



**TOTAL PEACE OF MIND™
OPTIONAL UPGRADED PLAN
CANADA**

What is covered?

Trip Cancellation and Trip Interruption
Lost, Damaged or Delayed Baggage
Emergency Medical Expenses
Accidental Death & Dismemberment

Please Read Carefully - Exclusions apply to certain medical conditions.

Travel Underwriters

Effective May 1, 2008

Revised May 2009

Product Number: MED521

Applicable only to members (G.Ms®) who have booked and paid for their *trip* in Canada. This coverage supercedes any previously existing coverage and is subject to change without notice.

**PLEASE READ THIS DOCUMENT CAREFULLY AND CARRY IT WITH YOU ON
YOUR TRIP.**



DESCRIPTION OF COVERAGES SCHEDULE OF BENEFITS

Trip Cancellation/Interruption	Trip Cost
Emergency Medical Expenses	\$1,000,000
Accidental Death & Dismemberment (AD&D)	\$25,000
Baggage / Personal Effects	\$3,000
Baggage Delay	\$100 Village Boutique Voucher

All amounts shown are maximum limits in Canadian currency.

Keep these numbers handy when you travel.

Please identify the **product number** listed on your policy wording booklet.

FOR COVERAGE QUESTIONS CALL TOLL-FREE 1.800.663.5389 (from Canada and USA) or 604.276.9900 (collect) **TO REQUEST A CLAIM FORM, CALL TOLL-FREE 1.800.663.0399** (from Canada and USA) or 604.278.4108 (collect).

IMPORTANT: Terms used in this *Policy* that have been italicized have specific meanings and are defined in the DEFINITIONS section of this *Policy*. Please be sure to refer to them while reviewing this *Policy*. Coverage under this *Policy* is subject to certain terms, conditions, limitations, and exclusions. Please read this document carefully and carry it with *you* on *your trip*.

GENERAL CONDITIONS

This *Policy* is applicable only to current Club Med members who have booked and paid for their *trip* and membership fees in Canada. The upgraded plan is available to *you* if *you* have purchased the additional upgraded coverages. We will insure *you* against eligible expenses incurred or pay benefits for other covered losses as described in the SCHEDULE OF BENEFITS. All benefits and payments are subject to the terms, conditions, limits and exclusions of this *Policy*. The maximum period of coverage under this *Policy* shall not exceed 12 consecutive months. Benefits apply outside *your* province/territory of residence. All coverages begin at 12:01 am on *your Policy effective date* and terminate at 11:59 pm on *your Policy expiry date*. Coverage will be declared null and void if, for any reason, *you* are ineligible for coverage in accordance with any section of this *Policy*.

Automatic Extension of Coverage: If *you*, *your travel companion* or *family member* travelling with *you* is hospitalized on *your return date* or *your Policy expiry date*, *your* coverage will automatically be extended at no additional premium for the period of hospitalization and up to 72 hours after discharge. In addition, coverage will automatically be extended for up to 72 hours when there is a delay of a common carrier on which *you* are prebooked as a passenger.

You must, at all times while *you* are covered under this *Policy*, act in a prudent manner so as to minimize costs to *us*. If any benefits payable to *you* under this *Policy* are in addition to similar benefits payable to *you* by any other insurer, total benefits paid to *you* by all insurers cannot exceed *your* actual total expenses. If *you* are covered under more than one of *our Policies*, the total amount paid to *you* will not exceed *your* actual expenses and the maximum to which *you* are entitled is the largest amount specified for the benefit in any one of *our Policies*. All benefits payable to *you* under any of *our Policies* are in excess of the benefits for the same or similar benefits payable to *you* by any other insurer. We co-ordinate payment of benefits with all insurers which provide *you* benefits similar to those provided under this *Policy*, up to a maximum of the largest amount specified by each insurer.

We have full rights of subrogation. In the event of a payment of a claim under this *Policy*, we have the right to proceed, in *your* name, but at *our* expense, against third parties who may be responsible for giving

rise to a claim under this *Policy*. You will execute and deliver documents as necessary and co-operate fully with us so as to allow us to fully assert our rights. You will do nothing to prejudice such rights. Notwithstanding any provisions contained herein, this *Policy* is subject to the statutory conditions of the Insurance Act applicable to contracts of accident and sickness insurance and the laws and regulations in your province/territory of residence in Canada. This *Policy* and any riders or endorsements to the *Policy* shall form the entire contract. Only we have the authority to change the contract or waive any of its terms, conditions or provisions. Any provision of this *Policy* which is in conflict with any federal law or provincial/territorial law of your province/territory of residence in Canada is hereby amended to conform with the minimum requirements of that law, and all other provisions shall remain in full force and effect. All benefits and limits are quoted in Canadian currency.

Our liability under this *Policy* is limited solely to the payment of eligible benefits, up to the maximum amount specified herein, for any loss or expense. Our maximum limit of liability resulting from all occurrences within a 168-hour period will be \$10,000,000 in the aggregate. If loss for all insureds exceeds \$10,000,000, we will pay each insured that portion of the benefit stated which \$10,000,000 bears to the total loss of all persons under all *Travel Underwriters Policies*. We do not assume responsibility for the availability, quality, results or outcome of any service, or your failure to obtain any service covered under the terms of this *Policy*.

In the event of medical *treatment* or other circumstances that have led or may lead to a claim under this *Policy*, you authorize any *hospital*, *physician* or other person or organization that has records or knowledge of your health, medical history or other information relevant to the claim to provide that information to the *company* or *OneWorld Assist* and authorize the *company* and *OneWorld Assist* to use and disclose that information for the purpose of determining whether any claim that may be made is covered by this *Policy* or by another plan or policy.

If requested by the *company* or *Travel Underwriters* or *OneWorld Assist* you must furnish or consent to the release of your medical records for the relevant period prior to the effective date and/or during the term of the Insurance required in order to determine if the claim is payable. Failure to produce these records will invalidate your claim.

You shall be responsible for the verification of any *hospital* and medical expenses incurred and shall upon request obtain and provide to *OneWorld Assist* itemized accounts of all *hospital* and medical services which have been provided to you.

The *company*, *Travel Underwriters* and *OneWorld Assist* shall comply with all applicable privacy legislation and regulations.

In the event of unresolved disputes respecting any claim or portion thereof, the following should be contacted: Travel Underwriters, 11th Floor – 6081 No. 3 Road, Richmond, BC Canada, V6Y 2B2.

The law of the province or territory of Canada in which you ordinarily reside will govern this *Policy*, including all issues of its interpretation and performance. Any legal action or other proceeding related to or connected with this *Policy* that is commenced by you or anyone claiming on your behalf or by an assignee of benefits under this *Policy* must take place in the courts of the province or territory of Canada in which you ordinarily reside or in which you purchased this *Policy*, and no other court has jurisdiction to hear or determine any such action or proceeding.

GENERAL EXCLUSIONS

These exclusions apply to all benefits. In addition to any exclusions which apply to a particular plan benefit (outlined under an “Exclusions” section), this *Policy* does not cover and no benefit is payable for any claim arising from:

1. Expenses resulting from any *sickness*, injury or state of health prior to your *Policy effective date* which would cause *expected medical treatment* or hospitalization.
2. Routine or elective *treatment* for pregnancy; abortion; childbirth or complications of childbirth; pregnancy or complications thereof within the 9 weeks before or anytime after the expected date of delivery; expenses incurred by an infant less than 15 days old or a person not defined as your *family member travelling with you*; or a *medical condition* arising from or related to a congenital birth defect.
3. Emotional, mental or nervous disorders or other acute psychosis (including stress) while sane or insane by whatever cause that does not require admission to a *hospital*.
4. Committing or attempting to commit suicide or intentionally self-inflicted injury.

5. *Your* being impaired or adversely influenced by medication, *prescription drugs*, alcohol, prohibited drugs or intoxicants of any kind.
6. A *trip* undertaken in contravention of a *physician's* recommendation or after the manifestation of medical symptoms which would cause an ordinarily prudent person to seek medical advice; or where a *terminal illness* prognosis has been given.
7. A *trip* undertaken for the purpose of securing medical *treatment*, consultation or advice; whether or not recommended by any *physician*.
8. Elective, non-*emergency*, or cosmetic medical or dental *treatment* or routine follow-up procedures including but not limited to treatment for varicose veins, gout, arthritis, cataracts.
9. Any medical procedure or hospitalization that was not previously authorized or arranged in advance by Europ Assistance.
10. Civil unrest, acts of foreign enemies, acts of war, or rebellion, whether declared or not.
11. Any loss arising directly or indirectly out of, or contributed to by, or resulting from actual, threatened, feared or perceived use of biological, chemical, radioactive or nuclear agent, material, device, or weapon.
12. Any unlawful or criminal/criminal-like acts or contravention of any statutory law/regulation; participation in protests or commercial sexual transactions (committed by *you*, *your family member*, *your travel companion*, or *your travel companion's family member* whether an insured or not).
13. Rock or *mountain climbing*; participation in a motor sport, motor racing or speed contests; *your professional* participation in an organized sport; or scuba diving (unless *you* hold an open water diving certificate).
14. Operating or learning to operate any aircraft, as pilot or crew.
15. Engagement in manual labor for wages or profit including the operation of transport vehicles; performing employment duties on any aircraft or ship; performing duties in any regular armed forces service.
16. A travel, immigration or work visa that is not issued due to a late application, or has been previously refused.
17. Expenses incurred in *your* province/territory of residence.
18. Any interest, finance or late payment charge.
19. Expenses incurred if *you* chose to travel to or in a country or to or in a specific region of a country if there was a travel advisory issued after *your Policy effective date* by the Department of Foreign Affairs and International Trade of the Canadian Government to advise Canadians not to travel to a country or to a specific region of a country included in *your trip*.
20. Any travel arrangements not provided by Club Med.

TRIP CANCELLATION/INTERRUPTION

Conditions for Trip Cancellation/Interruption Benefits:

These benefits are subject to the GENERAL CONDITIONS listed in this *Policy*. Coverage begins on *your Policy effective date* when *your initial trip* deposit is received by Club Med and terminates on the earlier of 1) *your Policy expiry date* or 2) the date *you* return to *your* original departure point of the insured *trip*.

Trip Cancellation – Prior to Departure: If *you* must cancel *your trip* due to a covered risk listed below, prior to *your departure date*, *you* must advise *your* Club Med representative, *your* travel agent and/or *us* immediately of the need to cancel. Failure to do so will result in the benefits being restricted to the *trip* cancellation benefits which were in effect on the date that the cause for cancellation first occurred. If *you* have prepaid shared accommodations and *your travel companion(s)* cancels for a covered risk, *you* will be reimbursed the next occupancy charge when *you* elect to travel as originally planned. *Trip* cancellation benefits are payable for *your* nonrefundable, pre-paid travel arrangement costs, to a maximum of the *trip* cost if *you* have purchased the Upgraded Plan provided that the charges are not recoverable from any other source.

Trip Interruption – If *your trip* is interrupted due to a covered risk listed below, on or after *your departure date* *you* will be reimbursed the nonrefundable, unused *trip* arrangements for which *you* have already paid and additional travel transportation expenses via the most cost effective itinerary to return *you* to *your* original departure point of the insured *trip*, up to a maximum limit of the trip cost if *you* have purchased the Upgraded Plan, provided that the charges are not recoverable from any other source.

The following risks are covered:

1. *You, your family member, your travel companion* or his/her *family member* develops a *medical condition* or dies.
2. *You, your spouse* or *your travel companion* becomes pregnant after *you* book *your trip* and *your departure date* falls in the 9 weeks before or after the expected delivery date.
3. *You, your spouse* or *your travel companion* loses a permanent job which any of *you* have had for at least 12 months (excluding contract work) because of layoff or dismissal without just cause (not applicable to self-employed persons); or *your employer, your spouse's employer* or *your travel companion's employer* initiates a job transfer which necessitates relocation of principal residence within 30 days of the scheduled *departure date*.
4. *You, your spouse* or *your travel companion* is called to service during *your trip* as a reservist, firefighter, or military/police staff; is called to jury duty; is subpoenaed as a witness; or is required to be a defendant in a civil suit.
5. *You, your spouse* or *your travel companion* is quarantined.
6. *You* or *your spouse* is unable to occupy *your* principal residence or to operate *your* business because of a natural disaster.
7. A travel advisory is issued after *your Policy effective date* by the Department of Foreign Affairs and International Trade of the Canadian Government to advise Canadians not to travel to a country or to a specific region of a country included in *your trip*.
8. *Your* or *your travel companion's* travel or student visa is not issued for a reason beyond *your* control.
9. *Violent acts* while on *your trip* except for acts of *terrorism* or *violent acts* which occur in countries where travel advisories have been issued.

Exclusions for Trip Cancellation/Interruption Benefits:

These exclusions are subject to the GENERAL EXCLUSIONS listed in this *Policy*. Also, this *Policy* does not cover and no benefit is payable for any claim arising from:

1. Cancellation or interruption caused by or related to a circumstance known to *you* or *your travelling companion* prior to the date the *trip* is booked or prior to the *Policy effective date*, whichever occurs later, and which might reasonably be expected to prevent or interrupt travel as booked.
2. **Pre-existing medical conditions:** Any *sickness* or injury incurred by *you*, *your family member*, *your travel companion* or his/her *family member* which manifests itself during the 90 days immediately preceding and including the final *trip* payment date, unless the condition is *controlled* during the 90-day period. A *sickness* or injury is not *controlled* if there has been hospitalization, *change(s) in medication*, or medical *treatment*. A *sickness* or injury has manifested itself when symptoms exist that would cause a reasonably prudent person to seek medical *treatment*.
3. Travel for the purpose of visiting a person suffering from a *medical condition* and the *medical condition* (or ensuing death) of that person is the cause of cancellation or interruption of *your trip*.
4. Expenses incurred as the result of inadequate or invalid passport, travel or visa documentation required by countries included in *your insured trip*.
5. Expenses incurred as a direct result of *terrorism* except when a Travel Advisory is issued by the Department of Foreign Affairs and International Trade of the Canadian Government to advise Canadians not to travel to a country or to a specific region of a country in *your trip* after *your Policy effective date*.

EMERGENCY ACCIDENT AND SICKNESS

Conditions for Emergency Accident and Sickness Benefits:

These benefits are subject to the GENERAL CONDITIONS listed in this *Policy*. Coverage begins on *your departure date* and terminates on the earlier of 1) *your Policy expiry date* or 2) the date *you* return to *your* original departure point of the insured *trip*. We will pay for covered expenses incurred as a result of a medical *emergency*, up to the maximum limits shown on the Schedule of Benefits, for the actual expenses related to the medical attention *you* require if a *medical condition* begins unexpectedly after *you* leave *your* province/territory of residence, and if these expenses are not covered by *your* provincial/territorial health insurance plan or any other related insurance or reimbursement plan. Medical expenses will be limited to a maximum of \$3,000 if *you* are not covered under a Canadian provincial or territorial *Government Health Insurance Plan (GHIP)* or *you* are not a permanent resident of Canada. Canadian residents travelling outside their province/territory of residence for more than 182 days (212 days for Ontario and Newfoundland/Labrador) must receive written permission from their provincial government to maintain their government health insurance plan. *You* must notify Europ Assistance within 24 hours of any *emergency* medical *treatment* or hospitalization and before any surgery is performed. *You* must call as soon as medically possible or have someone call on *your* behalf.

Europ Assistance, in consultation with *your* attending *physician*, reserves the right to return *you* to *your* province/territory of residence prior to any *treatment* or following *emergency treatment* or hospitalization for a *sickness* or injury, if on medical evidence *you* are able to return to *your* province/territory of residence without endangering *your* health. If *you* elect not to return to *your* province/territory of residence following the recommendation to do so, then any expenses incurred for continuing medical *treatment* or surgery with respect to such *emergency* will not be covered and all coverage and benefits under this *Policy* will cease. The *emergency* medical attention *you* receive must be outside of *your* province/territory of residence and be required as part of *your emergency treatment* and ordered by a *physician*.

Emergency Medical Expenses

1. Care received from a *physician* in or out of a *hospital*, the cost of a *hospital* room to a maximum of semi-private rates, the rental or purchase (whichever is less) of a *hospital* bed, wheelchair, brace, crutch or other medical appliance, tests that are needed to diagnose *your* condition, and *prescription drugs*. All of the above must be prescribed by a *physician*.
2. Professional services referred by a *physician* – care received from a licensed chiropractor, osteopath, physiotherapist or podiatrist, up to \$250 per category of practitioner.
3. Ambulance transportation – local ground ambulance service to a medical service provider in an *emergency*.

Exclusions for Emergency Accident & Sickness Benefits:

These exclusions are subject to the GENERAL EXCLUSIONS listed in this *Policy*. All insureds must be in good health and know of no reason to seek medical attention. Also, this *Policy* does not cover and no benefit is payable for any claim for:

1. **Pre-existing medical conditions:** Any injury or *sickness* that *you* have sought or received medical *treatment* (a) within 90 days prior to *your trip* departure if *you* are age 59 or younger or (b) within 180 days prior to *your trip* departure if *you* are age 60 or older UNLESS (applies to a and b) the condition is *controlled* through the taking of *prescription drugs* or medication and remains *controlled* throughout the applicable 90/180-day period. A *sickness* has manifested itself when medical care or *treatment* has been given, there has been a *change(s) in medication*, or there exists symptoms which would cause a reasonably prudent person to seek diagnosis, care or *treatment*.
2. HIV or Acquired Immune Deficiency Syndrome (AIDS) or any possible consequences thereof.
3. Sexually Transmitted Diseases.
4. Expenses incurred for medication commonly available without prescription; vaccinations, injections or medication received on a preventative basis or for the maintenance of a *medical condition*; contraceptives; fertility drugs; vitamin preparations; general physical examinations; or routine medical tests.
5. Expenses incurred for *emergency* air transportation; hospitalization; medical procedures including but not limited to surgery; magnetic resonance imaging (MRI), computerized axial tomography (CAT), biopsy and other diagnostic tests; and cardiac procedures including cardiac catheterization, angioplasty and/or surgery; unless approval is specifically given by Europ Assistance prior to the service, surgery, test, or procedure being performed.
6. Transplants including but not limited to organ transplants or bone marrow transplants, artificial joints, or prosthetic devices/implants including any associated charges.
7. Expenses incurred for acupuncture or naturopathic or holistic *treatment*.
8. Expenses incurred for follow-up or ongoing *treatment*; *recurrence* of a *medical condition*; subsequent *emergency treatment*, rehabilitation, convalescent care or hospitalization for a *medical condition* or related *medical condition* for which *you* received *emergency treatment* during *your trip*; lost or replacement *prescription drugs*; eyeglasses of any type or contact lenses; dental services (other than provided for in this *Policy*); or services which are not medically necessary.
9. Any condition for which *you* are hospitalized on *your Policy effective date*, if *your Policy effective date* is not *your departure date*.
10. Expenses incurred for *treatment* or services which are prohibited under a provincial/territorial government health insurance plan.
11. Expenses in excess of reasonable and customary rates where *treatment* has occurred.

ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

Conditions for Accidental Death and Dismemberment Benefits:

These benefits are subject to the GENERAL CONDITIONS listed in this *Policy*. Coverage begins on *your departure date* and terminates on the earlier of 1) *your Policy expiry date* or 2) the date *you* return to *your* original departure point of the insured *trip*. If the total amount of all AD&D benefits *you* have under *our Policies* is more than \$25,000 *our* aggregate liability will not exceed \$25,000 and any excess insurance will be void, and the excess premiums paid will be refunded. *Our* maximum liability is limited to \$25,000 per person insured under this benefit. *Our* total aggregate limit is \$10,000,000 for any one accident. We will pay this benefit up to the maximum limit shown on the Schedule of Benefits as a result of *your* Accidental Death & Dismemberment (AD&D):

1. If an *accidental bodily injury* sustained during *your trip* causes *you*: a) to die, to become completely and permanently blind in both eyes, or to have two of *your* limbs fully severed above *your* wrist or ankle joints in the 12 months after the accident, *we* will pay 100% of the amount shown on the Schedule of Benefits; b) to become completely and permanently blind in one eye or have one of *your* limbs fully severed will pay 50% of the amount shown on the Schedule of Benefits.

2. If *you* have more than one *accidental bodily injury* during *your* period of coverage, *we* will pay the applicable insured sum only for the one accident that entitles *you* to the largest benefit amount. If *your* body is not found within 12 months of the accident, *we* will presume that *you* died as a result of *your* injuries.

This benefit, as described in 1 and 2 above, applies to an *accidental bodily injury* sustained by *you* while riding as a passenger (but not as a pilot, operator, or member of the crew) in, on, boarding, or alighting from any *passenger plane* having a current and valid airworthiness certificate or any transport type *passenger plane* operated by the Canadian Armed Forces or by the similar air transport service of any duly constituted governmental authority of the recognized government of any nation AND to an *accidental bodily injury* sustained by *you* other than while riding in an aircraft of any type. *Our* maximum liability is limited to \$25,000 per person insured under this benefit.

Exclusions for Accidental Death & Dismemberment Benefits:

These exclusions are subject to the GENERAL EXCLUSIONS listed in this *Policy*. This *Policy* does not cover and no benefit is payable for any claim arising from a disease, even if the proximate cause of its activation or reactivation is the *accidental bodily injury*.

BAGGAGE/PERSONAL EFFECTS

Conditions for Baggage/Personal Effects Benefits:

These benefits are subject to the GENERAL CONDITIONS listed in this *Policy* and are payable only after *you* have exhausted recovery or reimbursement benefits available from any other insurance or coverage.

Coverage begins on *your departure date* and terminates on the earlier of 1) *your Policy expiry date* or 2) the date *you* return to *your* original departure point of the insured *trip*. *We* will pay this benefit up to the maximum limit per person or per family as shown on the Schedule of Benefits after making proper allowance for wear and tear or depreciation for the loss of, damage to and delay of the baggage and personal effects that belong to *you* and that *you* use during the *trip*. In the event of theft, burglary, robbery, malicious mischief, disappearance or loss of a covered item occurring at the Village *you* must obtain written documented evidence from the Village Gestionnaire (Assistant Village Manager), immediately. All other losses must be reported to the police or, if the police are unavailable, the hotel manager, tour guide, or transportation authorities and *you* must obtain a written report. *You* must also take all precautions to protect, save or recover the property immediately and advise *us* as soon as possible. *Your* claim will not be valid under this *Policy* if *you* do not comply with these conditions.

If *your* checked baggage is delayed by a common carrier provided by Club Med, *we* will continue to provide coverage until the property is delivered by the carrier. The Baggage Delay benefit provides a \$100 Club Med Village Boutique Voucher for necessary personal effects if *your* baggage is delayed by an airline or ground carrier provided by Club Med for more than 12 hours after *your* arrival at the Club Village. *We* also reserve the option to repair or replace *your* property with other of a similar kind, quality, and value. *We* may also ask *you* to submit damaged items for an appraisal of the damage. The limit for loss per single article including its attachments, accessories and equipment, matched pair or set, or group of related articles is \$250.

Exclusions for Baggage/Personal Effects Benefits:

These exclusions are subject to the GENERAL EXCLUSIONS listed in this *Policy*. Also, this *Policy* does not cover and no benefit is payable for any claim arising from:

1. Loss or theft of: animals, perishable items, household items and furniture, artificial teeth or limbs, hearing aids, eyeglasses of any type, contact lenses, *prescription drugs*, tobacco products, money, credit cards, securities, items related to *your* occupation or profession, mobile phones, computers/laptop computers and accessories, CDs, DVDs and personal entertainment devices, antiques or collectors'

items, fragile items, items obtained illegally, or articles that are insured on a valued basis or are insured by another insurer.

2. Damage or loss resulting from wear and tear, deterioration, defect, mechanical breakdown, *your* imprudence, or *your* omission.

3. Unaccompanied baggage or personal property, baggage or personal property left in an unattended vehicle and which was not locked in the trunk, or baggage or personal property shipped under a freight contract.

DEFINITIONS

Accidental Bodily Injury: An injury sustained during *your trip* which is caused by external violent and purely accidental means, directly and independently of all other causes.

AD&D: Accidental death and dismemberment.

Change(s) in Medication: Any change in the kind, type, dosage or action of medicine, and/or the treatment prescribed by a *physician* to manage a *medical condition*, including but not limited to a diet or a pacemaker adjustment (a pacemaker battery change is not considered a *treatment* change in type or dosage).

The following are not considered alterations or *change(s) in medication*: the change from a brand named medication to a generic brand medication provided the usage or dosage has not changed; the dosage changes of the regulatory medications insulin and Coumadin; and the decrease or elimination of a medication dosage, recommended by a *physician*, provided it has been changed more than 90 days prior to *your Policy effective date*.

Child: An unmarried dependent son or daughter under the age of 21 or an unmarried, dependent son or daughter who is mentally or physically challenged.

Company: Industrial Alliance Pacific Insurance and Financial Services Inc. and Industrial Alliance Pacific General Insurance Corporation.

Controlled: A *medical condition* is not worsening and there has been no alteration in any medication or its usage or dosage for the condition, nor any *treatment*, prescribed or recommended by a *physician*, or received, within the period before *your trip* specified in this *Policy*.

Departure Date: The date on which *you* are scheduled to leave *your province/territory* of residence.

Emergency: An unforeseen illness or injury which requires immediate *treatment* to prevent or alleviate existing danger to life or health. An *emergency* no longer exists when the medical evidence indicates that *you* are able to return to *your province/territory* of residence.

Expected Medical Treatment: *Medical consultation* or hospitalization which has been indicated by prior medical history as probable or certain to occur.

Family Member: *Your spouse*, natural, step or adopted children: persons for whom *you* are a legal guardian; *your* parents; parents in law, step parents; sisters; brothers; sisters/brothers in law; step sisters/brothers; grandparents; grandchildren; aunts; uncles; nieces and nephews.

Government Health Insurance Plan (GHIP): The coverage that the provincial or territorial governments provide to Canadian residents.

Home: *Your province/territory* of residence.

Hospital: A facility that is licensed as a *hospital*, where in-patients receive medical care, that has a Registered Nurse on permanent duty and that includes a laboratory and operating room. A clinic; an

extended or palliative care facility; a rehabilitation establishment; an addiction centre; a convalescence, rest, or nursing home; home for the aged; or health spa is not a *hospital*.

Medical Condition: Complications of pregnancy within the first 31 weeks of pregnancy, a mental or emotional disorder that requires admission to a *hospital*, *accidental bodily injury*, illness or disease validated by a *physician*.

Medical Consultation: Acquiring any medical service including but not limited to history taking, medical examination, investigative testing, advice or *treatment* from a *physician* for a symptom, ailment, *sickness*, illness or disease for which a diagnosis need not have been definitively made.

Mountain Climbing: The ascent or decent of a mountain requiring the use of specialized equipment, including but not limited to pick-axes, anchors, bolts, crampons, carabineers and lead or toprope anchoring equipment.

OneWorld Assist: OneWorld Assist Inc.

Passenger Plane: A certified multi-engine transport type aircraft provided by a regularly scheduled airline on any regularly scheduled *trip* operated between licensed airports and holding a valid Canadian Air Transport Board or Charter Air Carrier license, or its foreign equivalent and operated by a certified licensed pilot.

Physician: A medical doctor who is duly licensed in the jurisdiction in which he/she operates and who gives medical care within the scope of his/her licensed authority. A *physician* must be a person other than *yourself* or a *family member*.

Policy or Policies: This *Policy* contract and any riders or endorsements to the *Policy* shall form the entire contract. Only we have the authority to change the contract or waive any of its terms, conditions or provisions.

Policy Effective Date: The date *your* coverage begins. *Trip* cancellation benefits will be effective on the date *your* deposit is received by Club Med. All other coverages will begin on the later of *your* scheduled *trip departure date* or the date and time *you* start *your trip*.

Policy Expiry Date: *Your* coverage ends on the earliest of: a) the date the *trip* is completed; b) the scheduled *trip* completion date; c) *your* arrival at the return destination on a round *trip* or the destination on a one-way *trip*; or d) cancellation of the *trip*.

Prescription Drugs: Drugs or medicine that can only be prescribed by a licensed *physician* and are dispensed by a licensed pharmacist.

Professional: A person who is engaged in a specific activity and receives remuneration.

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

Return Date: The date on which *you* are scheduled to return to *your* original point of departure of *your* insured *trip*.

Sickness: An acute illness, acute pain and suffering or disease requiring *emergency* medical *treatment* or hospitalization due to the sudden onset of symptoms.

Spouse: Someone to whom one is legally married, or with whom one has been living in a conjugal relationship for at least one full year before the insurance starts.

Terminal Illness: A *medical condition* for which, prior to *your Policy effective date*, a *physician* gave a prognosis of eventual death or palliative care was received.

Terrorism: Act(s) including but not limited to the use or threat of force or violence (including hijacking and kidnapping) by an individual or group for the purpose of terrorizing or intimidating any person, government, group, association or the general public for ideological, political or religious reasons.

Travel Companion: Someone who shares travel arrangements with *you* up to a maximum of three companions.

Travel Underwriters: North American Air Travel Insurance Agents Ltd.

Treatment, treat or treated: A medical, therapeutic or diagnostic procedure prescribed, performed or recommended by a *physician*, including but not limited to *prescription drugs*, investigative testing and surgery. *Treatment* does not include a regular medical check-up where there are no medical clinical signs or patient-portrayed symptoms.

Trip: A scheduled *trip* to a Club Med facility including travel arrangements provided by Club Med prior to the *trip departure date* of the *trip*. Air travel arrangements not provided by Club Med are not considered part of the *trip*, as defined, and are NOT covered by the *Policy*.

Violent Acts: Human physical force which injures or abuses *you* but does not include *your* involvement in an illegal activity, felonious assault or self-inflicted injury.

We, Us, Our: Industrial Alliance Pacific Insurance and Financial Services Inc. and Industrial Alliance Pacific General Insurance Corporation. *Travel Underwriters* and *OneWorld Assist* act on behalf of the above noted underwriters. *Travel Underwriters*, a licensed insurance broker administers this Insurance. *OneWorld Assist* processes claims for the Optional Travel Insurance.

You, Yourself, Your: refer to the person named as the insured on any required Club Med enrollment form.

Action against company

Service of legal proceedings to enforce the obligations under this policy of the insurers listed in the definition of *company* may be validly made by serving the offices of North American Air Travel Insurance Agents Ltd. d.b.a. Travel Underwriters, a licensed insurance broker, 11th Floor, 6081 No. 3 Road, Richmond, BC Canada V6Y 2B2.

Notice to company

Notice under this policy to any of the insurers listed in the definition of *company* may be validly given to North American Air Travel Insurance Agents Ltd. d.b.a. Travel Underwriters, a licensed insurance broker, 11th Floor, 6081 No. 3 Road, Richmond, BC Canada V6Y 2B2.

In witness whereof this Policy has been signed as authorized by the insurers listed in the definition of We, Us, Our.

Per



G. Robinson, Executive Director

CLAIMS PROCEDURES

If making a claim, *we* want *you* to call *us* as soon as possible in order to facilitate the process. *We* must receive notice of *your* claim within 30 days of *your* return *home* in order for *us* to provide *you* with a claim form specific to *your* loss. To report a claim or to request a claim form call 1.800.663.0399 or 604.278.4108 (collect).

To submit a claim, *you* must include the following:

- Fully completed claim form(s).
- Proof of departure and *return dates*.
- Originals of all travel tickets with attached baggage receipts, bills, invoices and receipts.
- Written incident reports, police reports, doctor/*hospital* records and/or death certificate, autopsy or coroner's report (where lawful).

For *Emergency Accident and Sickness Benefits*:

- *You* must notify Europ Assistance within 24 hours of any *emergency* medical *treatment* or hospitalization and before any surgery is performed.
- *You* must call as soon as medically possible or have someone call on *your* behalf.

For *Baggage / Personal Effects*:

- Report loss or damage to police, local or conveyance authorities, Club Med representative, hotel manager or official transportation representative as soon as possible and obtain a written report. Failure to submit this written report with *your* claim will result in the denial of *your* claim.
- In the event of theft or unauthorized use of *your* credit cards, *you* must notify the credit card company immediately to reduce *your* loss.
- *You* must also submit a letter of coverage or denial from the transportation carrier and/or *your* homeowner's insurance company.
- As proof of loss value, *we* may, at *our* option, request original receipts or sales slips for all lost or stolen articles claimed.

Insurance is administered by North American Air Travel Insurance Agents Ltd. d.b.a. Travel Underwriters, a licensed insurance broker. 11th Floor – 6081 No. 3 Road, Richmond, BC Canada V6Y 2B2. Insurance is underwritten by Industrial Alliance Pacific Insurance and Financial Services Inc. and Industrial Alliance Pacific General Insurance Corporation.





EUROP ASSISTANCE 24 Hour Travel Emergency Assistance

For complete details regarding coverage's for personal assistance and medical assistance provided by EUROP ASSISTANCE, please refer to the **Basic Travel Insurance Plan** description of coverage.

To contact EUROP ASSISTANCE
> **Telephone: +33 1 41 85 84 86**
> **Fax: +33 1 41 85 85 71**



CLUB MED CANCEL FOR ANY REASON WAIVER

The Optional Upgraded Plan includes Club Med's Cancel for Any Reason waiver benefit which allows you to cancel your Club Med travel arrangements for any reason not covered by insurance up to 48-hours prior to departure. You will be issued a future travel credit equivalent to 90% of the cancellation charges for the land portion of your vacation package. Air transportation penalties, change fees, or other portions not booked through Club Med are not covered. The future travel credits can be used for a Club Med vacation, at any Club Med Resort worldwide, and are valid for ONE year from the date of cancellation.

