



TRAVEL INSURANCE

TRAVEL  
INSURANCE  
POLICY



VISITORS  
TO CANADA

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®† Blue Shield is a registered trade-mark of the Blue Cross Blue Shield Association.

## **This is your insurance policy. Read it carefully.**

The insurance certificate attests the coverage amount selected, the product purchased and determines the benefits covered by this contract as well as the particular medical conditions specifically excluded from this contract.

The policy defines the various types of benefits and combined with your insurance certificate, constitutes your Travel Insurance contract.

**These documents contain clauses which may limit the amounts payable. Please read them carefully.**

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In this document, the masculine gender is used solely for convenience, and includes the feminine.

## **NOTICE REGARDING PERSONAL INFORMATION**

By purchasing one of our insurance products, you are consenting to the collection, use and disclosure of your personal information by Blue Cross® for the purposes of appraising your insurance application, confirming coverage and assessing your claims.

Your insurance file will be maintained on a confidential basis at our offices. Your personal information will only be accessible by our employees and authorized representatives who need access to your file for the purposes set out above.

Upon written notice, you will be entitled to access your personal information contained in your file and, if applicable, request that your file be updated or corrected.

For additional information regarding the manner in which we collect, use, disclose and otherwise manage your personal information, please visit our website, or write to us at:

**Quebec Visitors:  
Compliance Director  
Canassurance Hospital Service Association  
and its subsidiaries<sup>1</sup>  
550 Sherbrooke Street West  
Suite B-9  
Montreal, QC H3A 3S3**

privacyofficer@qc.bluecross.ca

**Other Canadian provinces Visitors:  
Compliance Director  
Canassurance Hospital Service Association  
and its subsidiaries<sup>1</sup>  
185 The West Mall  
Suite 610  
Etobicoke, ON M9C 5P1**

privacyofficer@ont.bluecross.ca

<sup>1</sup> Canassurance Insurance Company and CanAssistance Inc.

## DEFINITIONS

**Accident** means an unintentional, sudden, fortuitous and unforeseeable event due exclusively to an external cause of a violent nature and inflicting, directly and independently of all other causes, bodily injuries during the period of coverage.

**Age** means the age of the covered person at the time the present contract is purchased.

**CanAssistance** means the company authorized by the Insurer to provide assistance services to covered persons.

**Contract holder** means the person designated as such on the insurance certificate.

**Covered person** means the persons whose names appear in the "Covered Persons" section of the travel insurance certificate.

**Dependent child** means a child of the contract holder, his spouse, or both, over 30 days old, who is dependent on the contract holder, who is not married, and who is:

- under 21 years of age, or;
- under 25 years of age and attends an educational institution full-time as a duly registered student, or;
- physically or mentally handicapped.

**Effective date** means the date indicated on the insurance certificate.

**Expiry date** means the date indicated on the insurance certificate.

**Hospital** means a place licensed as an accredited hospital offering care and treatment to in-patients or out-patients, has a graduate nurse always on duty, a laboratory, and an operating room where surgical operations are performed by a legally qualified surgeon. In no event shall the term "hospital" mean any hospital or institution or part of such licensed hospital or institution used primarily as a clinic, continued or extended care facility, convalescent home, rest home, health spa, or treatment centre for drug addicts or alcoholics.

**Hospitalization** means admission to a hospital to receive short-term care as a bedridden patient for a minimum stay of 18 hours.

Covered short-term care comprises preventive care, medical diagnosis and medical treatment (including surgery) for an acute illness and does not include convalescent care and physical or mental rehabilitation.

In the case of day surgery, the hospital stay is equivalent to 18 hours of hospitalization.

**Illness** means a deterioration in health or a disorder of the organism certified by a physician.

**Insurance certificate** refers to the document certifying the existence of a contract and on which the following elements are primarily specified: the covered persons, the contract number, the product, the dates of coverage, the selected benefits and the sums insured.

**Insurer** means:

- Canassurance Hospital Service Association (non-profit mutual benefit association) for visitors in Ontario and Quebec;
- Canassurance Insurance Company for visitors in other provinces.

**Member of the immediate family of the covered person** means the spouse, father, mother and children (not necessarily dependent) of the covered person, his spouse or both.

**Period of coverage** means the time between the effective date of the contract and the expiry date indicated on the insurance certificate.

**Physician** means a person who is not related in any way to the covered person and who is legally authorized to practice medicine on the premises where medical services are provided.

**Regular check-up** means a periodic consultation with a physician scheduled in advance during which no new symptom or worsening of existing symptoms is reported by the covered person and no new anomaly is certified by the physician.

**Spouse** means the person united to the contract holder by marriage or a person who has been living permanently with the contract holder for over one year. Following a separation of more than 3 months or dissolution of the marriage by divorce or annulment, this person will lose his status as spouse.

**Sudden illness** means a unexpected and unforeseen illness of which initial symptoms (certified or not by a physician) appear after the effective date of the insurance.

**Terminal stage** means the period when a cure for an illness is no longer possible or when the illness resists any curative treatment and death is bound to happen within a more or less short delay.

**Travelling companion** means the person who plans, leaves and returns with the covered person on the same trip.

**Treatment** means surgery, prescription drugs, therapy, consultations with physicians or other health professionals and any other type of method used to treat the covered person.

## CONDITIONS

### Eligibility

#### Target clientele

This product is offered to:

- immigrants or permanent residents awaiting eligibility for the government health insurance plan or to persons who completed the procedures for obtaining immigrant or permanent resident status;
- foreign workers in Canada who possess a work permit;
- foreign students in Canada who possess a study permit;
- Canadian citizens returning home after a long absence;
- visitors to Canada.

#### Age limit

Covered persons must be a minimum of 31 days old and a maximum of 79 years old at the time of the insurance purchase.

#### Features

In order to be eligible for Visitors to Canada insurance, the covered person must not:

1. Have received medical advice not to travel;
2. Suffer from an illness in a terminal stage;

3. Suffer from kidney failure treated through dialysis;
4. Have been diagnosed with or treated for a metastatic cancer;
5. Have been diagnosed with, had treatments or taken medication for cancer in the past 12 months (with the exception of basal cell carcinoma);
6. Suffer from heart failure or cardiomyopathy;
7. Be waiting for an organ transplant for one or several of the following: kidneys, lungs, liver, heart, bone marrow or pancreas;
8. Have used home oxygen or taken cortisone pills for a pulmonary condition in the past 24 months.

## Effective date of coverage

If the insurance is purchased prior to the covered person's arrival in Canada, the contract is effective on the latest of the following dates:

- the effective date of the contract;
- the date of arrival in Canada from the country of residence;
- the day following the termination date of a similar coverage in Canada by virtue of another insurance contract.

If the insurance is purchased after the covered person's arrival in Canada:

- the insurance is effective as of the date of purchase. However, the contract will include a **4-day waiting period from the date of purchase** during which the covered person is insured only in case of accident or injury. **During this waiting period, the covered person is not insured in case of illness.** If an illness occurs during the waiting period, the illness will be considered as a pre-existing condition and will be subject to the ***Exclusions relating to pre-existing conditions*** of the contract.
- the insurance must be purchased within the 30 days after the latest of the following dates:
  - the date of arrival in Canada from the country of residence;
  - the termination date of a similar coverage in Canada by virtue of another insurance contract. If this insurance is purchased after the effective date of another insurance contract with similar coverage in Canada, proof of the latter is required.

## Termination date of coverage

Coverage ends on the first of the following dates:

- the expiry date of the contract, or;
- the trip return date, whether planned or premature.

## Refund of premium

Any request for a refund of premium must be submitted to the Insurer's authorized agent from whom the insurance was purchased, before the effective date of the contract.

Administrative fees of \$25 per contract are deducted from any refund, including a refund due to cancellation of the contract before the effective date of the contract.

These fees are not applicable if you cancel the contract within 10 days following its purchase, as long as the trip has not started.

Following an early departure from Canada, or if you obtain coverage through a mandatory insurance, a refund could be made for the unused days, provided no claim was submitted. Days are considered used once the contract is effective.

You must submit your request in writing accompanied by proof of your departure date from Canada or the effective date of the mandatory insurance you are now covered by.

Unless the covered person 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.

## **Contract extension**

Coverage under this contract may be extended as long as the additional premium is paid, **and that the covered persons remain eligible for insurance. If the extension or the coverage conditions of insurance affect the initial rate of the premium, the new premium will apply for the entire duration of the contract.**

**If the covered persons file a claim during the initial period of coverage, the Insurer's approval is required to extend the contract. Once the approval to extend the contract has been granted, any claim that pertains to an event that occurred during the initial period of coverage will be rejected.**

**The contract holder must file a request for extension only prior to the end of the initial coverage period by contacting the Insurer.**

## **Automatic extension of coverage**

All coverage will automatically be extended free of charge:

- a) up to 24 hours when the return home is delayed due to the carrier or as the result of a traffic accident or mechanical failure of the private vehicle returning to the departure point (claim must be supported by documentary proof);
- b) during the period of hospitalization and the 24 hours which follow the discharge from hospital of a covered person;
- c) up to 72 hours when the return home is delayed due to a covered person's illness occurring within 24 hours prior to the contracted return date and requiring emergency medical care.

## **Trip break – Exclusive to the Visitors to Canada product with a minimum stay of 365 days**

Covered persons can return to their country of residence and come back to Canada without terminating the insurance contract.

During the period outside Canada, no insurance coverage is valid and no premium refund is granted for the days spent in the country of permanent residence. Covered persons must ensure they meet insurance eligibility criteria each time they intend to return to Canada.

If a change were to occur in a covered person's health while in the country of permanent residence, the covered person must contact the Insurer before returning to Canada: any change in the covered person's health will be considered as a pre-existing condition and will be subject to the **Exclusions relating to pre-existing conditions** clause of the contract.

## **Validity of the contract**

The insurance will be valid only when purchased and paid for in full before the effective date of the contract.



## **Repatriation of a covered person**

In the absence of medical contraindication, the Insurer can require repatriation of any covered person or his transfer to other medical facilities. **Refusal by the covered person cancels the coverage and the terminating notice to the contract holder shall be sufficient. There will be no premium refund granted for early return in case the covered person refuses to be repatriated.**

## **Settlement of claims**

The Insurer shall not assume responsibility under the contract unless the covered person has contacted CanAssistance as stipulated in the Emergency Medical Care benefit and provides the Insurer with written notice of the loss within 30 days of acquiring knowledge of it, and transmits to the Insurer within 90 days of the loss, original and detailed bills of the claimed expenses, a proof of payment accepted by the Insurer, a medical certificate giving the complete diagnosis and confirming that the services included in the claim have been rendered or that the covered loss did indeed occur, as well as any other document or information of any nature required by the Insurer for the study of a claim.

The Insurer shall be entitled to have the covered person undergo examinations for claims adjustment purposes, and to have an autopsy performed in the event of death as long as it is not prohibited by law. Expenses for those examinations are the Insurer's responsibility.

## **Method of payment**

The Insurer shall make any refund by means of a cheque in the name of the service provider or the contract holder or his assignee, after receiving and assessing the relevant accounts and the necessary information pertaining thereto, in accordance with the terms and conditions provided. However, in all cases, the Insurer shall have the right to pay the service provider directly.

Any amount paid by the Insurer or on its behalf relieves the Insurer of all obligations to the extent of such amount.

When a refund for hospital, medical and assistance expenses is not requested by the covered person, but is the object of a claim settlement between the Insurer and the service providers, the contract holder must provide any original document requested to enable the claim settlement, otherwise he becomes responsible for the payment of the amounts owed.

## **Coordination of benefits**

Benefits under this contract cover only the excess costs which are not covered by any other individual or group contract or by any law or public insurance.

If a covered person is entitled to similar benefits under any other individual or group contract, the benefits payable under this contract shall be coordinated so that the total payment from all coverages shall not exceed the amount for which the claim is made.

## **Subrogation**

If, in the event of loss or damage, the covered person shall acquire any right of action against any individual or legal entity for loss covered under this contract, the Insurer shall be subrogated for all the covered person's rights of recovery to the amount paid by the Insurer. The covered person shall sign and deliver the required documents to this effect and do whatever is necessary to secure such rights. If the covered person reaches an

agreement or accepts payment from the third party liable for the loss without the written consent of the Insurer, the latter shall be relieved of any obligation toward the covered person.

## **Concealment, fraud or attempted fraud**

This contract is void in the case of fraud or attempted fraud by the covered person, or if the covered person conceals or misrepresents any material fact or circumstance concerning this insurance, either at the time of application to the insurance, at time of claim or any other moment during the life of the contract.

## **Interest**

No sum payable under this contract shall bear interest.

## **Currency**

All amounts of money mentioned in this contract, as well as sums payable under this contract, shall be in Canadian dollars.

## **Modifications to the contract**

The terms and conditions of this contract may not be modified unless agreed upon in writing by the contract holder 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.

## **Governing law and jurisdiction**

This policy shall be governed by and interpreted under the laws of the Canadian province or territory in which this policy was issued.

The parties abide to the jurisdiction of the Court of the Canadian province or territory in which this policy was issued, and further agree that any action and proceeding brought by either party to enforce this policy shall be commenced in said Canadian province or territory.

# **BENEFITS**

## **Emergency Medical Care Benefit**

### **What is covered**

**Benefits are paid for reasonable and customary expenses incurred following an emergency resulting from an accident or sudden illness which occurs within the boundaries of Canada and the United States, during the period of coverage.** Such expenses are limited to what is declared **urgent and necessary** for the stabilization of the medical condition. The benefits provided under this insurance are in addition to and not a substitution of benefits granted by the government programs offered in Canada or in the covered person's country of residence.

The insurance applies to trips made in Canada and in the United States. As a condition for the coverage to apply in the United States, the places of departure and return must be in Canada.

The duration of trips in the United States must be shorter than the duration of trips in Canada.

The insurance does not cover the costs incurred in the United States by the permanent resident of the United States who, during the period of coverage as visitor to Canada, returns to the United States and there incurs hospitalization, medical and paramedical expenses.

## Benefits

The following benefits are provided for each covered person for the reasonable and customary charges listed below, subject to a maximum shown on the insurance certificate during the period of the contract, **and provided that these charges are not incurred before obtaining the approval of CanAssistance.**

### Notice

**Failure to contact CanAssistance in the event of medical consultation or hospitalization following an accident or sudden illness could result in refusal of the compensation requested.**

The Insurer and CanAssistance are not responsible for the availability or quality of medical and hospital care rendered, or the lack thereof.

## Hospitalization, medical and paramedical expenses

### Hospitalization

Hospitalization expenses for a semi-private room. Private room is not covered.

### Physicians' fees

Reasonable and customary expenses for physician services without exceeding the maximum rates prescribed by the local government authority where services were rendered.

### Medical appliances

The purchase or rental cost of crutches, canes or splints, and the rental cost of wheelchairs, orthopedic devices and other medical appliances when prescribed by the attending physician.

### Nursing care

The fees of a graduate nurse (other than a relative) for private care while hospitalized and when medically necessary and prescribed by the attending physician.

### Professional services (when prescribed as part of an emergency treatment)

Professional services by a physiotherapist, chiropractor, osteopath or podiatrist when medically necessary and prescribed by the attending physician, up to a maximum of \$300 per profession.

### Diagnostic services

The charges for laboratory tests and X-rays when prescribed by the attending physician.

### Drugs (when required as part of emergency treatment)

The cost of drugs prescribed by a physician, except when they are required for the continued stabilization of a chronic medical condition.

### Dental care

The fees of dental surgeons for emergency dental care treatment, excluding root canal therapy, up to \$300 per trip and per covered person.

The fees of dental surgeons up to \$2,000 per accident and per covered person for treatment necessitated by an external injury (not as a result of introduction of food or an object into the mouth), only when natural and healthy teeth which have had no previous treatment are damaged or to reduce a fracture or dislocation of the jaw.

In all cases, treatment must begin during the period of coverage and end within 6 months of the accident. The covered person must submit to the Insurer an X-ray taken after the accident and before the treatment begins, showing the damages sustained.

## **Transportation expenses**

**The following services must be approved and planned by CanAssistance:**

### **Ambulance or taxi service**

Land or air transport costs to the nearest accredited medical facility, including inter-hospital transfer when the attending physician and CanAssistance determine that existing facilities are inadequate to treat or stabilize the patient's condition.

### **Repatriation to the residence**

The cost of repatriation of the covered person to his residence by means of appropriate transportation in order to receive immediate medical attention, **following the authorization of the attending physician and CanAssistance.**

The cost of simultaneous repatriation of a travelling companion or any member of the immediate family of the covered person who is also covered under this contract, if he is unable to return to the departure point by means of the transportation initially planned for such return.

A round-trip ticket for a medical attendant is also covered.

### **Return of the deceased**

Up to \$10,000 for the cost of preparing and transporting the deceased person (excluding the cost of a coffin) to the departure point at the place of residence, or up to \$4,000 for the cost of cremation or burial on site (excluding the cost of a coffin, an urn and a gravestone).

Also, when a family member or a friend of the deceased covered person is required to go to the place of death to identify the deceased, the Insurer will reimburse the following expenses:

1. The total cost of round-trip economy-class transportation by the most cost-effective route.
2. Up to \$300 for the cost of accommodation and meals in a commercial establishment.

## **Subsistence allowance**

Up to \$1,000 (\$100 per day for a maximum of 10 days) for the cost of accommodation and meals in a commercial establishment, when a covered person's return must be delayed due to illness or bodily injury to himself or to an accompanying immediate family member or travelling companion.

# What is not covered

## Exclusions and reductions of coverage

No benefits are payable if the loss sustained or the expenses incurred result **directly** or **indirectly** from one of the following causes:

### Exclusions relating to pre-existing conditions

#### 1. Intended for all persons covered by this contract

**a) All of the following cardiovascular conditions are not covered:** *bypass, angioplasty, defibrillator, heart attack, aortic aneurysm, angina, valvular heart disease, peripheral vascular disease, heart rhythm disorders (arrhythmia, tachycardia, bradycardia):*

- when the covered person has already undergone a procedure, consulted a doctor, been diagnosed, treated, hospitalized, or when the covered person has been prescribed or taken medication linked to one of these conditions, or;
- when a doctor has recommended that the covered person receives treatment, be tested, take medication or undergo a procedure linked to one of these conditions.

**b) All of the following neurological conditions are not covered:** *stroke (cerebrovascular accident) or TIA (transient ischemic attack):*

- when the covered person has already undergone a procedure, consulted a doctor, been diagnosed, treated, hospitalized, or when the covered person has been prescribed or taken medication linked to one of these conditions, or;
- when a doctor has recommended that the covered person receives treatment, be tested, take medication or undergo a procedure linked to one of these conditions.

**c) All of the following pulmonary conditions are not covered:** *chronic bronchitis, emphysema, cystic fibrosis, COPD (chronic obstructive pulmonary disease).*

- when the covered person has already undergone a procedure, consulted a doctor, been diagnosed, treated, hospitalized, or when the covered person has been prescribed or taken medication linked to one of these conditions, or;
- when a doctor has recommended that the covered person receives treatment, be tested, take medication or undergo a procedure linked to one of these conditions.

#### 2. For persons under the age of 55:

**In addition to the exclusions mentioned under point 1**, during the **3 months** prior to the effective date of coverage, any illness, injury or condition related to a medical condition for which the covered person:

- consulted a physician (other than for a regular check-up), or;
- was hospitalized, or;
- was prescribed or received a new treatment, or;
- received a change in an existing treatment, or;

- was prescribed or has taken a new medication, or;
- received a *change in existing medication*<sup>1</sup> (including usage or dosage), or;
- has taken nitroglycerin for a heart condition

### 3. For persons aged 55 and over:

**In addition to the exclusions mentioned under point 1**, during the **6 months** prior to the effective date of coverage, any illness, injury or condition related to a medical condition for which the covered person:

- consulted a physician (other than for a regular check-up), or;
- was hospitalized, or;
- was prescribed or received a new treatment, or;
- received a change in an existing treatment, or;
- was prescribed or has taken a new medication, or;
- received a *change in existing medication*<sup>1</sup> (including usage or dosage), or;
- has taken nitroglycerin for a heart condition.

<sup>1</sup> *The Insurer does not consider a change in existing medication the following elements:*

- *the routine adjustment of insulin or Coumadin®;*
- *a change from a brand name medication to a generic brand medication, provided the dosage is the same;*
- *Aspirin® taken for non-prescribed medical purposes;*
- *decrease of the dosage of cholesterol medication;*
- *hormone replacement therapy;*
- *vitamins and minerals and non-prescription medication;*
- *creams or ointments prescribed for cutaneous irritations.*

## Other exclusions

No benefits are payable under this benefit if the loss sustained or the expenses incurred result **directly** or **indirectly** from one of the following causes:

1. Any state or condition for which symptoms were ignored or for which medical advice was not followed or the recommended investigations, treatments, tests or procedures were not carried out.
2. Pregnancy, delivery and complications arising therefrom.
3. Accident sustained by the covered person while participating in a sport for remuneration or in a sporting event where money prizes are awarded to the winners, in any kind of motor vehicle competition or any kind of speeding event, in a contact sport, in a dangerous or violent sport such as but not limited to: off-track snow sports, horse jumping obstacles, rock climbing or mountain climbing (grade 4 or 5 routes according to the scale of the *Yosemite Decimal System – YDS*), parachuting, gliding or hang-gliding, skydiving, bungee jumping, canyoning, and any sport or activity with a high level of stress and risk involved.

The restriction as for the speeding event does not apply to the amateur athletic activities which are non-contact and engaged in by the covered person solely for leisure or fitness purposes.

4. Abuse of medication or alcohol, or use of drugs, use of experimental drugs or products or any other drug addiction, and any condition

arising therefrom, or driving of a motor vehicle while the covered person is under the influence of drugs or with an alcohol level of more than 80 milligrams per 100 millilitres of blood (0.08).

5. Trip undertaken for the purpose of receiving medical and paramedical care.
6. Suicide, attempted suicide or self-inflicted injury of the covered person, whether sane or insane.
7. War, invasion, enemy acts, hostility between nations (whether or not war is declared), civil war, rebellion, revolution, insurrection, military power or usurped power.
8. Perpetration of or attempt to perpetrate, directly or indirectly, a criminal act under any law.
9. Any condition resulting from a mental, nervous, psychological or psychiatric problem, unless the covered person is hospitalized for that specific reason.
10. Any claim for patients in long term care hospitals, a rehabilitation department of a public hospital, or in extended care homes or spas.
11. Any care, treatment, products or services other than those declared by the appropriate authorities to be required for the treatment of the injury or disease or stabilization of the medical condition.
12. Supportive care or services rendered for the convenience of the patient.
13. Care or treatments for cosmetic purposes.
14. Care or treatments received in Canada or the United States when such care or treatments could have been obtained in the covered person's country of residence without endangering the life or health of the covered person (with the exception of expenses for immediately necessary treatment following an emergency resulting from an accident or sudden illness). Under this exclusion, the fact that the treatment available in the country of residence of the covered person could be of lesser quality than treatment available in Canada or the United States does not in itself constitute a danger to the covered person's life or health.

Without restricting the generality of this exclusion, no benefits are available under this plan for residents of other countries travelling primarily or incidentally to seek medical advice or treatment, even if such a trip is recommended by a physician.

15. Care or treatments that are not covered under government programs where services were rendered.
16. Care or treatments such as those rendered by an acupuncturist, a homeopath or a naturopath.
17. Products listed below are not covered even when obtained by a prescription:
  - processed food for infants, dietary or food supplements or substitutes of any kind, including protein, so-called "natural" products, multivitamins and drugs available over the counter (GP products), antacids, digestives, laxatives, antidiarrheals, decongestants, antitussives, expectorants and any other flu or cold medications, gargles, oils, shampoos, lotions, soaps and all other dermatological products.
18. **Failure of the covered person to communicate with CanAssistance** in the event of medical consultation or hospitalization following an accident or sudden illness.

19. Once the contract has been extended, any medical condition that arose during the initial period of coverage will be excluded as of the date of the extension.
20. Consultations or exams required for an immigration application.
21. Eyeglasses and hearing aids.
22. Treatments received outside the borders of Canada and the United States.
23. Services or treatments received within the United States by a permanent resident of the United States during the period of coverage.
24. For insured children under the age of 2, costs directly or indirectly related to a medical condition resulting from a congenital malformation or congenital disease, as well as related health problems, whether diagnosed or not.

## **CanAssistance Travel Assistance Benefit**

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This benefit is offered free of charge with the purchase of the travel insurance product included in this policy.

### **Medical assistance**

**If, following an accident or sudden illness, the covered person must consult a physician or require hospitalization, he must contact CanAssistance immediately. CanAssistance will make the necessary arrangements in order to provide the covered person with the following services:**

- for the **State of Florida**, direct the covered person to an appropriate clinic or hospital member of the **Preferred Patient Care network**;
- for the **State of South Carolina**, direct the covered person to an appropriate clinic or hospital member of the **Preferred Personal Care network**;
- for all other destinations, direct the covered person to an appropriate clinic or hospital and advance funds to the hospital if necessary;
- confirm the medical insurance coverage in order to avoid paying a substantial deposit;
- provide the follow-up of the medical file and communicate with the family physician;
- coordinate the repatriation of the covered person to his country of residence, when necessary;
- coordinate the safe return home of dependent children if the parent is hospitalized;
- make the necessary arrangements for the transportation of a family member to the patient's bedside if the covered person is hospitalized for at least 7 days and if the attending physician advises such attendance;
- coordinate the return of the covered person's road vehicle if he is unable to bring it back due to illness or accident.

CanAssistance is under no circumstance responsible for the expenses related to the services described above.



## Notice

**Failure to contact CanAssistance in the event of medical consultation or hospitalization following an accident or sudden illness could result in refusal of the compensation requested.**

The Insurer and CanAssistance are not responsible for the availability or quality of medical and hospital care rendered, or the lack thereof.

## General assistance

**In the event of any other emergencies, the covered person can contact CanAssistance in order to receive the following services:**

- toll-free assistance lines available 24 hours a day, 7 days a week;
- transmission of urgent messages;
- coordination of claims;
- services of an interpreter for emergency calls;
- referral to legal counsel in the event of a serious accident;
- settlement of formalities in the event of death;
- assistance in the event of loss or theft of identification papers;
- information regarding embassies and consulates.

Through CanAssistance, the Insurer may also provide pre-travel information with regard to visas and vaccines.

## NOTICE

Any notice to the Insurer may be validly forwarded to:

### QUEBEC:

**Canassurance Hospital Service Association**

P.O. Box 910, Station B  
Montreal, Quebec  
H3B 3K8

### OTHER CANADIAN PROVINCES:

**Ontario Blue Cross**

P.O. Box 2005  
Etobicoke, Ontario  
M9C 5P1

In witness whereof the Insurer has signed this contract which must be validated by an authorized representative.



Louis Gosselin  
President and Chief Executive Officer

## HOW TO REACH US

### Travel Assistance Lines

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If the covered person needs health care, he or a travelling companion must call CanAssistance immediately.

#### Canada, United States

**1-800-361-6068 or 514-286-8411**

Assistance agents offer the covered person **24-hour service, 7 days a week.**

For better service, the covered person should give his name, the phone number where he is calling from and his contract number.

#### Notice

**Failure to contact CanAssistance in the event of medical consultation or hospitalization following an accident or sudden illness could result in the compensation requested being refused.**

### Extension

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To obtain an extension, the covered person must contact the Insurer at:

#### Canada, United States

**1-877-986-7681 or 514-286-7681**

### Settlement of Claims

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To obtain a claim form, the covered person may contact our Customer Service Department at one of the following numbers:

#### QUEBEC

**1-800-387-2538 or 514-286-6690**

#### OTHER CANADIAN PROVINCES

**1-800-557-3907**



1-800-361-6068

From Canada and the United States  
Du Canada et des États-Unis

514-286-8411

From elsewhere in the world, collect  
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