



SOLIS
TRAVEL
INSURANCE



La Capitale
Insurance and
Financial Services

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PART I – IMPORTANT NOTICE

THIS TRAVEL INSURANCE CONTRACT CONTAINS LIMITATIONS, EXCLUSIONS AND RESTRICTIONS. PLEASE READ IT CAREFULLY PRIOR TO THE START OF ANY TRIP, AND CONTACT YOUR REPRESENTATIVE IF NECESSARY.

The key terms used in *your* insurance contract have been set in italics to facilitate *your* understanding and to draw *your* attention to their meaning. These terms are defined in PART IX – DEFINITIONS of this *travel* insurance contract.

Travel insurance is intended to cover *you* in the event of *emergency* claims for losses arising from sudden, unexpected, and unforeseeable circumstances. For information on the scope of *your* coverage based on the benefits *you* have selected, as indicated on *your travel* insurance confirmation, please refer to PART IV – TYPES OF COVERAGE of this contract.

All *travel* insurance coverages under this contract are subject to limitations, exclusions and restrictions. Certain *pre-existing conditions* may be excluded. For information on the applicable limitations, exclusions and restrictions, please refer to PART V – LIMITATIONS, EXCLUSIONS AND REDUCTIONS of this contract, and contact *your* representative if necessary.

In the event of a claim, *your* medical history will be reviewed in order to verify and confirm *your* eligibility for benefits. For information on the terms and conditions that apply to claims, please refer to PART VIII – CLAIMS of this contract.

If *your health changes* prior to the effective date of the *travel* insurance, *you* must notify SecuriGlobe. Failure to do so may result in the denial of any claim. The *Insurer* reserves the right to re-evaluate eligibility for *travel* insurance.

**IN THE EVENT OF AN *EMERGENCY*,
YOU MUST NOTIFY THE 24/7
assistance service.**

Toll free Canada/USA: 1 855 906-2194

Collect worldwide: 514 906-2194

IMPORTANT

Prior to any *treatment*, service or medical care required in relation to an *emergency* situation, the *insured* must notify the assistance service, by calling one of the numbers indicated above. If *you* are not able to contact the assistance service yourself, a person accompanying *you* must do so on *your* behalf within 24 hours from the time *emergency treatment* began.

Moreover, the *insured* must comply with the recommendations made by the assistance service with regard to repatriation, the choice of medical establishment and required care; "required care" meaning the *treatment* needed to stabilize the *insured's* medical condition.

If the *insured* fails to notify the assistance service or to comply with the latter's recommendations, the benefits payable will be reduced by 20%, up to a maximum penalty of \$25,000.

Travel insurance is issued by:

La Capitale Insurance
and Financial Services Inc. (the *Insurer*)
625 Jacques-Parizeau St
Quebec QC Canada G1R 2G5

Travel insurance is administered by:

SecuriGlobe
6400 Auteuil Ave, Suite 100
Brossard QC Canada J4Z 3P5

The assistance service is administered by:

CanAssistance
550 Sherbrooke Street W, Suite B-9
Montreal QC Canada H3A 3S3

**Rights of examination and premium refund
prior to the effective date of the *travel*
insurance**

You have 10 days from the day *you* receive this contract to inspect it and determine whether or not it meets *your* needs. If *you* are not completely satisfied, *you* may return the contract to SecuriGlobe by registered mail within 10 days of its receipt for a full refund of the premium, provided that the *travel* insurance coverage has not yet begun. If this contract is not returned, *you* will be deemed to have accepted its conditions, limitations, exclusions and restrictions.

For information on the effective date of the *travel* insurance, please refer to PART III – GENERAL INFORMATION, C – Effective date of *travel* insurance in this *travel* insurance contract.

PART II – ELIGIBILITY CRITERIA

To be eligible for *travel* insurance, *you* must meet the following criteria:

A – YOU MUST:

- 1) Be a resident of Canada
- 2) Be covered under the public *health* insurance plan of *your* province or territory of residence in Canada for the entire *period of coverage*
- 3) Have a permanent residence in Canada
- 4) Be at least 30 days but no more than 89 years of age on the effective date of the single *trip travel* insurance, or
- 5) Be at least 30 days but no more than 80 years of age on the effective date of the multi-*trip travel* insurance, and
- 6) At the time of purchase of the *travel* insurance policy, know of no reason why *you* would attend any *medical consultation* during the *period of coverage*.

B – YOU MUST NOT HAVE:

- 1) Received *treatment* for cancer of the pancreas, liver or lungs or for any metastatic cancer
- 2) Been prescribed or used home oxygen during the 36-month period prior to the effective date of this *travel* insurance
- 3) Received or be awaiting a major organ transplant (heart, kidney, liver, lung)
- 4) Suffered from kidney failure or a kidney disorder requiring hemodialysis during the 36-month period prior to the effective date of this *travel* insurance

- 5) Travelled against the advice of a *physician* or been diagnosed with a *terminal illness*, or
- 6) Been diagnosed with Hepatitis C within the last 12 months.

C – IF YOU ARE AGE 56 OR OVER, in addition to being required to meet the criteria set out in points A and B on page 8, **YOU MUST NOT HAVE:**

- 1) Received a diagnosis, received chemotherapy or radiotherapy *treatments* or undergone surgery related to cancer during the six-month period prior to the effective date of this *travel* insurance (other than skin cancer, basal or squamous cell carcinoma or a type of cancer *treated* solely with hormone therapy)
- 2) Undergone *your* most recent *heart surgery* more than 15 years prior to the effective date of this *travel* insurance
- 3) Been diagnosed or experienced congestive heart failure during the 60-month period prior to the effective date of the *travel* insurance
- 4) Been diagnosed with a cerebral aneurysm or an aortic aneurysm of more than 4 cm that has not yet been *treated* surgically
- 5) Suffered from cirrhosis or pancreatitis during the 24-month period prior to the effective date of this *travel* insurance
- 6) Been *hospitalized* two or more times for *lung disease* during the last 12 months
- 7) Been prescribed six or more different prescription drugs (other than Aspirin) for one or more of the following reasons: *cardiovascular disease*, *cerebrovascular accident* (stroke), *transient ischemic attack* (TIA), mini-stroke, diabetes, *lung disease*, high blood pressure
- 8) Required assistance with activities of daily living.

D – IF YOUR HEALTH CHANGES PRIOR TO THE EFFECTIVE DATE OF THE TRAVEL insurance

You must call SecuriGlobe at 1 888 211-4444. Failure to do so may result in the denial of any claim. The *Insurer* reserves the right to re-evaluate eligibility for *travel* insurance.

PART III – GENERAL INFORMATION

A – COVERAGE

Travel insurance offers coverage to a maximum of \$2,000,000 per *insured* (or up to \$5,000,000 in the case of an *insured* who has selected enriched coverage), for *hospitalization*, medical and paramedical expenses and for *reasonable, usual and customary* medical transportation expenses incurred by the *insured* (less any *deductible*, as indicated on the *travel* insurance confirmation) in the event of an *emergency* while outside the province or territory of residence. The *Insurer* is responsible for the eligible expenses, subject to the conditions, limitations, exclusions and restrictions of this *travel* insurance contract, only in excess of the expenses reimbursable under any liability, group or individual or extended *health* insurance plan or contract, including any private or public automobile insurance plan providing hospital, medical or therapeutic coverage, the public *health* insurance plan of *your* province or territory of residence or any other insurance in force concurrently herewith.

You may select one or more types of coverage. The coverages apply only if they are indicated on *your travel* insurance confirmation.

B – PACKAGES AVAILABLE

The package selected and the coverages included, as well as the amounts payable and the applicable limits, are indicated on *your travel* insurance confirmation.

1) **Single trip *travel* insurance**

- a) Provides coverage for single-trip *travel* within Canada (outside *your* province or territory of residence) or outside Canada, based on the effective date of this *travel* insurance.

- b) If *you travel* within Canada, *travel* insurance must be purchased before *you* leave *your* province or territory of residence.
- c) If *you travel* outside Canada, *travel* insurance must be purchased before *you* leave Canada.
- d) *Travel* insurance must be purchased for *your* entire *travel* period, including the departure and return dates.

2) Multi-trip *travel* package

- a) Provides coverage for unlimited *travel* outside Canada for the maximum number of days permitted, as indicated on *your travel* insurance confirmation.
- b) Provides coverage for unlimited *travel* within Canada (outside *your* province or territory of residence).
- c) *Trips* must be separated by a return to *your province* or territory of residence.
- d) If *your trip* involves coverage for two subsequent multi-trip *travel* packages, the total *period of coverage* for these two subsequent periods is limited to the maximum number of days per *trip* indicated in the terms of the second *travel* package.
- e) *You* are not required to provide advance notice of the departure and return dates of each *trip*. However, *you* must submit proof of *your* departure and return dates when submitting a claim.

C – EFFECTIVE DATE OF TRAVEL INSURANCE

Travel insurance begins on the latest of the following :

- 1) The effective date of coverage indicated on *your travel* insurance confirmation.
- 2) The date and time that *you* leave *your* province or territory of residence.

- 3) The date of payment of *your* premium.
- d) The date and time of departure for each of *your trips*, for the purposes of the multi-trip *travel* package.

However, if *you* purchase the *travel* insurance after leaving *your* province or territory of residence, a five-day waiting period will apply to the coverage following the purchase of *travel* insurance in the event of an *illness-related emergency*.

D – TERMINATION OF TRAVEL INSURANCE

Travel insurance terminates on the earliest of the following:

- 1) The expiry date indicated on *your travel* insurance confirmation.
- 2) The date and time that *you* return to *your* province or territory of residence, subject to *trip break* coverage.
- 3) The date and time that *you* return to *your* province or territory of residence following each of *your trips* for the purposes of the multi-trip *travel* package.
- 4) The date on which *you* reach the maximum number of days permitted for each *trip* as indicated on *your travel* insurance confirmation, for the purposes of the multi-trip *travel* package.

PART IV – TYPES OF COVERAGE

A – TABLE OF COVERAGE AMOUNTS AND APPLICABLE LIMITS

The amounts below represent the maximum amounts payable per *insured per trip*. The coverages apply only if they are indicated on *your travel* insurance confirmation.

TYPES OF COVERAGE	AMOUNTS PAYABLE AND APPLICABLE LIMITS
BASIC COVERAGE	
Maximum amount of insurance	\$2,000,000
1. <i>Emergency hospitalization, medical and paramedical expenses</i>	
a) <i>Hospitalization expenses</i>	Up to the maximum amount of insurance
b) <i>Physicians' fees</i>	
c) <i>Medical appliances</i>	
d) <i>Diagnostic services</i>	
e) <i>Incidental hospital expenses</i>	\$100 per <i>hospitalization</i>
f) <i>Private duty nursing care</i>	\$5,000
g) <i>Prescription drugs for emergency treatment</i>	Sufficient supply for 30 days, up to \$500, except in the case of <i>hospitalization</i>
h) <i>Paramedical care</i>	\$500 per profession
i) <i>Emergency dental care</i>	\$3,000

Cont. on next page

TYPES OF COVERAGE	AMOUNTS PAYABLE AND APPLICABLE LIMITS
2. Emergency medical transportation expenses	
a) Ambulance services	
b) <i>Emergency</i> medical repatriation to the province of residence	Up to the maximum amount of insurance
c) Return of a <i>travelling companion</i>	The fees charged by a public carrier for <i>travel</i> , by the most economical means of transportation, via the most direct route
d) Transportation of <i>family members</i>	\$2,500
e) Accommodation and meal expenses	\$200 per day and \$1,600 in total
f) <i>Vehicle</i> return	\$4,000
g) Return of remains	\$10,000
h) Cremation at the place of death	\$4,000
i) Return of accompanying dog or cat	\$500
j) Return of <i>insured</i> to destination	\$2,000
k) <i>Trip break</i> coverage as part of a single-trip <i>travel</i> package	Up to 21 consecutive days
ENRICHED COVERAGE (as indicated on your travel insurance confirmation)	
Basic coverage (as mentioned above) with an increase in the maximum insurance amount	\$5,000,000
<i>Emergency</i> round trip <i>travel</i>	\$2,000

B – DESCRIPTION OF BASIC COVERAGE

Subject to the conditions, limitations, exclusions and reductions applicable to *travel* insurance, the expenses below are eligible, provided they are *reasonable, usual and customary*. They are also reimbursed up to the amounts indicated in the TABLE OF COVERAGE AMOUNTS AND APPLICABLE LIMITS.

1) EMERGENCY HOSPITALIZATION, MEDICAL AND PARAMEDICAL EXPENSES

The expenses and transportation provided for in the points below are payable only if approved in advance by the assistance service.

a) Hospitalization expenses

Charges up to the semi-private room rate. Charges for an intensive or coronary care unit are also covered where medically necessary.

b) Physicians' fees

Medical care administered by a *physician*.

c) Medical appliances

Expenses for the purchase or rental of crutches, canes or splints; expenses for the rental of wheelchairs, orthopedic devices or other medical appliances, when prescribed by the attending *physician*.

d) Diagnostic services

Expenses for laboratory analyses and X-rays when prescribed by the attending *physician* as part of *emergency* medical expenses.

e) Incidental hospital expenses

Incidental expenses (telephone, television, parking, etc.) related to *hospitalization*, upon presentation of supporting documents, up to a maximum reimbursable amount of \$100 per *hospitalization*.

f) Private duty nursing care

Fees for a registered nurse (other than a relative of the *insured*) immediately following a covered *hospitalization*, when deemed medically necessary and when prescribed by the attending *physician*, up to a reimbursable amount of \$5,000.

g) Prescription drugs for *emergency treatment*

Cost of drugs obtained on prescription by a *physician*, up to a reimbursable amount of \$500. However, no reimbursement maximum applies if the *insured* is *hospitalized* and medication is prescribed to stabilize his or her medical condition.

Moreover, the cost of prescription drugs for *emergency treatment* is reimbursed for a maximum period of 30 days following the date on which the *emergency* situation occurred.

h) Paramedical care

Professional fees of a physiotherapist and a chiropractor, when prescribed by a *physician*, up to a reimbursable amount of \$500 per profession.

i) *Emergency dental care*

Benefits are payable up to \$3,000 following a direct *accidental* blow to the mouth requiring the repair or replacement of natural and vital teeth or permanently attached artificial teeth. Benefits are also payable for any other *emergency treatment* for dental pain relief other than pain caused by a direct blow to the mouth, up to a reimbursable amount of \$500. All dental *treatment* must be initiated within 48 hours from the time the *emergency* began and completed no later than 90 days after the start of *treatment*.

2) EMERGENCY MEDICAL TRANSPORTATION EXPENSES

The expenses and transportation provided for in the points below are payable only if approved in advance by the assistance service.

All transportation expenses are limited to the reimbursable expenses charged by the public carrier for transportation by the most economical means, via the most direct route.

a) Ambulance services

The cost of ground or air ambulance services used to transport the *insured* to the nearest *hospital*. Expenses for transfers between *hospitals* are also covered when the *physician* and the assistance service deem the facilities where the *insured* is *hospitalized* to be inadequate for treating or stabilizing the *insured's* condition.

b) Emergency medical repatriation

Repatriation expenses to return the *insured* to home or to a *hospital* in his or her province or territory of residence for provision of adequate medical care. The transfer must be made by the most appropriate public carrier, as deemed by the attending *physician* for transfers of this type. Repatriation to the province or territory of residence must take place as soon as the *insured's* health condition allows. If required because of the *insured's* health condition, condition, the assistance service may send a medical escort to accompany the *insured* during repatriation.

c) Return of a travelling companion

The fees charged by a public carrier at the time of repatriation or transportation of an *insured*, if the means of transport initially planned to return the dependents or a *travelling companion* of the *insured* to their province or territory of residence cannot be used.

d) Transportation of *family members*

- I. Round trip transportation for a *family member* of the *insured* from his or her place of residence to the *hospital* where the *insured* has been confined for at least five consecutive days to be at his or her bedside. The necessity of a visit from a *family member* must be confirmed by the *insured's* attending *physician*. The expenses are limited to a maximum reimbursement of \$2,500.
- II. Expenses for the return of *dependent children* insured under this contract to their province or territory of residence, if, due to *illness* or a covered *injury*, the *insured* or another *travelling* adult is unable to supervise the children.
- III. Round trip transportation for a *family member* of the *insured* for identification of the body of the *insured*, who died during the *trip*, prior to repatriation of the remains, if required by the attending *physician*. If the *insured* was already accompanied by a *family member* age 18 or over, the expenses incurred by another *family member* for identification of the body are not eligible. The expenses are limited to a maximum reimbursement of \$2,500.

e) Accommodation and meal expenses

Accommodation and meal expenses incurred in a commercial establishment when an *insured* or his or her accompanying *family member* or *travelling companion* is obliged to defer the date of his or her return home due to an *injury* or a *disease* that he or she contracted. The expenses are limited to a maximum reimbursement of \$200 per day for all *insureds* in the same family, up to an overall maximum of \$1,600.

f) Vehicle return

The expenses incurred for a commercial agency to return the *insured's vehicle* home, or a rental *vehicle* to the rental agency closest to where the *insured* is staying. The expenses are eligible if the *insured* is unable to drive the *vehicle* due to the *injury* sustained or the *disease* contracted, based on the written recommendation of the attending *physician*. Any person accompanying the *insured* must also be unable to drive the *vehicle*. The expenses are limited to a maximum reimbursement of \$4,000.

g) Return of remains

In the event of death as a result of a covered *injury* or *illness*, the *Insurer* agrees to reimburse the expenses for preparation and repatriation of the body of a deceased *insured* to the place of burial or cremation in the province or territory of residence. Expenses for the purchase of a coffin or urn are not included. The expenses are limited to a maximum reimbursement of \$10,000.

h) Cremation at the place of death

If the deceased *insured* was cremated or buried at the place where he or she was staying, the expenses are limited to a reimbursable amount of \$4,000.

i) Return of accompanying dog or cat

In the event of the *insured's* air evacuation to the province or territory of residence due to a medical *emergency*, the *Insurer* will reimburse up to \$500 of the expenses incurred for returning the accompanying dog or cat to Canada.

j) Return of *insured* to destination

In the event that the *insured* is transported to his or her province or territory of residence under the *emergency* medical repatriation benefit, the *Insurer* will reimburse the cost of a one-way economy class ticket for return to the city in which the air evacuation was initiated. These expenses are eligible for reimbursement only once per *trip*, and the *Insurer* will not issue any reimbursement under this section for expenses incurred after the original scheduled return date.

Any recurrence or complication of the *injury* or *illness* that resulted in the *insured's* being returned home is excluded under this *travel* insurance policy, unless the *insured* had obtained the prior approval of the assistance service.

k) *Trip break coverage*

This coverage is offered only as part of the single-trip *travel* package.

This coverage allows *you* to return to *your* province or territory of residence for up to 21 consecutive days, without termination of the *travel* insurance, on the condition that *you* requested and received prior approval from SecuriGlobe. No premium refund will be granted to *you* for the days spent in *your* place of residence. If *you* experience any change in health during the *trip break*, *you* must notify the assistance service prior to leaving *your* province or territory of residence to determine whether *your travel* insurance will be maintained. The *Insurer* reserves the right to re-evaluate eligibility for insurance.

C – DESCRIPTION OF ENRICHED COVERAGE

1) INCREASE IN THE MAXIMUM INSURANCE AMOUNT

This coverage increases the maximum insurance amount to \$5,000,000, as indicated in the table of coverage amounts and applicable limits and on *your travel* insurance confirmation.

2) ROUND TRIP *EMERGENCY TRAVEL*

This coverage is offered as part of the single-trip *travel* package of 30 days or more. It is not offered as part of the multi-trip *travel* package, unless supplementary insurance has been purchased. The *deductible* does not apply to this coverage.

Subject to the assistance service's prior approval and to receipt of the claim form with supporting documentation, this coverage provides for reimbursement of the eligible unforeseen expenses incurred for the purchase of round trip economy *airfare* via the most direct route, up to \$2,000 per *insured* and per *travel* insurance, for a temporary return to *your* province or territory of residence in the following circumstances:

a) *A member of your family*, who is not *travelling* with *you*, has been *hospitalized* for a minimum of five consecutive days or dies after *you* leave *your* province or territory of residence, or Canada.

or

b) *Your* principal residence in Canada becomes uninhabitable or *your* place of business unusable.

Travel insurance does not apply in *your* province or territory of residence. If *your* health changes during *your* *emergency* round trip *travel*, *you* must notify the assistance service prior to leaving *your* province or territory of residence to determine whether *your* *travel* insurance will be maintained. The *Insurer* reserves the right to re-evaluate eligibility for insurance.

You are not eligible for this benefit if:

a) During the 90-day period prior to the effective date of *your* *travel* insurance, the *family member* for whom *you* are making the round trip *emergency* travel:

I. was *hospitalized* for the same condition for which *you* are returning to *your* province of residence; or

II. was confined to a long-term care facility; or

III. was diagnosed with a *terminal illness*.

b) At the time of purchase of *your* *travel* insurance policy, *you* were aware of circumstances, issues or health problems which could cause *your* return at an earlier date than anticipated.

PART V – LIMITATIONS, EXCLUSIONS AND REDUCTIONS

A – EXCLUSION FOR *PRE-EXISTING* *CONDITIONS*

This exclusion applies to *you* and *your* family members, whether or not they are travelling with *you*, and to *your travelling companion* and his or her family members.

Coverage DOES NOT apply to losses sustained or expenses incurred that result directly or indirectly, in whole or in part, from a *pre-existing condition* which was not *stable* and under control during the 180-day period prior to the effective date of this *travel* insurance, with the following exceptions:

- 1) In cases of high blood pressure or high cholesterol, the status of such condition must be *stable* and under control during the 30-day period prior to the effective date of this *travel* insurance.
- 2) In cases of type II diabetes not *treated* with insulin, the status of such condition must be *stable* and under control during the 90-day period prior to the effective date of this *travel* insurance.

B – LIMITATIONS

- 1) The benefits provided under this *travel* insurance are over and above, rather than in lieu of, those provided under the public provincial or territorial *health* insurance plan of which *you* are (or could be) a participant, or those provided under any other type of contract or plan. Please refer to PART VI – GENERAL CONDITIONS – Coordination of benefits of this *travel* insurance contract.

2) The assistance service, in conjunction with *your* attending *physician*, reserves the right to transfer *you* to a *hospital* or to arrange for *your* return transportation to *your* province or territory of residence following an *emergency*. If *you* refuse to be transferred or transported when declared medically fit to *travel*, any continuing costs incurred after *your* refusal will not be covered, and *you* will be solely responsible for payment of such costs. The *travel* insurance will cease upon *your* refusal, and no coverage will be provided to *you* for the remainder of the *period of coverage*.

3) ***Act of terrorism – Insurance limitations and aggregate limit***

When an *act of terrorism* directly or indirectly causes a loss that would otherwise be payable under this contract, coverage will be provided as follows:

- a) As a result of any one or a series of *acts of terrorism* occurring within a 72-hour period, the *aggregate limit* payable for all eligible insurance contracts issued and administered by the *Insurer*, including this *travel* insurance contract, will be \$2,500,000.
- b) As a result of any one or a series of *acts of terrorism* occurring in any calendar year, the *aggregate limit* for all eligible insurance contracts issued and administered by the *Insurer*, including this contract, will be \$5,000,000.
- c) The amounts payable for each eligible claim under a) and b) above are in excess of all other sources of recovery and will be reduced on a pro rata basis, so that the total amount paid for all such claims does not exceed the respective *aggregate limit* that will be paid after the end of the calendar year and after completing the adjudication of all claims relating to one or more *acts of terrorism*.

C – EXCLUSIONS AND REDUCTIONS

Travel insurance DOES NOT apply to losses sustained or expenses incurred that result directly or indirectly, in whole or in part, from one of the following causes:

- 1) Failure to comply with the instructions set out in the “In the event of an *emergency*” section at the beginning of this contract.
- 2) Any medical service, *treatment* or care not authorized by the assistance service.
- 3) Any elective or non-emergency *treatment*, even if it was received following an *emergency* situation, if this *treatment* can be obtained in the province or territory of residence of the *insured* without danger to the *insured’s* life or health.
- 4) Any *medical consultation* that is not due to an *emergency* situation, any elective *medical consultation* or the consequences of any elective medical procedure.
- 5) Any *treatment* which could have been reasonably delayed until the *insured’s* return (whether voluntary or involuntary) to the province or territory of residence, by the next available means of transportation, unless the *treatment* was approved in advance by the assistance service.
- 6) Any service, medical care or *treatment* that is not considered to be an *emergency* including, but not limited to, the following: cosmetic or any other elective surgery, *treatment* for a chronic *illness*, *treatment* for rehabilitation or convalescence.
- 7) Any recurrence or complication of the *illness* or *injury* that resulted in the *insured’s* return to the province or territory of residence, if the *insured* subsequently chose to continue with his or her *travel*.
- 8) Any recurrence or complication of the *illness* or *injury* associated with the initial medical *emergency* if, in the opinion of the assistance service, the medical *emergency* had ended.

- 9) Any *travel* to seek medical advice or *treatment*, even if recommended by a *physician*.
- 10) Any *travel* against the advice of a *physician* or following the diagnosis of a *terminal illness*.
- 11) Any *treatment* for a mental, psychiatric, psychological, psychotic or nervous disorder, including depression, anxiety and insomnia.
- 12) Any suicide, attempted suicide or self-inflicted injury, whether or not the *insured* is of sound mind.
- 13) Any pregnancy, childbirth, routine prenatal care, an infant born during the trip, as well as complications of pregnancy or childbirth occurring within nine weeks before or after the expected date of delivery.
- 14) Any fertility *treatment* or spontaneous or induced termination of pregnancy.
- 15) Any *treatment* for alcohol, toxic substance or medication abuse, for drug use or for non-compliance with a medical prescription.
- 16) Any expenses for the purchase of over-the-counter drugs, whether prescribed or not.
- 17) Any expenses incurred to go to a *hospital*, consult a *physician* or visit a clinic, except as indicated in this contract.
- 18) Any *travel*, other than as a passenger, in a commercial aircraft licensed to carry passengers for hire, unless the transportation was approved in advance by the assistance service.
- 19) Any *injury* occurring due to participation in:
 - a) Any sports as a professional athlete (person who engages in an activity as his or her main source of occupation)
 - b) Any competitive motorized sporting events, racing or motor *vehicle* speed contests
 - c) Any other *high-risk activity*.
- 20) Any naturopathic, holistic, experimental or paramedical *treatment* not covered by *travel* insurance.

- 21) Covered expenses in excess of the *reasonable, usual and customary* expenses normally charged at the place where the *emergency* occurred.
- 22) Any *treatment* or service contrary to the provisions of any *health* insurance plan of the *insured's* province or territory of residence.
- 23) Any *illness* or *injury* sustained in a city, region or country when, prior to the effective date of the *travel* insurance, the government of Canada issued a written notice advising against any *travel* or non-essential *travel* to the city, region or country in question and the *illness* or *injury* is associated with the reason for which the notice was published.
- 24) Any *illness* or *injury* or any expenses associated with the following situations:
 - a) *Act of war*, civil war, riot, rebellion, insurrection, revolution, invasion, hostilities or any military operation (whether or not war has been declared), civil commotion, overthrow of the legally constituted government, military or usurped power, explosions of war weapons, use of nuclear, chemical or biological weapons, radioactive contamination.
 - b) Any action taken in controlling, preventing or suppressing the acts mentioned in a) above.
- 25) The commission or attempted commission of an illegal or criminal act by the *insured* or by his or her agent, alone or in conjunction with others.

PART VI – GENERAL CONDITIONS

A – CONTRACT

The application, the *travel* insurance confirmation, the contract, any document attached to the contract when issued and any amendment to the contract agreed upon in writing by the parties after it is issued, constitute the entire contract.

B – AMENDMENT

The conditions of this contract may only be amended upon written agreement between *you* and the *Insurer*. The *Insurer's* waiving or omitting to require any provision in the contract to be executed or observed must not be interpreted as the *Insurer's* waiver of its right to require any provision to be carried out or observed.

C – COORDINATION OF BENEFITS

This insurance is a second payor plan. Amounts payable hereunder are limited to eligible expenses, incurred outside the province or territory of residence in Canada, which are in excess of the amounts of insurance held by the *insured* for any loss or damage or for any claim payable under any other liability, group or individual basic or extended *health* insurance plan, or contracts including any private or provincial or territorial auto insurance plan providing hospital, medical, or therapeutic coverage, or any other insurance in force concurrently herewith. All coordination with employment-related plans follows Canadian Life and Health Insurance Association guidelines. In no case will the *Insurer* seek to recover against employment-related plans if the lifetime maximum for all in-country and out-of-country benefits is \$50,000 or less. The insured may not receive more than 100% of the amount of coverage.

D – FRAUD, MISREPRESENTATION, CONCEALMENT OR NONDISCLOSURE

Any fraud or attempted fraud, misrepresentation, nondisclosure or concealment by *you* of the material facts or circumstances concerning the insurance, when the contract is purchased, a claim is filed or at any other time during the life of the contract, causes the entire contract to be null and void and results in *your* loss of entitlement to benefits.

Where there is an error as to *your* age, provided that *your* age meets the eligibility criteria that apply to this *travel* insurance, the premiums will be adjusted according to *your* correct age as of the date *you* became covered. Any premium adjustment is payable upon receipt of a premium notice.

E – RIGHT TO BE REIMBURSED

As a condition to receiving *travel* insurance benefits, *you* agree to:

- 1) Reimburse the *Insurer* for all *emergency* hospitalization, medical and paramedical costs paid under this contract from any amount *you* receive from a third party who is totally or partially responsible, whether such amounts are paid under a judgment or settlement agreement.
- 2) Whenever reasonable, initiate a legal action against the third party to recover *your* damages, which include *emergency* hospitalization, medical and paramedical costs paid under this contract.
- 3) Include all *emergency hospitalization*, medical and paramedical costs paid under this *travel* insurance in any settlement agreement *you* reach with the third party.
- 4) Act reasonably to preserve the *Insurer's* right to be reimbursed for any *emergency* hospitalization, medical and paramedical costs paid under this contract.

- 5) Keep the *Insurer* informed of the status of any legal action against the third party.
- 6) Advise *your* counsel of the *Insurer's* right to reimbursement under this contract.
- 7) Notify the assistance service.

Your obligations under this section do not in any way restrict the *Insurer's* right to bring a subrogated claim in *your* name against the third party, and *you* agree to cooperate fully with the *Insurer*, should it choose to exercise its right of subrogation.

F – RIGHTS OF EXAMINATION

The claimant agrees to allow the *Insurer* to have the *insured* examined when and as often as it reasonably requires while a claim is pending. In the event of the *insured's* death, the *Insurer* may require an autopsy, subject to any laws of the applicable jurisdiction relating to autopsies.

G – TIME

Expiry time of the contract is the time within the time zone where *you* were residing at the time of purchase.

H – GOVERNING LAW

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

I – CURRENCY

All amounts mentioned in this contract and all amounts payable hereunder (with the exception of *deductibles*, which are processed in US currency) are in Canadian currency. The rate of exchange used for reimbursement of amounts payable is the rate posted on the day *your* claim is processed.

J – BENEFIT PAYMENTS

If *you* are insured under more than one insurance contract issued by the *Insurer*, the total amount paid may not exceed the expenses that *you* actually incurred, subject to the subrogation clause.

Unpaid benefits are not interest bearing.

K – PREMIUMS

The total premium amount is due and payable at the time of application. The premium is calculated using the most current rates for *your* age on the effective date of the *travel* insurance and the length of *your trip*. The premium is subject to change without notice.

L – SUBROGATION

If an *insured* is entitled to bring an action or a proceeding against an individual or a corporation with regard to a loss that is covered under this contract, the *Insurer* is subrogated to the rights of the *insured* up to the amount paid by the *Insurer*. The *insured* must sign and deliver instruments and papers to this effect and do whatever is necessary to secure such rights. Failure to do so may result in denial of the claim by the *Insurer*.

PART VII – EXTENSION OF STAY

Call SecuriGlobe at 1 888 211-4444 to purchase additional coverage. The additional premium payable is based on the difference between the original premium and the total premium for the entire extended period of coverage.

A – REQUEST FOR EXTENSION OF INSURANCE PRIOR TO LEAVING YOUR PROVINCE OR TERRITORY OF RESIDENCE

When a planned *trip* extends beyond the number of days allowable under *your travel* insurance, *you* may apply for an extension. This extension is:

- 1) Subject to the same terms and conditions as those set out in *your travel* package;
- 2) Considered to be a continuation of the *period of coverage* under *your travel* package, for the purposes of the exclusion for *pre-existing conditions*, considered to be a continuation of the *period of coverage* under any other insurance plan or contract established by the *Insurer*.

Any condition for which *treatment* was administered during the initial *period of coverage* under any insurance plan or contract issued by another insurer will automatically be excluded. The *Insurer* reserves the right to decline any request for extension of *travel* insurance.

B – REQUEST FOR EXTENSION OF INSURANCE AFTER LEAVING YOUR PROVINCE OR TERRITORY OF RESIDENCE

If *you* decide to extend *your* stay after leaving *your* province or territory of residence, *you* may request an extension of coverage if *you*:

- 1) Submit *your* request before the expiry date of *your* travel insurance and
- 2) Have no reason for attending a *medical consultation* during the coverage extension period.

If *you* have submitted a claim, SecuriGlobe will review your file before granting an extension. **Any condition for which the *insured* was *treated* during the initial period of coverage will automatically be excluded from the first day of the extended coverage period.** The *Insurer* reserves the right to decline any request for extension of travel insurance.

C – AUTOMATIC EXTENSION OF TRAVEL INSURANCE

Travel insurance is automatically extended when:

- 1) *Your* public carrier or *your* vehicle is delayed for a reason beyond *your* control. In such case, the *Insurer* will extend *your* travel insurance for up to 72 hours.
- 2) *You* or *your* travelling companion are hospitalized on the expiry date indicated on *your* travel insurance confirmation. In such case, the *Insurer* will extend *your* travel insurance for the length of the *hospital* stay and for up to five days after discharge from *hospital*. Or

- 3) *You or your travelling companion have a medical emergency that does not require hospitalization but prevents you from travelling on the expiry date indicated on your travel insurance confirmation, as confirmed by a physician. In such case, the Insurer will extend your travel insurance by up to five days following the expiry date.*

However, in no case will the *Insurer* extend the *travel* insurance after the 12-month period following the date on which *you* left *your* place of residence.

PART VIII – CLAIMS

A – CLAIM SUBMISSION

You or the claimant, if other than *you*, will be responsible for the verification of:

- 1) Any medical costs incurred, including an itemized list of all medical services provided.
- 2) Any payment made by a provincial or territorial *hospitalization* or *health* insurance plan.
- 3) Any payment made by any other insurance plan or contract.
- 4) Substantiating medical documentation from *your* province or territory of residence, as requested by the assistance service.

Failure to provide substantiating documents will invalidate all claims under this *travel* insurance contract.

Important

- 1) Any costs incurred for documentation or required reports are *your* responsibility.
- 2) If the claim form is not completed in full and submitted with all the required documents, the processing of *your* claim may be delayed.
- 3) *You* may obtain all the claim forms by calling the assistance service.
- 4) After an initial review, the assistance service may request additional documents to substantiate the claim.

B – CLAIM REPORTING

Claims must be reported within 90 days of occurrence.

C – PROOF OF CLAIM

You must submit written proof in support of *your* claim within 120 days of the occurrence.

When submitting *your* claim, please include:

- 1) Completed and signed claim form with all original bills and receipts.
- 2) Medical records including an *emergency* room report and diagnosis from the medical facility or a medical certificate completed by the attending *physician*. Any fee for completing the certificate is not a benefit under this *travel* insurance contract.
- 3) All the relevant forms with regard to the provincial government *health* insurance plan, fully completed (details provided in the claim form).

D – FILING YOUR CLAIMS

CanAssistance

550 Sherbrooke Street W, Suite B-9
Montreal QC Canada H3A 3S3

Toll free Canada/USA: **1 855 906-2194**
Collect worldwide: **514 906-2194**

PART IX – DEFINITIONS

Accident(al) means a sudden, unforeseen and unpredictable event that is solely due to an external cause of a violent and unintentional nature which, directly and independently of any other cause, results in bodily injury that is confirmed by a *physician*. Attempted suicide is not considered to be an *accident*, whether or not it results in bodily injury.

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

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

Aggregate limit means the total number or the maximum value of all insured losses resulting from any one event.

Aircraft means any multi-engine transport-type *aircraft* with a maximum authorized take-off weight greater than 10,000 lb. (4,540 kg), operated between licensed airports by a scheduled or charter airline of Canadian or of foreign registry holding a valid Canadian Transportation Agency scheduled air carrier licence, or a valid Canadian Transportation Agency regular specific point air carrier license, or charter air carrier licence or its foreign equivalent, provided such aircraft is being used at the time to provide transportation authorized under such airline's scheduled, charter or regular specific point licence.

Cardiac surgery means any coronary bypass, cardiac bypass, cardiac angioplasty or coronary artery stent or use of a pacemaker or implantable cardiac defibrillator (excluding battery changes).

Cardiovascular disease means any condition relating to the heart or cardiovascular system, including but not limited to the following: heart attack, myocardial infarction, pericarditis, arrhythmia, atrial fibrillation, irregular heart rhythm, heart murmur, chest pain of cardiac cause, angina, coronary heart disease, arteriosclerosis, heart failure, cardiomyopathy, pulmonary edema or any other kind of *cardiac surgery*.

Deductible means the amount, in US currency, that the *insured* must pay before any remaining eligible expenses are reimbursed under this contract. The *deductible* applies only once per *insured*, per *trip*. The amount of *your deductible* is indicated on *your travel insurance confirmation*. The *deductible* amount must be the same for the initial *trip* and the extension.

If you opted for a decreasing *deductible* on *your travel insurance application*, the *deductible* applies as follows:

- 1) \$1,000 for the first period of 12 consecutive months
- 2) An amount of \$200 is then deducted from the \$1,000 *deductible* for each subsequent period of 12 consecutive months.

To be eligible for this decreasing *deductible*, you must:

- 1) In each period of 12 consecutive months, purchase a Solis insurance contract for a minimum *travel period* of 40 days
- 2) Opt for a \$1,000 *deductible* and
- 3) Have not submitted a claim.

Dependent child means a child of the *insured*, his or her *spouse*, or both, who is unmarried and dependent on the *insured* for support and who is at least 30 days but less than 25 years of age prior to departure.

Emergency means a sudden and unexpected *illness* or *injury* that requires immediate medical attention or *treatment* to prevent a threat to the life or health of the *insured* or minimize such a threat. An *emergency* ceases to exist when the assistance service deems the condition to be *stable* and under control.

Family member means the *spouse*, parents, legal guardian, step-parents (father or mother's *spouse*), grandparents, grandchildren, in-laws (*spouse's* family), natural or adopted children, *spouse's* children, brothers, sisters, half-brothers, half-sisters, aunts, uncles, nieces and nephews.

Gastrointestinal disease means any condition relating to the stomach or intestines, including but not limited to, ulcers, diverticulitis, diverticulosis, gallstones, ulcerative colitis, Crohn's disease, intestinal obstruction, cirrhosis, pancreatitis, hepatitis, esophageal varices, chronic intestinal disease, abdominal or intestinal surgery, liver disease, pancreatic disease, gallbladder disease, hernia not *treated* surgically and irritable bowel syndrome.

High-risk activity means freestyle skiing/snowboarding, ski jumping, parachuting, free flight and gliding, bungee jumping, scuba diving (except if certified by an internationally recognized and accepted program such as NAUI or PADI, or if diving depth does not exceed 30 metres), whitewater rafting (except grades 1 to 4), luge, skeleton activity, mountaineering, rock climbing, kitesurfing or participation in any rodeo activity.

Hospital means a licensed facility where in-patients receive medical, surgical and diagnostic services under the supervision of *physicians*, with 24-hour care by registered nurses. Clinics, palliative or long-term care facilities, rehabilitation centres, detoxification centres, convalescent or rest homes, residential and long-term care centres, nursing homes and health spas are not included.

Hospitalized/Hospitalization means an *emergency* room admission or an in-patient admission for at least 18 hours, in a *hospital*.

Illness means a deterioration of health or bodily disorder documented by a *physician*, the cause of which originated during a *trip* within the *period of coverage*. With the exception of complications occurring during the first 31 weeks, pregnancy is not considered to be an *illness*.

Injury means sudden bodily harm that *you* sustain during the *trip*, and that is caused by external and purely *accidental* means, directly and independently of *illness* or disease and all other causes.

Insured means any person eligible for coverage and named on the *travel* insurance application, for whom the insurability questionnaire has been completed, if necessary, and the required premium has been paid.

Insurer means La Capitale Insurance and Financial Services Inc.

Lung disease means chronic obstructive pulmonary disease (COPD), asthma, chronic bronchitis, emphysema, pulmonary fibrosis or any other respiratory condition requiring the use of corticosteroids.

Medical consultation means any medical services received from a medical practitioner for an *illness*, *injury* or medical condition, including the following: history taking, medical examination, investigative testing, advice or *treatment*, and prescription of medication, and during which a final diagnosis need not be made. This does not include regular check-ups where no *symptoms* existed or were found.

Minor ailment means any *illness* or *injury* which does not require:

- 1) the use of prescribed medication for more than 21 days
- 2) more than one follow-up visit to a *physician*.
- 3) *hospitalization*, surgical intervention or referral to a specialist.

To be considered a *minor ailment*, the *illness, injury* or health disorder must have ended at least 30 consecutive days prior to the date of departure for each *trip*. However, a chronic condition or any complication of a chronic condition or a recurrence is not considered a *minor ailment*.

Period of coverage means the period between the effective date and the termination date of the *travel* insurance, as defined in PART III – GENERAL INFORMATION of this contract.

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

Pre-existing condition means an *illness, injury* or medical condition, whether or not diagnosed by a *physician*:

- 1) for which *you* experienced *symptoms*
- 2) for which *you* requested or obtained a *medical consultation* or *treatments*
- 3) and which existed prior to the effective date of the *travel* insurance, including any recurrence or complication.

Reasonable, usual and customary means charges that do not exceed the amounts normally charged by other service providers of similar standing in the same area where comparable *treatment* is provided for a similar *illness* or *injury*.

Spouse means the person legally married to *you* or the person who lived with *you* in a conjugal relationship for at least one full year prior to the effective date of the *travel* insurance and who currently resides with *you* in the same household. *You* may only have one *spouse* for the purposes of this insurance.

Stable means any medical condition (other than a *minor ailment*) for which all the following statements are true:

- 1) There has been no new diagnosis or *treatment* and no change in the type, number and frequency of *treatments*.
- 2) *You* have not experienced any *symptoms* or been *hospitalized*, and no test has demonstrated a deterioration of *your* health.
- 3) No *medical consultation* with a medical specialist has been scheduled or recommended, and *you* are not awaiting the results of tests performed by medical personnel.
- 4) No change in the frequency or type of *treatment* or in the quantity, frequency or type of medication has been observed.

Exceptions: The routine adjustment of Coumadin, Warfarin, insulin or oral medication to control diabetes (as long as they are not newly prescribed or stopped), a change from a brand-name medication to a generic brand medication (provided that the dosage is not modified), the replacement of Plavix by another drug or the discontinuation of Plavix and the replacement of Coumadin by Pradaxa, routine adjustments of bronchodilators or corticosteroid inhalers if:

- a) There have been no new *symptoms*, more frequent *symptoms* or more severe *symptoms*.
- b) There have been no test results showing deterioration.
- c) There has been no *hospitalization* or referral to a *physician* (made or recommended) and/*you* are not awaiting the results of further investigations for that medical condition.

Symptom means a pain, feeling, weakness or sensitivity.

Terminal illness means a medical condition that is cause for a *physician* to estimate that *you* have a life expectancy of 12 months or less or for which *you* received palliative care prior to the effective date of the *travel* insurance.

Travel means a *trip* outside the province or territory of residence by an *insured* during the period of coverage.

Travelling companion means a person who is *travelling* with *you* and who has prepaid shared accommodation or transportation with *you*. A maximum of three persons, including *you*, may be considered as *travelling companions* at the time of a single *trip*.

Treated/treatment means a medical, therapeutic or diagnostic procedure prescribed, performed or recommended by a healthcare professional, including but not limited to prescribed medication, follow-ups, investigative testing and surgery related to any *illness*, *injury* or medical condition.

Vehicle means any automobile, station wagon, pick-up truck, van, motorhome and travel trailer owned or leased by *you*, used exclusively for the transportation of a maximum of seven passengers other than for hire, in which *you* are a passenger or driver during *your trip*.

You, and **your** mean an *insured*.

PART X – PREMIUM REFUND

No refund will be made on amounts due of less than \$10.

Requests for premium refunds will only be considered in the event of non-departure or early return, subject to the following conditions:

A – PREMIUM REFUND IN THE EVENT OF NON-DEPARTURE

- 1) For those with a single-trip *travel* package, the premium refund request must be received by SecuriGlobe prior to the departure date; otherwise, it will be considered as a request for a partial premium refund due to an early return.
- 2) For those with a multi-trip *travel* package, the refund request must be received by SecuriGlobe prior to the effective date of the *travel* insurance. No refund is available if the request is received after that date.

B – PARTIAL PREMIUM REFUND IN THE EVENT OF EARLY RETURN

The following conditions must be met:

- 1) No claim has been made or is pending for a loss occurring during the *period of coverage*.
- 2) No claim has been made or is pending for a loss occurring during the initial *period of coverage* in the case of an extension of insurance.
- 3) The *Insurer* has not incurred any expense for *emergency* air evacuation to *your* province or territory of residence for the *insured* or his or her *travelling companion*.
- 4) Unless the *insured* presents proof to the contrary, the postmark on the letter will be considered as the date of return and the refund will be effective on the following day.

An administration fee of \$15 per *travel* insurance contract is deducted from all partial premium refunds due to an early return.

PART XI – ASSISTANCE SERVICE

Prior to any *treatment*, service or medical care, *you* must notify the assistance service (toll free: **1 855 906-2194**, collect worldwide: **514 906-2194**). If *you* fail to do so, the benefits payable to *you* will be reduced by 20%, up to a maximum of \$25,000. *You* will be responsible for any expenses that are not payable by the *Insurer*. If it is medically impossible for *you* to call, *you* must ask someone to do so on *your* behalf.

A – THE ASSISTANCE SERVICE

Free 24-hour access to telephone assistance is available throughout the term of *your* insurance contract. Assistance is offered in English and French, and interpretation service is provided when necessary.

The *travel* assistance service consists of the following:

1) Assistance prior to departure

Telephone service to get information and reliable advice before *you* leave for *your trip*.

- a) Sample health questions, answered by qualified nurses:
 - I. Required vaccinations
 - II. Sanitary precautions (e.g. water, food) or destination tips (e.g. sun exposure, altitude)
 - III. Health precautions (e.g. chronic *illness*, allergies)
 - IV. List of items to be included in a first-aid kit.
- b) Sample general questions, answered by qualified assistance coordinators:
 - I. Telephone numbers and international calling codes (how to reach us when travelling abroad, consulates)
 - II. Foreign currency and exchange rates

- III. Passports, visas and other documents
- IV. Time zones and weather conditions, and
- V. Advisories.

2) **Medical and non-medical assistance during the trip**

Telephone service allowing travellers to get all assistance necessary in medical or non-medical situations.

a) Medical assistance:

- I. Referrals to *physicians* and/or medical establishments
- II. Help with admission to a medical establishment
- III. Coordination of transportation for *emergency* medical care
- IV. Follow-up of the medical file by our *physicians* and nurses specialized in *emergency* medicine
- V. Transmission of messages to family or friends at the time of *emergencies*
- VI. Arrangement for the transportation of a *family member* to the bedside of an assisted person who has been *hospitalized*
- VII. Dispatch of medical assistance and medication if the assisted person is too far from medical establishments to be transported to one
- VIII. Interpretation services to facilitate communication with healthcare providers
- IX. Help with language barriers to reassure and inform the assisted person about his or her health
- X. If necessary because of the situation, repatriation to the city of residence as soon as the health condition allows. Return transportation of a *travelling companion, spouse, dependent children* or accompanying pets (dog or cat)

- XI. Return of *vehicle* to place of residence, and
- XII. Assistance in case of death (e.g. handling the formalities with the authorities concerned, return of remains).

b) Non-medical assistance:

- I. Assistance with *emergency* round-trip *travel* (for *insureds* with enriched coverage)
- II. Help in obtaining advances of funds or increases in credit card limits
- III. Help with replacement of lost or stolen tickets, passports, identification or other official documents to allow *travel* to continue
- IV. Help in the event of legal problems
- V. Transmission of messages to family or friends at the time of *emergencies*
- VI. Help with language barriers
- VII. Help getting a prescription in the area where the client happens to be, and
- VIII. Referral to the appropriate authorities, legal resources, the embassy or the consulate in the country where the *insured* is staying, in the event of difficult situations.

PART XII – NOTICE OF PRIVACY AND CONFIDENTIALITY

The *Insurer* protects the confidentiality of *your* personal information. The *Insurer* keeps this information in a folder named “Financial, insurance, annuity, credit and other associated services.” Only employees, mandataries, distribution partners (such as agents and their firms) and service providers have access to personal information concerning *you*, and only when such access is required to perform their duties or carry out their assignments or service contracts. In some cases, the *Insurer* may do business with service providers located outside of Canada. In this situation, some of *your* personal information may be transferred to another country where it is subject to the legislation in force in that country. All service providers, whether they are located in Canada or not, are required to protect *your* personal information in accordance with the policies and practices of the *Insurer*.

You have the right to access *your* file. *You* may also have any information corrected if *you* demonstrate that it is inaccurate or incomplete. In such case, *you* must send *your* request in writing to the following address:

**Contract Management Department
La Capitale Insurance and Financial Services Inc.
625 Jacques-Parizeau St, PO Box 16040
Quebec QC G1K 7X8**



**IN THE EVENT OF AN
EMERGENCY, YOU MUST NOTIFY THE 24/7
ASSISTANCE SERVICE IMMEDIATELY.**

Toll free Canada/USA: 1 855 906-2194

Collect worldwide: 514 906-2194

Travel insurance is issued by:

La Capitale Insurance and Financial Services Inc.
625 Jacques-Parizeau St
Quebec QC Canada G1R 2G5

Travel insurance is administered by:

SecuriGlobe
6400 Auteuil Ave, Suite 100
Brossard QC Canada J4Z 3P5

The assistance service is administered by:

CanAssistance
550 Sherbrooke Street W, Suite B-9
Montreal QC Canada H3A 3S3

