we will contact you.