



TravelStar®



Group Medical Services

looking after you and the ones you love

Group Medical Services

IMPORTANT NOTICE

- Travel insurance is designed to cover losses resulting from sudden, unexpected and unforeseeable circumstances. It is important that you read and understand your policy before you travel, as your coverage may be subject to certain exclusions or limitations.
- A pre-existing medical exclusion applies to medical conditions and/or symptoms that existed prior to your travel. Check the policy to see how this applies to you.
- In the event of an accident, injury or sickness, your prior medical history may be reviewed when a claim is reported.
- Your policy provides travel assistance for medical emergencies. If you experience a medical emergency, you must notify our assistance centre prior to treatment, where possible, and no later than twenty-four (24) hours after receiving medical treatment or being admitted to hospital. Your policy may limit benefits should you not contact the assistance centre.
- Claims for Trip Cancellation & Interruption, Baggage Loss, Damage & Delay, or loss of Sports or Computer equipment must be reported to the GMS office within seven (7) days of the cause of the claim.

**PLEASE READ YOUR POLICY
CAREFULLY AT THE TIME OF PURCHASE**

Please call our office if you have any questions. Our friendly and knowledgeable customer care representatives and medical staff are happy to assist you.

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Effective June 15, 2008 • 1506.CA.08

Your Travel Insurance Experts

Its about... *peace of mind*

Life has a way of interrupting our best laid travel plans. When it does, you can rest assured, knowing you're protected with travel insurance from Group Medical Services. You can have confidence while travelling, with the coverage you need, when you need it.

Its about... *choice*

With a menu of plans for single trip or multiple trips, GMS provides you with the choice of insurance coverage you need, including a range of upgrades and options – even for your golf clubs!

Its about... *worldwide assistance*

GMS provides 24/7 emergency assistance to help you and your family through a medical emergency, replace lost documents and provide claims information and assistance.

Its about... *personal commitment*

Talk to our medical staff before you travel and take advantage of our optional (*and free*) medical review. We're here to help – in person and on the phone, to answer any questions you may have.

Its about... *value*

Group Medical Services offers you true value, with comprehensive medical and non-medical plans and packages at affordable, competitive rates. You'll save up to 35% when compared to many vacation plans. Be sure to ask about our new All-Inclusive Multi-Trip Annual plans for coverage all year round.

Travel with Confidence with Group Medical Services

Be sure to carry this policy booklet with you on your trip. It contains important details about your coverage and includes your emergency assistance contact information.

Travel Insurance Plans at a Glance

Plans/Coverage	
	Eligible Age
Medical Plans	
Single Trip Daily Emergency Medical	No Limit
Actual expenses for all hospital, medical and outpatient emergency medical costs and assistance services to a \$5,000,000 maximum.	
Multi-Trip Annual Emergency Medical	Age 79 or less
As above. Choose a 15 or 30 day plan for unlimited trips.	
Non-Medical Plans	
Trip Cancellation & Interruption	No Limit
Up to the amount purchased before departure and \$10,000 after departure for non-refundable prepaid vacation costs, cancellation penalties, change fees and subsistence allowances.	
Baggage Loss, Damage & Delay	No Limit
Up to the amount purchased for loss, damage, or theft of baggage, replacing cash and documents and baggage delays greater than 12 hours.	
Non-Medical Inclusive	No Limit
Includes trip cancellation to the amount purchased, \$10,000 trip interruption and \$1,500 baggage. Choose a single trip or 15 or 30 day multi-trip plan.	
All-Inclusive Plans	
All-Inclusive Single Trip Daily	No Limit
Includes emergency medical, trip cancellation to the amount purchased, \$10,000 trip interruption and \$1,500 baggage.	
All-Inclusive Multi-Trip Annual	Age 79 or less
As above. Select coverage for multiple trips during the year of 15 days or 30 days per trip.	

Insurance Benefits & Features				
Emergency Medical	Trip Cancellation <i>(before departure)</i>	Trip Interruption <i>(after departure)</i>	Baggage Loss & Damage	Baggage Delay
Medical Plans				
✓				
✓				
Non-Medical Plans				
	✓	✓		
			✓	✓
	✓	✓	✓	✓
All-Inclusive Plans				
✓	✓	✓	✓	✓
✓	✓	✓	✓	✓

Travel Options

The following additional options are available with the purchase of a GMS Non-Medical or All-Inclusive travel plan.

If you purchase a Multi-Trip Non-Medical or All-Inclusive plan, you may also purchase any Multi-Trip Option.

Option	Coverage
Trip Delay Upgrade	For delays greater than 12 hours, subsistence expenses of \$500 per day, \$200 entertainment and same class tickets
Increased Per-Item Baggage Limit	Increase to \$1,000 per item or set of items to an additional \$2,000 maximum coverage
Golf Clubs, Skis & Sports Equipment	Additional \$2,000 per item insured
Laptops & Computer Equipment	Additional \$2,000 per item insured

New for TravelStar®

- **Up to \$5,000,000 emergency medical coverage**
- **No medical questions for those 59 and younger**
- **Trip Cancellation & Interruption Delay Upgrades**
- **Per Item Baggage Limit Increases**
- **Enhanced coverage for Golf Clubs, Skis & Sporting Equipment and Laptops & Computer Equipment**
- **Multi-Trip Annual Non-Medical Inclusive plans**
- **Multi-Trip Annual All-Inclusive plans including Emergency Medical, TCI and Baggage coverage**

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Thank you for choosing Group Medical Services

GMS has been providing Canadians with quality health and travel insurance coverage and exceptional customer service since 1949.

We're experts in health and travel, with medical professionals on-staff, ready to answer any questions and go the extra mile to ensure you receive the travel coverage you need.

Our plans are among the best value you'll find on the market today, with easy to complete application forms and customer-friendly policies and procedures.

You have our personal commitment that we will provide the highest quality of friendly and professional service before, during and after your trip.

Thank you for choosing to travel in confidence with Group Medical Services.

Emergency Medical Insurance

This applies to Single Trip Daily Travel and Multi-Trip Annual Travel.

Benefits:

Group Medical Services (GMS) will pay the *reasonable and customary* charges up to a maximum amount payable of \$5,000,000 of eligible expenses in the event that an unexpected medical *emergency* occurs outside of your province of residence or Canada.

Payment will be made in excess of any deductibles and any amounts permitted and/or paid by your provincial government plan or other insurance plans.

For expenses to be eligible, the *emergency treatment* for a sudden or unexpected illness or *accidental* injury and the necessary diagnosis and *treatment* must occur:

- **Single Trip Daily Travel** – on or after the *effective date* and on or prior to the *termination date* as stated on your TravelStar® application;
- **Multi-Trip Annual Travel** – within the first fifteen (15) or thirty (30) days (depending on the *trip* length option you choose) after leaving your province of residence;

Eligible expenses include:

1. **Hospitalization** – *Hospital* accommodations up to semi-private rooms and *hospital* services and supplies necessary for *emergency* care during hospitalization. One (1) follow-up visit (excluding on-going *treatment*) is covered in situations where the medical process in dealing with *emergency* requires such a follow-up visit. The follow-up visit must take place within fourteen (14) days of the initial *emergency*.
2. **Medical Services** – *Treatment* by a *physician* or *surgeon*.
3. **Diagnostic Services** – X-rays and other diagnostic tests. Magnetic resonance imaging, computerized axial tomography scans, sonograms, ultrasounds and biopsies are excluded, unless pre-authorized by GMS.
4. **Out-Patient Treatment** – Out-patient *emergency* room expenses.
5. **Prescription Drugs** – Drugs and medication obtained on the prescription of the attending *physician* and supplied by a licensed pharmacist, to a maximum of thirty (30) day prescription. Refills of prescriptions, and any associated *physician's* expenses, are excluded from coverage.
6. **Private Duty Nursing** – Expenses to a maximum of \$5,000 per person for the professional services of a registered nurse (non-family member) for private duty nursing while hospitalized during an acute *emergency* illness or injury.

7. **Road Ambulance** – Expenses for the use of a licensed road ambulance in an *emergency* situation that requires immediate transportation to the nearest *hospital* where adequate facilities are available.
8. **Air Ambulance** – Expenses for the use of an air ambulance or regularly scheduled airline to transport you back to your province of residence for further *in-hospital treatment*, upon the written recommendation of the attending *physician* and with prior GMS approval. This benefit excludes helicopter transports.
9. **Special Attendant** – One (1), round-trip, economy class airfare for a medical attendant, if medically necessary and pre-approved by GMS, to accompany you back to your province of residence. The attendant must not be a friend, relative, associate or other person who was traveling with you when the *emergency* occurred.
10. **Return of Family Member** – One (1), one-way, economy class airfare by the most direct route to the *departure point*, to a maximum of \$1,000, for the return of one (1) covered, accompanying family member if GMS requires that you return to Canada or your province of residence for immediate medical *treatment* or in the event of your death. This benefit must be pre-approved by GMS.
11. **Paramedical Services** – Expenses, up to an aggregate maximum of \$300 per person, for the *emergency* services of an osteopath, physiotherapist, chiropractor, chiropodist and/or podiatrist.
12. **Accidental Dental** – Expenses for the repair or replacement of natural teeth or permanently attached artificial teeth necessitated by an *accidental* blow to the mouth, to a maximum of \$2,000 per person. Expenses for *treatment* of the relief of dental pain, to a maximum of \$250 for such *treatment*. This benefit excludes dental implants.
13. **Return of Remains** – When death results from a covered *emergency*, the expenses for either the preparation and transportation of the deceased to his/her province of residence, to a maximum of \$3,000 per person, or the expense of cremation or burial at the place of death, to a maximum of \$2,000.
14. **Family to Bedside** – One (1), round-trip, economy class airfare by the most direct route, up to a maximum of \$3,000, in the event you become hospitalized for at least three (3) consecutive nights as a result of a covered *emergency*, and the attending *physician* advises the necessary attendance of one (1) of your family members or a close friend. In addition, reimbursement of up to \$150 per day to a maximum of \$750 for reasonable expenses incurred by the transported person, once they arrive. Original paid receipts for the expenses incurred are required. This benefit must be pre-approved by GMS.

15. **Family Transportation** – One (1), round-trip, economy class airfare for an *immediate family member* plus up to \$300 for meals and accommodation, to an aggregate maximum of \$2,000 to identify the deceased.
16. **Return of Vehicle** – Expenses up to \$2,000, with prior *GMS* approval, for returning *your* vehicle, to *your* residence or nearest appropriate vehicle rental agency, when *you* and any travel companions are unable to do so due to unexpected illness or *accidental* injury. This benefit is only available when *GMS* returns *you* to *your* province of residence for further *in-hospital* medical treatment. Eligible expenses include the return of a vehicle performed by a professional agency or the following necessary and reasonable expenses incurred by an individual returning the vehicle on *your* behalf: fuel, meals, overnight accommodation, one-way economy class airfare. Expenses incurred by anyone traveling with the person returning the vehicle are not covered. Written medical certification and original paid receipts for the expenses incurred are required.
17. **Return of Cat or Dog** – Reimbursement up to \$300 to return *your* cat or dog to *your* province of residence, when *GMS* returns *you* to *your* province of residence for further *in-hospital* medical treatment.
18. **Child Care** – Reimbursement up to \$500, with prior *GMS* approval, for licensed care of dependent children if they are traveling with *you*, should *you* be hospitalized due to a medical *emergency*.
19. **Escort of Insured Dependant** – Reimbursement of one-way, economy class airfare by the most direct route to return an accompanying child/children (up to the age of eighteen (18) years) and an escort, when necessary, to the original point of departure. This benefit must be pre-approved by *GMS*.
20. **Coverage Continuation** – If coverage expires while hospitalized due to an *emergency*, coverage will continue for *you*, *your spouse* and any *dependants* traveling with *you*, up to seventy-two (72) hours after discharge from *hospital*.
21. **Out of Pocket Expenses** – Reimbursement for *reasonable and customary* expenses, up to \$150 per day to a maximum of \$1,000, for accommodations, meals, necessary telephone calls and taxi or bus fares incurred by an accompanying family member in the event that *you* are hospitalized on the scheduled *return date*. Original paid receipts for the expenses incurred are required. This benefit must be pre-approved by *GMS*.
22. **24-Hour Travel Assistance Services:**
 - a) Coordination of all medical care, transportation and repatriation;
 - b) Telephone interpretation services in most languages;
 - c) Monitor progress during *treatment* and recovery by managed care.

Eligibility:

The following eligibility criteria apply to this coverage:

1. There is no age limit for persons purchasing the **Single Trip Daily Travel** plan. However, to purchase or renew the **Multi-Trip Annual Travel** plan, *you* must be age seventy-nine (79) or less at the *effective date* or *renewal date*, respectively.
2. *You* must have valid provincial health coverage for this insurance to be valid.
3. *You* are not eligible for coverage if, for the **Single Trip Daily Travel** plan, at *your effective date*; or if, for the **Multi-Trip Annual Travel** plan, on the *effective date* or *renewal date*:
 - a) In the past twelve (12) months:
 - i) *you* have suffered from, been diagnosed with, received new *treatment* for, or had a recurrence of, or complications relating to any of the following: stroke/TIA, blood clots, congestive heart failure, atrial/ventricular fibrillation, AIDS, any terminal illness, renal failure, gastrointestinal bleeding;
 - ii) *you* have undergone the following procedures: renal dialysis, valve replacement or organ transplant;
 - b) *you* are awaiting further tests or *treatment* for *heart disease*;
 - c) *you* have both *heart disease* and insulin dependent diabetes and are taking prescription medication for both;
 - d) *you* use home oxygen for a heart and/or lung disease;
 - e) *you* take oral steroids for a lung condition;
 - f) any of the following apply to *you*; under active *treatment* for cancer, have an aortic aneurysm that remains surgically untreated, have experienced undiagnosed episodes of syncope/fainting or falling;
 - g) *you* have an ICD (Implantable Cardioverter Defibrillator).
4. Person's age sixty (60) years of age and over must complete a medical questionnaire at the time of application.

Coverage Begins and Ends:

1. Coverage for **Single Trip Daily Travel** plan begins on the *effective date* and ends on the *termination date* as shown on *your* TravelStar® application.
2. Coverage for **Multi-Trip Annual Travel** plan begins on the *effective date* and ends on the last day of the *policy year*.

Exclusions:

The following expenses are not covered by the policy and no payment for these claims will be made:

1. Expenses incurred where you act against medical advice or the advice of *GMS*.
2. Expenses resulting from the regular care of a chronic condition.
3. Expenses incurred as a result of *non-adherence* with medical *treatment* prior to departure.
4. Coverage for medical conditions that existed prior to your *departure date* or prior to your *effective date*, if used as a top-up, is subject to the following:

This policy does not provide coverage for any expenses related directly or indirectly as a result of:

- a) your medical condition and/or related condition and/or symptoms (whether or not the diagnosis has been determined) if at any time in the one hundred eighty (180) days preceding your *departure date* your medical conditions or related conditions and/or symptoms have not been *stable*;
- b) if at any time in the one hundred eighty (180) days prior to your *departure date*:
 - i) any heart condition, has not been *stable*;
 - ii) any lung condition has not been *stable*.
5. When you travel to a country after such time that a travel advisory has been issued by the Canadian government recommending that Canadians do not travel to such country, or to specific regions within such country.
6. Expenses that are duplication of any service, allowance or reimbursement supplied by an existing *government plan* or private plan.
7. Any *treatment*, hospitalization or surgery (including elective, non-elective, personal comfort, dental or cosmetic) which is not considered to be an *emergency*, even if it is recommended by a *physician*.
8. *Treatment* at a diagnostic facility unless pre-approved by *GMS*.
9. *Emergency* air transportation or return to province of residence, which is not arranged and pre-approved by *GMS*.
10. Any advice, investigation, *treatment*, hospitalization or surgery, which is a continuation of, subsequent to or a recurrence of an *emergency* medical *treatment* of a sickness or injury.
11. Drugs and medication which are commonly available without a prescription, not legally registered or approved in Canada, experimental drugs or preventative medicines or vaccines.
12. Any services or expenses incurred when a journey is undertaken for the purpose of obtaining medical or surgical diagnosis or *treatment*, or when any medical *treatment* is pre-scheduled prior to departure from your province of residence.
13. Expenses resulting when travel is booked or commenced contrary to medical advice.
14. Pregnancy, miscarriage, childbirth or complications of any of these conditions occurring after the first eighteen (18) weeks of pregnancy.
15. Routine or general physical examinations, check-ups or services of a continued nature following *emergency treatment* of a sickness or injury.
16. Coronary artery angioplasty, cardiac surgery or implantable cardioverter defibrillator (ICD) (including any associated diagnostic tests or charges), unless necessary in a medical *emergency* and approved by *GMS* prior to any actions.
17. Any endovascular surgical procedures, either done individually or in combination with conventional surgical procedures.
18. Any *treatment* or surgery, which is considered by *GMS* to be experimental. *GMS* opinion on the issue is final and binding.
19. Expenses resulting directly or indirectly from the commission or attempted commission of any criminal, criminal-like or illegal activity; intentional self-injury, suicide or attempted suicide; the abuse of medication, drugs or alcohol; any participation in the armed forces; or any willful exposure to peril.
20. Expenses incurred as a result of a motor vehicle accident, unless such services are not covered by any other private or public vehicle insurance.
21. Expenses resulting from participation in professional sports, any speed contest, SCUBA diving (unless PADI, ACUC or SSI certified), extreme sports including but not limited to: parachuting, mountaineering skydiving, rodeo, hang gliding, bungee cord jumping, acrobatic or stunt flying or a flight accident unless riding as a passenger on a commercially licensed airline.
22. *Treatment* or services that contravene or are prohibited by the provincial laws of your province of residence and the federal laws of Canada that apply in your province of residence.
23. Any persons holding a work visa from the country to which they are traveling; or for persons working in hazardous occupations.

Specific Conditions:

1. You must purchase the plan prior to *your departure date* from *your* province of residence.
2. The **Single Trip Daily Travel** plan may be used as a top-up to **GMS Multi-Trip Annual Travel** plan, other **GMS** travel plans or another insurer's travel plan. The **Multi-Trip Annual Travel** plan may not be used as a top-up to any other travel plan.
3. Should any changes in *your* health occur after the *application date* and prior to the *effective date*, **GMS** must be contacted and the application updated.
4. When taking multiple *trips* outside of Canada under the **Multi-Trip Annual Travel** plan, *you* must return to *your* province of residence for a minimum of seventy-two (72) hours prior to making a subsequent *trip*. This condition does not apply in cases where *trip* duration is less than fourteen (14) days. However, all conditions and exclusions are applicable to each subsequent *trip*.
5. **GMS**, in consultation with the attending *physician*, reserves the right to transfer *you* to another *hospital* or medical facility capable of providing the necessary medical services, or to return *you* to *your* province of residence. Refusal to do so will absolve **GMS** of further liability.
6. **GMS** is not responsible for the availability, quality, results from any medical *treatment* or transportation or *your* failure to obtain medical *treatment*.
7. **GMS** is authorized to receive reports indicating diagnosis and services rendered to *you* from any *physician*, health care provider, other person, *hospital* or institution.
8. Any material misrepresentation, provision of incorrect information or non-disclosure of information, related to medical conditions, will result in non-payment of any related claims.
9. Benefits are payable only for amounts in excess of what would normally be payable under *government plans* as they exist as of the *effective date* of this policy. There is no coverage for any benefits of any nature which were provided by a *government plan* on the *effective date* of this policy regardless of whether such benefits continue to be provided by a *government plan* at the time the claim is made.

Changes to Coverage:

1. For the **Single Trip Daily Travel** plan, changes to travel dates, or the addition or deletion of any applicant must be made prior to departure, by contacting **GMS**.
2. Coverage is limited to the maximum number of days noted by *your* provincial health plan, unless otherwise authorized in writing by **GMS**.

3. You may purchase an extension if *you* are extending the length of *your trip*, while *you* are outside *your* province of residence provided that **GMS** is notified two (2) working days prior to the expiration date of the existing coverage and *you* have not required medical services in excess of \$500 during *your* entire *trip*. Payment must be made using a Visa or MasterCard credit card. If *you* have a **Multi-Trip Annual Travel** plan, extensions are available by purchasing a TravelStar® **Single Trip Daily Travel** plan.
4. This policy may be terminated at any time, by giving written notice to **GMS**. Termination shall take effect on the later of the date of termination stated in the notice or the date the notice is received by **GMS** at its head office.
5. **GMS** may terminate this policy at any time by giving written notice of termination to the *policy holder* and by refunding concurrently with the giving of notice the amount of premium paid in excess of the pro rata premium for the expired time. The *effective date* of termination will be the date specified in the notice.

Requesting a Refund:

1. No refunds are available on the **Multi-Trip Annual Travel** plan.
2. For the **Single Trip Daily Travel** plan, refunds will be made as follows:
 - a) Refunds will be provided when the policy is terminated prior to the *departure date*;
 - b) Early return refunds are available for the unused portion of the premium provided that *you* are returning to *your* province of residence and no claims have been incurred under this policy. **GMS** must be contacted in person or by phone regarding the early return with subsequent written confirmation and proof of early return;
 - c) Request for an early return refund must be received by **GMS** no later than thirty (30) days from the date *you* return to *your* province of residence;
 - d) Refunds are subject to a \$20 administration fee and no refund will be issued for any amounts under \$5;
 - e) Those entitled to receive a refund will not be eligible for any claims reimbursement following refund payment.

Making a Claim:

1. *You*, or someone on *your* behalf, must contact **GMS** prior to *treatment* whenever possible. Failure to contact **GMS** within twenty-four (24) hours of receiving medical *treatment* or admission to *hospital* will limit benefits otherwise payable to 70% of eligible charges to a maximum of \$50,000.
2. A completed claim form must be submitted within ninety (90) days of the illness or injury.

3. In order to pay a claim, *GMS* will require the following documentation:
 - a) Original itemized receipts for all bills and invoices;
 - b) Proof of payment by *your* or any other benefit plan;
 - c) Medical records included completed diagnosis by the attending *physician*;
 - d) For dental claims, proof of the accident;
 - e) Proof of the travel dates including *your departure date and return date*;
 - f) *Your* historical records, if requested by *GMS*.
4. All documents for payment of eligible expenses must be received by *GMS* within thirty (30) days of *your* return home and no less than twelve (12) months from the date the last eligible expense was incurred.
5. Any action brought against *GMS* to recover on this policy must be brought within twelve (12) months from the date the claim form was first submitted.
6. *You* shall afford to *GMS* the opportunity to examine *you* when and as often as it reasonably requires while the claim hereunder is pending.
7. In the case of death, *GMS* may require an autopsy subject to any law of the applicable jurisdiction relating to autopsies.

Trip Cancellation & Interruption Insurance

Benefits:

Trip Cancellation (prior to departure):

In the event *your trip* is cancelled due to the occurrence of an insured risk, the following benefits are payable up to the *sum insured*:

1. Reimbursement of the non-refundable portion of pre-paid airfare and/or other pre-paid travel arrangements and any cancellation penalties.
2. Reimbursement for the single supplement or extra expense of the next occupancy charge when an insured risk prevents *your traveling companion* from departing, but *you* choose to travel as originally planned.
3. Reimbursement of the extra expense of one (1), one-way, economy class transportation to the ticketed destination in the event a delay of the *common carrier* at *departure point* causes a missed connection, due to weather conditions or mechanical failure of the *common carrier*, provided the *common carrier* was scheduled to arrive not less than two (2) hours prior to the scheduled connection time.

Trip Interruption (after departure):

In the event *your trip* is interrupted due to the occurrence of an insured risk, the following benefits are payable to a maximum of \$10,000:

4. Reimbursement of up to the expense of one (1), one-way, economy class airfare to the *contracted departure point* or the fee charged by the airline to change *your contracted* date of return, whichever is less; and the non-refundable portion of the unused land arrangements (if any) paid in advance when *you* must return earlier or later than the *contracted* date of return.
5. Reimbursement of the additional transportation expense of economy class for *you* to rejoin the tour or group by the most direct route; and the non-refundable portion of other unused land arrangements (if any) paid in advance when *you* miss part of the covered *trip*.
6. Reimbursement of the extra expense of one (1), one-way economy transportation to the ticketed destination in the event a delay of the *common carrier* at *departure point* causes a missed connection, due to weather conditions or mechanical failure of the *common carrier*, provided the *common carrier* was scheduled to arrive not less than two (2) hours prior to the scheduled connection time.
7. Reimbursement of the extra expense of one-way economy transportation to the ticketed destination in the event of a missed connection at *departure point* or resulting in the interruption of *your* travel arrangements, due to a traffic accident, an *emergency* police-directed road closure or weather conditions.

8. Reimbursement of the expenses for either the preparation and transportation of the deceased to his/her province of residence, to a maximum of \$3,000 per person, or the expense of cremation or burial at the place of death, to a maximum of \$1,500 per person when his/her death results from an insured risk.
9. Out of pocket allowance of up to \$150 per day to a maximum of \$500 for accommodation and meals, essential telephone calls and taxi fares in the event *you* are delayed beyond the *return date* shown on the application.

Trip Delay Upgrade (Optional Extra Coverage):

Trip Delay Upgrade is available as optional coverage when *you* have purchased any *GMS* Trip Cancellation and Interruption Insurance plan. This is additional coverage beyond the delay coverage, already included with *your* Trip Cancellation and Interruption plan.

In the event *your trip* is delayed twelve (12) hours or more, due to circumstances beyond *you* or *your traveling companions* control:

1. We will reimburse *you* for out of pocket expenses of up to \$500 per day to a maximum of \$1,500 for accommodation and meals, essential telephone calls and taxi fares.
2. We will reimburse *you* for the expenses actually incurred up to \$200 for *you* to attend a ticketed event such as, but not limited to, a movie theatre, concert hall, sporting event or opera.
3. If *you* are traveling on a passenger plane with a ticket or pass in which this insurance was purchased against, this insurance will cover the extra cost of *your* same class transportation via the most cost effective route to rejoin *your* tour or group, return to *your departure point* or to transport *you* to *your* next destination point.

Insured Risks

Subject to the Exclusions of Coverage, any of the following occurrences that prevent *you* from departing or returning on a contacted date:

Emergency Medical Conditions

1. *You* or *your traveling companion's emergency* medical condition.
2. The admission to the *hospital* following an *emergency* for *you* or *your traveling companion's immediate family member*, business partner, *key employee* or *caregiver*.
3. The admission to a *hospital* of *your* host at *your* destination, following an *emergency* medical condition.

Pregnancy

4. Complications of a pregnancy arising in the first thirty-one (31) weeks of pregnancy involving *you*, *your spouse*, or *your immediate family member*.

Death

5. The death of *your traveling companion*.
6. The death of *you* or *your traveling companion's immediate family member*, *your business partner*, *key employee* or *caregiver*.
7. The death of *your* host at *your* destination following an *emergency* medical condition.

Government Advisories & Visas

8. The non-issuance of *your* or *your traveling companion's* travel visas (other than an immigration or employment visa) for reasons beyond *your* control.
9. A travel advisory issued by the Canadian government, after the purchase of *your* insurance, recommending that Canadians do not travel to the country for which *you* purchased a ticket for a period that includes *your* travel period.

Employment & Occupation

10. A transfer by the employer with whom *you* or *your traveling companion* are employed on the purchase date of this policy, which requires the relocation of principal residence.
11. The involuntary loss of *your* permanent employment.
12. Cancellation of a *business meeting* (subject to *traveling companion* definition) beyond *you* or *your employer's* control.
13. *You* or *your traveling companion* being summoned to service in the case of reservist, active military, police and fire personnel.

Delays, Schedule Change & Misconnections

14. Delay of *you* or *your traveling companion's* scheduled *common carrier*, due to weather conditions, for a period of at least 30% of the travel period, when *you* choose not to continue with *your* travel arrangements.
15. Delay of *your traveling companion's* scheduled carrier, due to weather conditions, for a period of at least 30% of the travel period, when *you* choose to continue with *your* travel arrangements.
16. Delay of *your* scheduled carrier, due to weather conditions, mechanical failure, a traffic accident or an *emergency* police-directed road closure, in which *you* miss a portion of *your* non-refundable prepaid travel arrangements and *you* choose to continue with *your* travel arrangements as planned.

17. You miss *your* connection, due to a schedule change of the airline that is providing transportation for a portion of *your trip*.
18. Cancellation beyond *you* or *your traveling companion's* control, of a concert, wedding or other event, for which the sole purpose of the *trip* was to attend the event.

Other Risks

19. A natural disaster that renders *you* or *your traveling companion's* principal residence uninhabitable or place of business inoperative.
20. *You* or *your traveling companion* being quarantined or hijacked.
21. *You* or *your traveling companion* being called for jury duty, subpoenaed as a witness or required to appear as a defendant in a civil suit, during *your* travel period.
22. An *act of terrorism* that directly or indirectly causes a loss that would otherwise be payable under one of the covered risks.
23. The default of a *travel supplier*.

Coverage Begins and Ends:

1. Coverage begins and ends:
 - a) For Daily Trip Cancellation & Interruption plans:
 - i) coverage begins on the earliest of: the *effective date* as shown on *your* TravelStar® application; the date of the *cause of cancellation* if the *trip* is cancelled prior to the scheduled *departure date*;
 - ii) coverage ends on the earliest of: the *termination date* as shown on *your* TravelStar® application; or the date *you* return to *your* permanent residence;
 - b) For Multi-Trip Annual Trip Cancellation & Interruption plans coverage begins on the *effective date* and ends on the last day of the *policy year*.

Exclusions:

The following expenses are not covered by this policy and no payment for these claims will be made:

1. Expenses incurred where *you* act against medical advice or the advice of *GMS*.
2. Expenses resulting from the regular care of a chronic condition.
3. Expenses incurred as a result of non-compliance with medical *treatment* prior to departure.
4. *Your* medical condition and/or related condition and/or symptoms (whether or not the diagnosis has been determined) if at any time in the one hundred eighty (180) days preceding *your departure date* *your* medical conditions or related conditions and/or symptoms have not been *stable*.

5. If at any time in the one hundred eighty (180) days prior to *your departure date*:
 - a) any heart condition, has not been *stable*;
 - b) any lung condition has not been *stable*.
6. When a *trip* was undertaken to visit or attend an ailing person, when the medical condition or ensuing death of that person is the cause of the claim.
7. Expenses related to any event, which at *your* date of purchase, *you* knew may eventually prevent *you* from completing *your trip* as booked.
8. Expenses resulting directly or indirectly from the commission or attempted commission of any criminal, criminal-like or illegal activity, intentional self-injury, suicide or attempted suicide, the abuse of medication, drugs or alcohol; any participation in the armed forces or any willful exposure to peril.
9. Complications of pregnancy or childbirth, occurring in the nine (9) weeks before or after the expected date of delivery.
10. *Your* participation in professional sports, any speed contest, SCUBA diving (unless PADI, ACUC or SSI certified), extreme sports including but not restricted to: parachuting, mountaineering, skydiving, rodeo, hang gliding, bungee cord jumping, acrobatic or stunt flying or a flight accident unless riding as a passenger on a commercially licensed airline.
11. *War* (declared or not) or act of foreign rebellion.
12. Default by a *travel supplier* when at the time of booking the *travel supplier* was in receivership, insolvent or bankrupt.

Specific Conditions and Limitations:

1. *You* must purchase this insurance prior to *your departure date* and within seven (7) days of purchasing a flight or *trip* that is non-refundable after the date of booking or prior to incurring any cancellation penalties.
2. If the value of *your trip* is \$12,000 or greater, *you* must complete a medical questionnaire at time of application.
3. Cancellation due to injury or sickness must be on the written advice of the attending *physician* at the location where sickness or injury leading to cancellation occurred.
4. When *cause of cancellation* occurs prior to the *departure date*, *you* must cancel *your trip* with the *travel supplier* on the day the *cause of cancellation* occurs or on the next business day and notify *GMS* at the same time. Claims settlements shall be limited to the amounts that are non-refundable at the time of the *cause of cancellation* up to the *sum insured*.

5. In the event of the default of a *travel supplier*, reimbursement will be on an "excess only" basis to all other insurance plans or reimbursement from any source. Reimbursement must be sought from other insurance, travel agency, tour company or travel provider, provincial compensation plan or credit card.
6. When *cause of cancellation* or interruption is due to an *act of terrorism* or default of a *travel supplier*, claims will be paid to an aggregate limit of \$200,000 per calendar year. If it is estimated that claims will exceed the annual limit, claims will be paid on a prorated basis after the end of the calendar year.
7. In cases of interruption, travel must be taken on the earliest of:
 - a) The date when *your* travel is medically possible;
 - b) Within ten (10) days following *your* originally scheduled *return date* if *your* delay is not the result of hospitalization;
 - c) Within thirty (30) days following *your* originally scheduled *return date* if *your* delay is the result of hospitalization.
8. If *you* are deemed medically unfit to travel as a result of an insured risk and if this advice is provided prior to the *return date* of this policy as indicated on the application page and if this advice is provided, in writing, by the attending *physician*, this insurance will automatically be extended for five (5) days. If additional days are required, please apply to *GMS*, and extensions may be granted for extra premium.

Changes to Coverage:

1. Changes to travel dates for Trip Cancellation and Interruption may be made anytime prior to departure, if the change is necessitated by the *travel supplier*.
2. The addition or deletion of an applicant must be made prior to departure, by contacting *GMS*.
3. Coverage is limited to the maximum number of days noted by *your* provincial health plan, unless otherwise authorized in writing by *GMS*.
4. Extensions may be approved while *you* are outside *your* province of residence provided that *GMS* is notified two (2) working days prior to the expiration date of the existing coverage and *you* have not required medical services in excess of \$500 during *your* entire *trip*. Payment must be made using a Visa or MasterCard credit card.

Requesting a Refund:

1. A refund of the premium will only be issued under the following circumstances on the condition that no claims are paid or payable in these instances:
 - a) The *travel supplier* cancels the *trip* and all penalties are waived;

- b) The *travel supplier* changes the travel dates and *you* are unable to travel on those dates and all penalties are waived;
- c) *You* cancel the *trip* before any cancellation penalties are in effect.

Making a Claim:

1. Claims must be reported to the *GMS* office within seven (7) days of the cause of claim.
2. Claim forms must be submitted within ninety (90) days of the cause of claim.
3. The following documents must be submitted:
 - a) For *trip* cancellation claims *you* must provide itemized invoices, original unused tickets and statements from *your* travel agent where applicable;
 - b) For cancellation due to natural disaster, accident on the way to departure, jury duty, subpoena, transfer or involuntary loss of employment, a legal certificate (police report, subpoena, record of employment) confirming the circumstances of the cancellation;
 - c) For cancellation and interruption claims, original passenger coupon of new ticket purchase and receipt showing amount paid for ticket, and any credit or refunds received from the agents and/or carriers;
 - d) For any out of pocket claims due to *trip* interruption, we require an explanation of expenses in the event of a late return, along with original receipts;
 - e) If cancellation or interruption is due to a death or repatriation, we require a death certificate accompanied by receipts from the funeral home, airline, etc.;
 - f) When cancellation is due to an injury or sickness, *you* must provide a certificate from the *physician* at the location where the *treatment* was given stating:
 - i) Full diagnosis;
 - ii) Full date of risk incurred;
 - iii) Date of first consultation; and
 - iv) Date advised to discontinue travel and/or return home.
4. All supporting documents for payment of eligible expenses must be received by *GMS* within thirty (30) days of *your* return home and no more than twelve (12) months of the cause of claim.
5. Failure to provide applicable substantiation for a claim shall invalidate any claim under this insurance.

Baggage Loss, Damage & Delay Insurance

Benefits:

Benefits are payable to the maximum of the *sum insured* and are subject to the terms and conditions of this policy:

1. Baggage

- a) Reimbursement of *your* losses, subject to a maximum of \$500 for any one (1) item or set of items.
- b) Reimbursement for the expense of replacing one (1) or more of the following documents, to a maximum of \$100, in the event of loss or theft: passport, driver's licence, birth certificate or travel visa.
- c) Reimbursement of personal currency when caused directly by theft or robbery up to a maximum amount of \$100.
- d) Reimbursement for personal items expenses if baggage is delayed for greater than twelve (12) hours, to a maximum amount of \$400.

2. Optional Extra Baggage Coverage

- a) **Golf Clubs, Skis & Sporting Goods**
Reimbursement to a maximum of \$2,000 per item or set of items, of specifically identified sporting goods which *you* own and use during *your trip*. To purchase Golf Clubs, Skis & Sporting Goods coverage, *you* must also/first purchase a Trip Cancellation & Interruption and/or a Baggage Loss, Damage & Delay plan from *GMS* for this *trip*.
- b) **Laptops & Computer Equipment**
Reimbursement to a maximum of \$2,000 per item or set of items, of specifically identified computer equipment which *you* own and use during *your trip*. To purchase Laptops & Computer Equipment coverage, *you* must also/first purchase a Trip Cancellation & Interruption and/or a Baggage Loss, Damage & Delay plan from *GMS* for this *trip*.
- c) **Increased Per Item Limit**
Reimbursement to a maximum of \$1,000 per item or set of items, which *you* own and use during *your trip*. To purchase Increased Per Item Limit coverage, *you* must also/first purchase a Baggage Loss, Damage & Delay plan from *GMS* for this *trip*. This is additional coverage beyond the baggage coverage, already included with *your* Baggage Loss, Damage & Delay plan.

Insured Risks

Loss of or damage to specifically identified item(s) that *you* own and use during *your trip*, by reason of theft, burglary, fire or transportation hazards during *your trip*. Coverage does not include the mysterious disappearance of such items.

Coverage Begins and Ends:

1. Coverage begins and ends:
 - a) For Daily Baggage Loss, Damage & Delay coverage, plan begins on the *effective date* and ends on the *termination date* as shown on *your* TravelStar® application;
 - b) For Multi-Trip Annual Baggage & Personal Effects and Enhanced Coverage plan begins on the *effective date* and ends on the last day of the *policy year*;
 - c) This insurance must be purchased prior to *your* *departure date*.

Exclusions:

The following expenses are not covered:

1. Animals, perishables, bicycles except while checked as baggage with a *common carrier*, household effects and furnishings, artificial teeth and limbs, hearing aids, eyeglasses, sunglasses, contact lenses, tickets, securities and documents, professional or occupational items, antiques and collector items, breakage of brittle or fragile articles, property illegally acquired, kept, stored or transported.
2. Handheld devices such as cellular telephones, smart phones and MP3 players. Entertainment equipment such as DVD players, CD players and stereo equipment.
3. Any expenses arising from loss caused by wear and tear, deterioration, defect or mechanical breakdown.
4. Any expense arising from loss caused by *your* imprudent act or omission.
5. Any expense arising from loss of articles specifically insured on a valued basis by another insurer while this insurance is in effect.
6. *GMS* is not liable beyond the actual cash value of the property at the time of loss.

Specific Conditions and Limitations:

1. *You* must purchase this insurance policy prior to the *departure date* from *your* province of residence.
2. In the event of theft, burglary, robbery, malicious mischief, disappearance or loss of an item covered under this insurance, *you* must:
 - a) Immediately notify and obtain corroborating documentary evidence from the police, or if the police are not available, the hotel manager, tour guide or transportation authorities;
 - b) Promptly take all reasonable precautions to protect, save and/or recover the property; and
 - c) Notify us within five (5) days upon *your* return to *your* *departure point*.

Failure to comply with this condition will invalidate any claim under this insurance.

3. If the insured property is under check of a *common carrier* and delivery is delayed, this insurance will continue until such property is delivered by the *common carrier*.
4. *GMS* reimbursement is limited to the actual cash value of the property at the time of loss.
5. If an article, which is part of a set, is lost or damaged, the measure of the loss or damage to such article is reasonable and fair proportion of the total value of the set, but not the total loss of or damage to the set.
6. This policy is in excess only of all other refunds or credits received from all *travel suppliers*, or any other insurance plan.
7. We reserve the option to repair or replace *your* property with another of a similar kind, quality and value and to ask *you* to submit damaged items for appraisal.

Requesting a Refund:

1. A refund of the premium will only be issued under the following circumstances on the condition that no claims are paid or payable in these instances:
 - a) The *travel supplier* cancels the *trip* and all penalties are waived;
 - b) The *travel supplier* changes the travel dates and *you* are unable to travel on those dates and all penalties are waived;
 - c) *You* cancel the *trip* before any cancellation penalties are in effect.

Making a Claim:

1. Claims must be reported to the *GMS* office within seven (7) days of the cause of claim.
2. Claim forms must be submitted within ninety (90) days of the cause of claim.
3. The following documents must be submitted:
 - a) A report by the police and either the hotel manager, tour guide or transportation authorities in whose custody the insured property was at the time of loss;
 - b) A list of items or damages stating when purchased and price paid together with expense of replacement or repair at time of loss or damage;
 - c) Details of amounts claimed from and paid by any other source.
4. All supporting documents for payment of eligible expenses must be received by *GMS* within thirty (30) days of *your* return to *your* home and no more than twelve (12) months after the cause of claim.
5. Failure to provide applicable substantiation for a claim shall invalidate any claim under this insurance.

General Conditions (applies to all insurance plans)

1. Coverage is not effective until *GMS* approves the application, and the appropriate premium has been paid.
2. All amounts stated in this policy are in Canadian funds.
3. Benefits payable do not include interest charges.
4. This policy shall be interpreted and construed in accordance with the law of the Province of Saskatchewan (Canada) and the federal laws of Canada applicable therein, and the parties hereby attorn to the non-exclusive jurisdiction of the Courts of the Province of Saskatchewan.
5. If eligible expenses are paid due to the fault of a third party, *GMS* may take legal action against the person(s) at fault, in *your* name to recover these expenses. *You* agree to fully cooperate with *GMS* in any action that might be taken.
6. This policy is in excess only of all other insurance plans or amounts recoverable by any other party. If *GMS* pay eligible expenses to *you* and a third party makes payment for those same benefits, *you* are responsible for reimbursing *GMS* the amount previously paid by *GMS*.
7. In the event that *you* have concurrent insurance from another source(s) for benefits provided under this policy, benefits shall be coordinated as follows:
 - a) All benefits from any *government plan* shall be determined and recovered first;
 - b) *GMS* will pay eligible expenses only in excess of amounts covered by that of the other insurer(s) including but not limited to any employment related plan, extended health care plan, private or provincial vehicle insurance, credit card policy, or any other insurance, whether collectible or not;
 - c) However, if the other source(s) of coverage is also "excess only", all benefits shall be determined and recovered from benefit plans based on the following priority:
 - i) Any plan not containing a coordination of benefits statement;
 - ii) Any employment/retirement related plan; then
 - iii) Any other plan, including *GMS*. In this case, the benefits shall be prorated according to the maximum amounts that would have been payable as the result of the benefit contained under the respective plans. *You* agree that prorated sharing is what was intended when this policy was entered into and that sharing on any other basis including on the basis of independent liability and/or equal sharing is not what was intended or agreed to.

8. If a covered person is entitled to similar benefits under any other individual or group contract, the benefits payable under this policy shall be coordinated so that the total payment from all coverages shall not exceed the amount for which the claim is made.
9. Insurance is in effect only for those coverages and for the *sum insured* indicated on your TravelStar® application for which the premium has been paid. Benefits are payable in accordance with the classification of coverages and are limited to the *sum insured*.
10. If *GMS* determines that there is no coverage for a claim(s) under this policy all amounts advanced to *you* or on *your* behalf must be repaid by *you* to *GMS* on demand. In such circumstances any payment(s) made by *GMS* will not constitute an acceptance of coverage.
11. It is *your* responsibility to provide proof that the dates of travel are consistent with the terms of this policy.
12. *GMS* reserves the right to investigate or obtain a private opinion on any claim and to obtain any and all information relating to a claim.
13. This contract is void in the case of fraud or attempted fraud by *you*, or if *you* conceal or misrepresent any material fact or circumstance concerning this insurance.
14. By purchasing this policy *you* are authorizing:
 - a) Any *physician*, health care provider, other person, *hospital* or institution to release to Group Medical Services and/or its authorized agents, representatives, affiliates or other service providers (collectively "*GMS*") any information covering *your* medical history, symptoms, *treatment*, examination, diagnosis and/or services rendered to *you*;
 - b) *GMS* to collect, store and use any information which is provided or information obtained pursuant to clause (c);
 - c) *GMS* to obtain information from, or disclose information to: any *government plan*; the operator of any *hospital*, clinic or other health facility; a *physician* or other health care provider; any insurance company; or any other service provider or third party as may be reasonably required. This information is intended for the purpose of administering the plan and communicating with *you*.
15. *You* agree to fully cooperate with *GMS* to provide the documentation and authorization required by *GMS* to administer *your* plan, including the assessment of *your* claim(s). Failure to provide the documentation and authorization, within the time periods specified in this policy will result in the non-payment of the claim(s).
16. Despite any other provision of this contract, the contract is subject to the statutory conditions in the insurance act

respecting contracts of accident and sickness insurance of the Canadian province or territory where the policy was issued.

17. The application, this policy, any document attached to this policy when issued, and any amendments to the policy agreed upon in writing after the policy is issued, constitute the entire contract, and no agent has the authority to change the contract or waive any of its provisions.
18. *GMS* shall be deemed not to have waived any condition of this policy, either in whole or in part, unless the waiver is clearly expressed in writing signed by *GMS*.
19. No statement made by *GMS* or the *policy holder* at the time of application for this policy shall be used in defense of a claim under or to avoid this policy unless it is contained in the application or any other written statements or answers furnished as evidence of insurability.

Definitions (applies to all insurance plans)

Accidental: A happening due to external, sudden, fortuitous causes beyond *your* control.

Act of Terrorism: An act, including but not limited to the used of force or violence and/or the threat thereof, including hijacking or kidnapping, of an individual or group in order to intimidate or terrorize any government group, association or the general public, for religious, political or ideological reasons or ends, and does not include any act of *war* (whether declared or not), act of foreign enemies or rebellion.

Application Date: The date that the application is received at *GMS* head office or the office of an authorized agent. Coverage will not be effective until *GMS* has approved the application and received the appropriate premium.

Business Meeting: A meeting scheduled before the *application date* of this Insurance between companies with unrelated ownership, pertaining directly to *your* full-time employment.

Cause of Cancellation: The date of the ultimate diagnosis or occurrence, which results in the cancellation of the *trip*.

Caregiver: A person *you* have entrusted with the care of *your dependant* on a permanent, full-time basis and whose services cannot reasonably be replaced.

Common Carrier: A conveyance (bus, taxi, train, boat, airplane or other vehicle), that is licensed, intended and used to transport paying passengers.

Contracted: In reference to a destination, a date or the time and place of arrival or departure, means that indicated in the travel documents for the covered *trip*.

Departure Date: The day *you* leave *your* province of residence.

Departure Point: The province, territory or country *you* depart from on the first day of *your* travel.

Dependant: Any unmarried child of *you* or *your spouse* (including step-child, adopted child or a child for whom *you* have been granted custody pursuant to an Order of the Court) who is chiefly dependent upon *you* or *your spouse* for support and maintenance, and is:

- a) Eighteen (18) years of age and under; or
- b) Twenty-four (24) years of age and under if the child is undergoing full-time student educational training in the same province as the *policy holder*; or
- c) A developmentally or physically disabled child, regardless of age, if satisfactory proof of disability is received.

Effective Date: The day on which *your* coverage with *GMS* begins.

Emergency: A sudden and urgent happening requiring immediate action.

Expiry Date: The date on which *your* coverage ends under our Insurance.

GMS: Group Medical Services and/or its authorized agents, representatives, affiliates or other service providers.

Government Plan: Any plan of insurance provided by or under the administrative control of any government or agency in accordance with any law (other than The Unemployment Insurance Act of Canada) or any plan providing insurance coverage regulated by any government.

Heart Disease: Any disease of the heart including, but not limited to: angina, irregular heartbeat, heart attack, congestive heart failure, ischemic *heart disease*, valvular *heart disease* and myocardopathy.

Hospital: An institution licensed as a *hospital* which is primarily engaged in providing medical diagnostic and surgical services for the care and *treatment* of sick or injured persons on an in-patient basis, and, which has a laboratory, a registered graduate nurse and a *physician* always on duty and an operating room where surgical operations are performed by a legally licensed medical *physician(s)*. In no event shall the term "*hospital*" or "*general active treatment hospital*" mean any *hospital* or institution or part of such *hospital* or institution licensed or used principally as a clinic, continued care or extended care facility, convalescent home, rehabilitation centre, rest home, nursing home for the aged, health spa or *treatment* centre for drug addiction or alcoholism.

Immediate Family Member: *Your* legal or common-law *spouse*, parent, brother, sister, legal guardian, step-parent, step-child, step-brother, step-sister, grandparent, grandchild, in-law or natural or adopted child.

Key Employee: An employee whose continued presence is critical to the ongoing affairs of the business during *your* absence.

Non-adherence: The failure or refusal of a patient to cooperate by carrying out that portion of the medical care plan under his or her control.

Physician: A duly qualified doctor of medicine, who is not a member of *your* family, and is entitled under the laws of the Province, State or Country where the services are rendered to prescribe drugs and administer medical *treatment*. A *physician* does not include a naturopath, herbalist or homeopath.

Policy Holder: The person who has applied and paid the premiums to *GMS* for a plan and whose application has been approved by *GMS*.

Policy Year: The twelve (12) months following the *effective date* of the policy.

Reasonable and Customary: Charges that are reasonably comparable to those normally charged for that service in the particular area where the service is received.

Renewal Date: Commencement date for the new policy year.

Return Date: The date on which *you* are scheduled to return to your departure point, as shown on your application.

Spouse: The person to whom *you* are legally married or with whom *you* have resided for at least twelve (12) months and whom *you* present publicly as your spouse.

Stable: Any medical condition or related medical condition for which:

- a) there have been no new symptoms, more frequent or more severe symptoms;
- b) there has been no change in treatment or change in medication (*);
- c) A dosage adjustment of an anti-hypertensive or cholesterol lowering medication done in the pre-existing timeframe does not constitute a change;
- d) there has been no deterioration of your medical condition;
- e) there has been no hospitalization or referrals to a specialist including initial follow-up visits, tests or investigations booked in conjunction with a medical condition/symptom;
- f) there is no further testing, treatment or investigation booked or results pending;
- g) *you* have not experienced a symptom that remains undiagnosed;
- h) no further medical treatment after departure would be anticipated.

(*) Any newly prescribed medication, change in medication type, increase/decrease in dosage or discontinuation of a medication constitutes a change. It does not include a change from a brand name medication to a generic brand medication of the same dosage. If *you* are taking Coumadin/Warfarin for anticoagulation therapy or are insulin dependent or take oral medication for diabetes and are required to have your blood levels tested on a regular basis and your medical condition remains unchanged, yet *you* are required to adjust the dosage of your medication only to ensure correct blood levels are maintained, this is not considered a change in medication, except for an adjustment (stop and start) in an anticoagulation medication dosage due to surgery within ten (10) days prior to your *departure date* or, if used as a top-up, on the effective date, constitute a change.

Sum Insured: The maximum sum payable, which *you* selected at the time of purchase and premium payment for, or which applies automatically to, a given insurance coverage.

Surgeon: A physician who practices surgery.

Termination Date: The earlier of the date which *you* return from your trip, the date which GMS returns *you* to your province of residence, or the date your policy expires.

Traveling Companion: Is a person who has pre-paid shared accommodation or transportation with *you*. (Maximum of four (4) persons including yourself.)

Travel Supplier: A tour operator, travel wholesaler, ground transporter, airline or accommodation facility that has contracted to supply services to *you* and whose services were arranged by a Canadian travel agent. Excludes travel agency, agent or broker.

Treatment: Any medical, therapeutic or diagnostic measure prescribed or recommended by a physician in any form including prescription medication, investigative testing, hospitalization, surgery or other prescribed or recommended treatment directly referable to the condition, symptom or problem.

Trip: The entire trip contracted by *you*, and for which the premium was paid.

You or Your: The eligible person(s) named on the application and who have paid the appropriate premium.

War: The armed conflict, whether or not war has been declared, between nations or factions within a nation.

Contact GMS

**For medical emergencies and assistance,
contact us 24-hours a day, 7 days a week**

Toll Free: 1-800-459-6604

(within Canada & USA)

OR

Collect: (416) 260-4970

(from all other locations)

Always call GMS travel assistance before you seek medical attention to ensure the best possible medical care and coverage of your expenses. Our 24-hour travel assistance centre is available to help you obtain medical treatment, coordinate medical care and transportation, verify coverage and provide foreign language support.

For questions regarding your TravelStar® policy, claims, obtain a claim form or make a non-medical travel insurance claim, contact:

Group Medical Services

#200 – 3303 Hillside Street

Regina SK S4S 7J8 CANADA

1-800-667-3699 or (306) 352-7638

Fax: (306) 525-6360 • Email: info@gms.ca

www.gms.ca

Also available from Group Medical Services

- ✓ Individual Health Plans with Prescription Drug, Dental Care, Hospital Cash and Travel Options
- ✓ Health and Travel Insurance for Students
- ✓ Immigrants and Visitors to Canada Travel Plans
- ✓ Group Benefit Plans
- ✓ GMS Group Advantage® Benefit Plans for Small Business
- ✓ Options for People Leaving Employer Benefit Plans



Group Medical Services

#200 - 3303 Hillside Street, Regina SK, S4S 7J8

Toll-Free: 1-800-667-3699 Fax: (306) 525-6360

Email: info@gms.ca

www.gms.ca

Group Medical Services is the operating name for
GMS Insurance Inc. in provinces outside of Saskatchewan.

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