



INSURANCE POLICY VISITORS TO CANADA





IMPORTANT NOTICE

Read carefully before you travel

You purchased a **Visitors to Canada** travel insurance contract, now what? In your best interest, we would like you to understand what your policy covers, excludes and limits (a maximum payable amount may be applicable, for example).

Please take time to read through your policy before you travel. Italicized terms are defined in the "Definitions" section of your policy.

- **Visitors to Canada** travel insurance covers claims arising from sudden and unexpected situations (i.e.: *accidents* and emergencies) and typically not follow-up or recurrent care.
- To use this insurance, you must meet all the eligibility requirements.
- This insurance contains limitations and exclusions (e.g. *medical conditions* that are not *stable*, pregnancy and childbirth during the trip, excessive use of alcohol and *high-risk sports or activities*).
- This insurance may not cover claims related to *pre-existing medical conditions*, whether disclosed or not at time of policy purchase.
- Contact *Blue Cross Travel Assistance* before seeking *treatment* or your claim may be denied.
- In the event of a claim your prior medical history may be reviewed.
- If you have been asked to complete a medical questionnaire and any of your answers are not accurate or complete, your policy will be voidable.

It is your responsibility to understand your coverage.
If you have questions, call **1-877-986-7681**

Blue Cross adheres to the Travel Health Insurance Association (THiA)'s Bill of Rights and Responsibilities. The travel insurance industry has come together and designed this Bill to deliver a clear statement as to what you can expect from your travel insurance policies along with responsibilities you have when purchasing travel insurance.

The Travel Insurance Bill of Rights and Responsibilities builds upon the following golden rules of travel insurance:

- | | |
|--------------------|--------------------|
| ✓ Know your health | ✓ Know your policy |
| ✓ Know your trip | ✓ Know your rights |



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INSURANCE CONTRACT

Your insurance contract consists of the insurance policy and your *insurance certificate*. **These documents contain clauses which may limit the amounts payable. We recommend that you read these documents carefully.**

INSURANCE POLICY

Your insurance policy (including endorsements, if applicable) specifies the conditions, limitations and exclusions of your insurance coverage.

INSURANCE CERTIFICATE

Your *insurance certificate* indicates, whether at the time of purchase or after a modification request, the product, coverage and services provided by the contract that you purchased, the dates of coverage, the *deductible* chosen (if applicable), as well as particular *medical conditions* specifically excluded from your contract. **Make sure to notify us of any element indicated on your *insurance certificate* that does not correspond with what you stated when purchasing insurance.**

TO HELP YOU UNDERSTAND THIS POLICY

- Usage of ***bold italics*** indicates names of products and coverages.
- Usage of *italics* indicates terms that are defined in the "Definitions" section.
- "We" and "Our" refer to the *insurer*.
- "You" and "Your" refer to the *insured person*.
- "Province" includes territories.
- "Trip" refers to your time spent in Canada and on side trips during the contract *covered period*.

WHEN TO REACH US

IN CASE OF EMERGENCY WHILE TRAVELLING

Immediately contact *Blue Cross Travel Assistance*. The numbers to contact us can be found on your *insurance certificate*.

For any questions related to a claim, refer to the "To submit a claim" section of this policy.

INSURANCE ELIGIBILITY

To be eligible for insurance, you must meet the following conditions:

Eligible customers

This insurance is designed for people who are **between 31 days and 79 years of age at the time of purchase** and who are not covered by a *public health insurance plan*. It is offered to:

- **Immigrants or permanent residents** awaiting coverage by a *public health insurance plan* or people who have completed the steps to obtain such 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
- **Super visa applicants and holders** in Canada
- **Visitors** to Canada

Allowable purchase period

The contract must be purchased:

- Before your date of arrival in Canada, or
- Before the termination date of an insurance coverage in Canada similar to ours that you hold with another insurance company, or
- Within 30 days of either of the two preceding dates.



Waiting period: When the contract is purchased within 30 days of the date of arrival in Canada or the termination date of an insurance coverage in Canada similar to ours, there is a *waiting period* of 3 days from the date of purchase.

During this *waiting period*, *insured persons* are covered for *accidents* and injuries, but not for *illness*.

Medical eligibility requirements

To be eligible for insurance, in addition to meeting the requirements listed above, **you must not:**

1. Have received medical advice not to travel
2. Suffer from a *medical condition* in a *terminal stage*
3. Suffer from kidney disease treated with dialysis
4. Have been diagnosed with or treated for 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, pancreas
8. Have been hospitalized for a pulmonary problem or prescribed any type of corticosteroid tablet, including prednisone in the past 24 months
9. Have been prescribed or treated with home oxygen in the past 24 months

YOU ARE INSURED IF

- ✓ The premium was paid in full before the *contract start date*
- ✓ You meet the criteria listed in the “Insurance eligibility” section
- ✓ Your name appears in the “Insured” section of the *insurance certificate*



VISITORS TO CANADA PRODUCT

The **Visitors to Canada** insurance product provides coverage for expenses related to *illnesses* or injuries that occur during the *covered period* while you are in Canada or on a side trip outside Canada.

It is intended for immigrants, foreign workers and students, super visa applicants or holders, visitors, as well as for Canadian expatriates returning to Canada after a long absence. This product can protect the *insured person* during the waiting period imposed by a *public health insurance plan*.

This product includes the following coverage:

Coverage	Maximum coverage per person
Emergency Medical Care	Choice of \$50,000, \$100,000 or \$150,000* (optional <i>deductible</i>) *only available to those 74 years old or under

Side trips outside Canada

The insurance coverage may apply to side trips outside Canada. For a side trip to be covered, all of the following criteria must be met.

The side trip:

- Must begin and end in Canada
- Must take place entirely within the *covered period*
- Must not exceed 30 days
- Must not take place in your *country of permanent residence*

In addition, the total duration of all side trips undertaken during the *covered period* must not exceed 49% of the contract term.



NOTICE

If a side trip outside Canada exceeds 30 days, only the first 30 days are covered. **Starting on the 31st day, the insurance is suspended for the remainder of the side trip without refund of premium.** Coverage resumes when the *insured person* returns to Canada.

It should also be noted that specific exclusions apply when insurance coverage is suspended (see exclusions 21 and 22 – page 12).

If the **total duration of your side trips exceeds 49%** of the *covered period*, **the policy will be considered null and void.**

Blue Cross Travel Assistance services are also included with this product.



EMERGENCY MEDICAL CARE COVERAGE



The **Emergency Medical Care** coverage protects you from financial implications that may arise from your use of certain medical care or services received in Canada or during a side trip that begins and ends in Canada.

Specific coverage provisions

To the “General provisions”, the following are added:

1. Supporting documents

To submit a claim, you will be required to provide us with one or more of the following documents:

- A duly completed claim form
- A medical certificate issued by the *physician* who treated you during your trip and which certifies that the services being claimed have been provided or that the *medical emergency* occurred
- Receipts and proof of payment for the medical care and services provided
- The itemized billing for the care and services provided
- Proof of your date of arrival in Canada or proof that you had insurance coverage in Canada similar to ours under another contract
- Proof of your departure and return dates from and to Canada, if you are on a side trip

2. Settlement between insurer and service provider

When a claim is the subject of a direct agreement between us and the service provider you have dealt with, you must provide any original documents required for payment of such claim, including the travel insurance claim form. If not, you become responsible for the amounts owing or the amounts that we are unable to recover.

Failure to provide the required proof will result in your claim being denied.

IN CASE OF MEDICAL EMERGENCY WHILE TRAVELLING

Your state of health permitting, when a *medical emergency* occurs during a trip, you must inform *Blue Cross Travel Assistance* **before** going to a *hospital* or to a clinic, otherwise, your claim may be denied. This gives us an opportunity to:

- Confirm your coverage
- Pre-approve a *treatment*

If you are unable to call the assistance service yourself because of your state of health, a relative or a member of the medical staff must do so on your behalf within **24 hours** following the start of the *medical emergency*. Therefore, we strongly recommend you keep your contract number and our telephone number easily accessible in the event you need to reach us due to an emergency.

The numbers to contact us can be found on your insurance certificate.



Beginning and end of coverage

The effective date of the **Emergency Medical Care** coverage depends on whether your **Visitors to Canada** insurance was purchased before or after your arrival in Canada. Be sure to check the chart that applies to your situation.

You purchased the contract **BEFORE** your arrival in Canada:

Effective date	Termination date
The coverage becomes effective at the latest of the following dates: • The <i>contract start date</i> indicated on your <i>insurance certificate</i>, or • The date of arrival in Canada from your <i>country of permanent residence</i>, or • The day following the termination date of an insurance coverage in Canada similar to ours that you hold with another insurance company	The termination date corresponds to the <i>contract end date</i> indicated on your <i>insurance certificate</i>. If you leave Canada before that date, the termination date of the coverage becomes your date of departure from Canada, whether the departure is planned or premature (except for a “Trip break” – see page 15).

You purchased the contract **AFTER** your arrival in Canada:

Time of purchase	Effective date	Termination date
• Within 30 days of your arrival date in Canada, or • Within 30 days of the termination date of an insurance coverage in Canada similar to ours that you hold with another insurance company¹	The coverage becomes effective on the day of purchase, but a 3-day waiting period for <i>illness</i> applies from that date. During this waiting period, you will be covered for accidents and injuries, but not for illness.	The termination date corresponds to the <i>contract end date</i> indicated on your <i>insurance certificate</i>. If you leave Canada before that date, the termination date of the coverage becomes your date of departure from Canada, whether the departure is planned or premature (except for a “Trip break” – see page 15).
• During the period of insurance coverage in Canada similar to ours that you hold with another insurance company¹	The coverage becomes effective on the day following the termination date of an insurance coverage in Canada similar to ours that you hold with another insurance company.	

¹ If you submit a claim, you will be asked to provide proof of coverage with the other insurer.



What is covered

During the term of the contract, each *insured person* is covered up to the amount of coverage stated on the *insurance certificate*.

This coverage pays for *customary and reasonable expenses* incurred as a result of a *medical emergency* arising from an *accident* or *illness* that occurs during the *covered period* while you are in Canada or on a side trip outside Canada. For details on "Side trips outside Canada," refer to the section of the same name (see page 4).

Eligible *treatments* are those declared *urgent* and necessary for the stabilization of your *medical condition*. The benefits provided under the contract are granted in addition to and not in replacement of government programs in effect in Canada or in your *country of permanent residence*.

If a *deductible* amount appears on your *insurance certificate*, the benefits for this coverage are granted once this *deductible* is paid.



NOTICE

Failure to contact *Blue Cross Travel Assistance* before a medical consultation or *hospitalization* as a result of an *accident* or *illness* could result in your claim being denied.

Benefits

Hospitalization, medical and paramedical expenses	
Hospitalization	<i>Hospitalization</i> costs in a semi-private room.
Physicians	Fees charged by a <i>physician</i> who treats you on site.
Nurses	Fees for private care by a licensed practical nurse (not your relative) during the period of <i>hospitalization</i> , when such care is medically required and prescribed by the <i>physician</i> treating you on site.
Health professional services	The fees of the following legally authorized health professionals, when such care is medically required and approved by <i>Blue Cross Travel Assistance</i> , up to a maximum of \$400 per profession: - Physiotherapist - Osteopath - Chiropractor - Podiatrist or chiropodist (combined)
Tests and diagnostics	The costs of laboratory tests and X-rays when they are prescribed by the <i>physician</i> treating you on site for diagnostic purposes.
Prescribed medication as part of emergency treatment	The cost of purchasing medication prescribed by the <i>physician</i> treating you on site, except when required for the continuous stabilization of a chronic <i>medical condition</i> .
Medical devices	The cost of buying or renting crutches, canes or splints, the cost of renting wheelchairs, orthopaedic devices or other medical devices, when prescribed by the <i>physician</i> treating you on site.



Emergency dental treatment	The fees of a dental surgeon for dental care required as a result of external trauma (not as a result of the voluntary insertion of food or of an object into the mouth), only when there is damage to natural and healthy teeth or for reduction of fracture or dislocation of the jaw, up to \$2,000 per <i>accident</i> and per <i>insured person</i>. In all cases, the <i>treatment</i> must begin during the term of the contract and end within 6 months of the date of the <i>accident</i>. In addition, you must send us an X-ray demonstrating the damage sustained, taken after the <i>accident</i> but before the <i>treatment</i> begins. For all other emergency dental <i>treatments</i>, except root canal therapy, the fees of a dental surgeon up to \$300 per trip and per <i>insured person</i>.
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Transportation expenses

Ambulance or taxi service	Ground or air transportation costs to get you to the nearest suitable medical facility, as well as transfer costs between <i>hospitals</i> when the <i>physician</i> treating you in Canada or at your side trip destination and <i>Blue Cross Travel Assistance</i> determine that available facilities are inadequate.
Repatriation to your country of permanent residence	When <i>Blue Cross Travel Assistance</i> authorizes your repatriation to your <i>country of permanent residence</i> following an <i>illness or accident</i>, the following expenses are covered: - Costs related to your medical repatriation Repatriation costs to your <i>country of permanent residence</i> by a means of transportation deemed adequate by the <i>insurer</i> to receive immediate medical care after receiving authorization from the <i>physician</i> treating you in Canada or at a side trip destination. - Costs related to the repatriation of your travelling companion or an immediate family member The costs for the simultaneous repatriation of your <i>travelling companion</i> or of any <i>immediate family member</i> who is also covered under this travel insurance policy if that person cannot return to the point of departure by the means of transportation initially planned for the return. - Transportation costs for a medical escort The round-trip transportation costs for a medical escort, when required.
Expenses for the return or disposal of remains	In the event of death, the expenses that the <i>insurer</i> agrees to reimburse are: - The cost of preparing and returning the remains of the deceased to the <i>country of permanent residence</i>, excluding the cost of the coffin, up to \$10,000, or - The cost of cremation or burial on site, excluding the cost of the urn, coffin, tombstone and any other related products or services, up to \$4,000.



Transportation expenses to identify the insured person	Some expenses are reimbursed if one <i>family member</i> or one friend not travelling with you must travel to the scene of death for the purpose of identifying the remains. The expenses that the <i>insurer</i> agrees to reimburse for a single designated person are: - The total round-trip transportation costs in economy class and by the most cost-effective route - Up to \$300 for accommodation and meals in a commercial establishment.
Subsistence allowance	
Expenses for subsistence allowance	The <i>insurer</i> agrees to reimburse a maximum of \$150 per day per <i>insured person</i> for the following expenses, up to \$1,500 for a maximum of 10 days: - Accommodation costs in a commercial establishment - Meals - Essential phone calls - Taxi transportation - Childcare costs for <i>dependent children</i> who accompany you on the trip These expenses will be reimbursed only when it has been determined by the <i>insurer</i> that you must postpone your return as a result of: a) An <i>illness</i> or an <i>accident</i> that you experience, or b) An <i>illness</i> or an <i>accident</i> that an <i>immediate family member</i> who is accompanying you experiences, or c) An <i>illness</i> or an <i>accident</i> that a <i>travelling companion</i> experiences.



WARNING – EXCLUSIONS

A) Exclusions due to pre-existing medical conditions

No amount is payable, under the terms of this coverage, if the loss sustained or the costs incurred result directly or indirectly from one of the following causes:

1. For people of all ages:

All the conditions listed in one of the categories found in the adjacent column will be excluded if, for one of the conditions in this category:

- You have already undergone a procedure, seen the *physician*, been diagnosed, treated or hospitalized, or if you have received a prescription or taken a medication, or
- It has been recommended by a *physician* that you receive *treatment*, undergo tests, take medication or undergo a procedure.

CARDIOVASCULAR CONDITIONS

- Angina
- Angioplasty
- Aortic aneurysm
- Bypass surgery
- Defibrillator
- Heart attack
- Heart rhythm disorders (arrhythmia, tachycardia, bradycardia)
- Peripheral vascular problems
- Valvulopathy

NEUROLOGICAL CONDITIONS

- Stroke (cerebrovascular accident)
- TIA (transient ischemic attack)

PULMONARY CONDITIONS

- Chronic bronchitis
- COPD (chronic obstructive pulmonary disease)
- Cystic fibrosis
- Emphysema

2. For people aged 54 and under, during the 3 months preceding the effective date of coverage, in addition to the exclusions in point 1:

- a) Any *medical condition* that affects you and that is not *stable*
- b) Any heart condition for which you have used nitroglycerin

3. For people aged 55 to 79, during the 6 months preceding the effective date of coverage, in addition to the exclusions in point 1:

- a) Any *medical condition* that affects you and that is not *stable*
- b) Any heart condition for which you have used nitroglycerin



If you choose to make use of the “Trip break” (see page 15)

Any *medical condition* that affects you and that is not *stable* in the **3 months** (if you are 54 years of age or under) or in the **6 months** (if you are aged 55 to 79) preceding the date of return to Canada.

B) Other exclusions

No amount is payable under the terms of this coverage if the loss suffered or costs incurred result directly or indirectly from one of the following situations:

1. Treatment received without approval from Blue Cross Travel Assistance

- a) Costs incurred during a medical consultation or *hospitalization* when you failed to communicate with *Blue Cross Travel Assistance* in advance, as mentioned in the “In case of medical emergency while travelling” section of this coverage.
- b) Costs resulting from a situation where you chose to receive a *treatment* or undergo surgery without receiving prior approval from *Blue Cross Travel Assistance* and/or when we do not consider such care to be *urgent*.
- c) Once your *treatment* has started, costs incurred when you failed to communicate with *Blue Cross Travel Assistance* to assess and approve any additional *treatment*.
- d) Fees exceeding \$10,000 for emergency air evacuation to the nearest suitable medical facility, when transportation has not been scheduled by *Blue Cross Travel Assistance*.

2. Foreseeable treatment

Costs related to a *medical condition* for which it is expected that, or it is reasonable to believe that, *treatments* will be required during the trip.

3. Pending treatment or failure to comply with a prescribed treatment

A condition for which medical advice has not been followed or investigations, *treatments*, examinations or recommended interventions have not been carried out.

4. Non-urgent, experimental or optional treatment

No benefit will be paid for a non-*urgent*, experimental or optional *treatment*. For example, the costs of the following consultations or *treatments* are excluded:

- *Routine check-ups*
- Any *treatments* required for the continuous stabilization of a chronic *medical condition*, including the renewal of a prescription
- Aesthetic care or *treatment*
- Rehabilitation care
- Convalescent care
- Care given for the convenience of the patient
- Clinical research
- Experimental drugs

The mere fact that *treatments* provided in your *country of permanent residence* are of inferior quality or take longer to obtain than those which can be obtained in Canada does not constitute, within the meaning of this exclusion, a *medical emergency*.

5. Continued treatment once the medical emergency is over

Continuing a *treatment* if we determine that the *medical emergency* is over.

6. Treatment received further to your transfer or repatriation refusal

If we determine that you should be transferred to another facility or that you must be repatriated to your *country of permanent residence* to receive *treatment* and you choose not to consent, no benefit will be paid for this *treatment* or for subsequent *treatments* related to this *medical condition*.



7. Abusive or unreasonable billing

Any invoiced amount that is not considered a *customary and reasonable expense*.

8. Treatments not covered under government programs

Treatments that are not insured under the government programs of the province where the care is rendered.

9. Trip undertaken for medical purposes

No benefits will be paid if your trip is undertaken for the purpose of receiving a diagnosis, *treatment*, surgery, medical assessment, palliative care or any other form of therapy.

10. Pregnancy, childbirth, or related complications

All expenses related to pregnancy, including those linked to:

- a) Childbirth
- b) Prenatal and postnatal care
- c) Assisted reproduction (procreation)
- d) Termination of pregnancy
- e) Any complication related to pregnancy or childbirth.

11. Child born during the covered period

Expenses related to the care or *treatment* provided to your child born during the *covered period*.

12. Mental health disorders

Any *medical condition* resulting from a mental health or psychiatric disorder, unless you must be hospitalized for such condition.

13. Suicide and self-inflicted injury

Suicide, attempted suicide or intentional injury, whether it is due to a psychological disorder or not.

14. Use of alcohol, drugs and other intoxicating substances

Any *medical condition* resulting from or in any way related to:

- Your chronic use of alcohol, drugs, or other intoxicating substances, including withdrawal symptoms
- Your excessive use of alcohol, drugs, or other intoxicating substances
- Driving a motor vehicle while you are impaired by any drug, whether it is legal or not, or with a blood alcohol level greater than 80 mg per 100 ml of blood (0.08).

15. Illegal act

Your participation in any criminal or illegal act or any attempt to commit such acts, under any law.

16. Act of war and civil unrest

Costs related to:

- Any act of war, whether war is declared or not
- A revolt
- A revolution
- Your voluntary participation in a riot or insurrection.

17. High-risk sports or activities

Any *medical condition* resulting from your participation in *high-risk sports or activities*.

18. Non-urgent prescribed item

Cost of a prescribed item unrelated to a *medical emergency*, such as a pair of glasses or a hearing aid.

19. Treatment received after an extension

Expenses incurred during the extension period of your contract if they are linked to a *medical condition* that occurred during the *covered period* preceding your extension request.

20. Treatment received in your country of permanent residence

Expenses for services or *treatment* provided in your *country of permanent residence* during the *covered period*, including during a "Trip break."

21. Treatment received while the insurance coverage is suspended

Expenses related to services or *treatments* provided during a side trip while the insurance coverage is suspended.

22. Medical condition that occurred while the insurance coverage is suspended

Expenses related to any *medical condition* that occurred during a side trip while insurance coverage is suspended, whether the expenses are incurred during or after the suspension of the insurance coverage.

**23. Illness during the waiting period**

Expenses related to an *illness* that occurred during the *waiting period*, whether the expenses are incurred during or after the *waiting period*.

24. Consultations or examinations required as part of an immigration application

Fees for medical consultations, tests and examinations required by the government for an immigration application.

25. Congenital diseases and malformations

Expenses related to a congenital disease or malformation for any child under the age of 2, whether or not it has been diagnosed, as well as the health problems resulting from it.

BLUE CROSS TRAVEL ASSISTANCE SERVICES

Blue Cross Travel Assistance services take care of you during your trip. They are included with all our travel insurance products and are available 24 hours a day, 7 days a week.

IN CASE OF EMERGENCY WHILE TRAVELLING

In the event of an emergency during a *trip*, immediately contact *Blue Cross Travel Assistance*.

The numbers to contact us can be found on your insurance certificate.

Long-distance charges incurred to reach our offices and get assistance while you are on your trip are refundable. Your roaming charges are not.



NOTICE

As soon as a covered event occurs, make sure you communicate with *Blue Cross Travel Assistance*, otherwise benefits could be denied.

The services are provided by *Blue Cross Travel Assistance*. All expenses incurred under its services, if they are covered in your contract, will be paid or reimbursed by the *insurer*.

Services offered before arrival in Canada

Blue Cross Travel Assistance can provide information on visas and required vaccines before your arrival in Canada.

Travel medical assistance

If you must consult a *physician* or be hospitalized further to an *accident* or a sudden *illness*, you or a person accompanying you must call *Blue Cross Travel Assistance* immediately.

Depending where the medical emergency occurs, *Blue Cross Travel Assistance* will refer you to an appropriate facility and, when required, funds may be advanced to the *hospital*.

Medical assistance also includes the following services:

- Confirming medical insurance coverage to facilitate your care at a clinic or *hospital*
- Following up on the medical file and communicating with the *physician* treating you during your trip
- Coordinating repatriation to your *country of permanent residence* when medically required
- Coordinating the safe return home of your *dependent children* if you are hospitalized
- Taking the necessary steps to bring in a *family member* if you must stay in *hospital*
- Coordinating the return of your personal road vehicle if you are unable to drive it back to your residence because of an *illness* or an *accident*.

General travel assistance

For any other emergency, contact *Blue Cross Travel Assistance* to access services such as:

- Toll-free telephone assistance 24 hours a day, 7 days a week
- Coordination of claims, if applicable
- Interpreter services for emergency calls
- Assistance in the event of loss or theft of identification documents
- Information on embassies and consulates
- Referrals to a lawyer in the event of a serious *accident*
- Settling of formalities in the event of death and repatriation of remains to your *country of permanent residence*.

TO EXTEND A TRIP

If you wish to extend your stay beyond the dates specified in the contract, you must extend your insurance coverage.

1. How to extend your insurance coverage

To extend your insurance coverage:

- You must contact the authorized agent who sold you the original contract before the end of the *covered period* of your contract
- You must still be eligible for insurance
- Your health must not have changed since the beginning of the *covered period*
- You must pay the required additional premium

The numbers to contact us can be found on your *insurance certificate*.

2. Insurer approval

The sale of the extension is conditional on the approval of the *insurer*. Such approval could be refused if you have a claim for the initial period of the current contract, whether it is already made or not.

When an extension is refused by the *insurer*, coverage ends at the *contract end date* indicated on the *insurance certificate*.



NOTICE

When requesting an extension, you must notify us of any claim made or to come in connection with costs incurred since the *contract start date*. If you fail to do so, no claim for the *covered period* prior to your extension request will be accepted if it is submitted after the extension has been granted.

When an extension requires that a new contract be issued, specifically if you stay longer than the 366 days allowed per contract, only the coverage offered by the new contract applies to the trip, including its conditions, limitations and exclusions.

3. Situations which lead to the automatic extension of the Emergency Medical Care coverage

The coverage is automatically extended, free of charge:

- Up to 24 hours when returning to your *country of permanent residence* is postponed due to a carrier delay, a traffic accident or mechanical failure of the private vehicle used to return from your trip.
- For the duration of your *hospitalization* and the 24-hour period following your discharge from the *hospital*.
- Up to 72 hours when the return to your *country of permanent residence* is postponed due to a *medical emergency* that affects you; the *medical condition* must have started within 24 hours prior to the scheduled return date and must require emergency *treatments*.

TRIP BREAK

You can return to your *country of permanent residence* and then come back to Canada without terminating your insurance contract.

During this period, no insurance coverage is valid and no premium refund is granted for the days spent in your *country of permanent residence*. Each time you return to Canada, you must once again meet the insurance eligibility criteria.

In addition, when you return to Canada, a health condition that is not *stable* will be considered a *pre-existing medical condition* and will therefore be excluded for the remaining duration of your contract, in accordance with the "Exclusions due to pre-existing medical conditions" section of the **Emergency Medical Care** coverage.

TO MODIFY YOUR CONTRACT

To make a change to your contract, you must contact the authorized agent who sold you the original contract.

Any changes to the contract must be included in the new version of your *insurance certificate* to be valid and applicable.

TO CANCEL YOUR CONTRACT

You can request the cancellation and refund of your contract from the authorized agent who sold you the insurance:

- a) Before the *contract start date*, or
- b) After the *contract start date*, during the 10 days following the date of purchase, **unless**:
 - You have submitted or intend to submit a claim related to the contract, or
 - The contract is for a period of 10 days or less.

Administrative fees for cancellation of the contract:

When a **Visitors to Canada** contract is cancelled, a **\$25** administrative fee is deducted from the refund.

TO TERMINATE YOUR CONTRACT EARLIER THAN EXPECTED

If you leave Canada or if you become insured under another policy before the *contract end date* and you have not and do not intend to submit a claim, you can ask the authorized agent who sold you the insurance to terminate it and obtain a partial refund of your premium.

When authorized, reimbursement is for unused contract days, less an administrative fee of \$25. Unused days are accounted for as follows:

- From the day after your departure date from Canada or from the effective date of mandatory medical insurance in Canada, upon presentation of proof of such date, or
- From the day after we receive your request, without presentation of proof.

Any proof provided must clearly indicate the effective date of the other insurance coverage you now have, or clearly show that you were outside Canada on the application date (for example, your ticket for transportation back to your *country of permanent residence* or a luggage tag issued by the carrier with your name, the date and place of return on it).

No premium refund is granted if:

- You have submitted or intend to submit a claim related to the contract, or
- You are repatriated at our expense.

TO SUBMIT A CLAIM

1. How to get a claim form

Our claim forms are available on our website or can be obtained by contacting our customer service.

You will find the contact information regarding claims on the last page of this insurance policy.

2. How to submit your claim

Our responsibility is engaged only if you contacted *Blue Cross Travel Assistance* within the time frame specified under the **Emergency Medical Care** coverage.

You must send us the completed claim form within 90 days of the event, together with all supporting documents and itemized invoices for services received or purchases made.

You will find the contact information regarding claims on the last page of this insurance policy.

3. Providing the necessary information

To process your claim, supporting documents may be required. A list of these is provided in the "Supporting documents" section of the **Emergency Medical Care** coverage.

Proof that you have valid insurance coverage for the initial portion of your stay with another insurance company may also be required.

Lastly, we reserve the right, at our expense, to require medical examinations related to a claim and to have an autopsy performed in the event of death if the law so permits.

4. Processing times for your claim

We have 30 business days following receipt of all the documents necessary for the assessment of your file to:

- Pay the benefit or advise you that payment has been made to the care or service provider, or
- Deny your claim in writing and provide the reasons justifying this decision

5. Claim settlement

Payment will be made through a cheque made out to the service provider, *contract owner* or the assignee thereof, after receipt and evaluation of the relevant proof and necessary information relating thereto, in accordance with the established procedures. However, in all cases, we reserve the right to pay the service provider directly.

Any amount that we pay or that is paid on our behalf releases us from any obligation, up to the said amount.

If a claim is the subject of a direct agreement between us and the service provider you have dealt with, you must provide any original documents needed for the payment of the said claim, including the travel insurance claim form. Failure to do so renders you liable for the amounts owing or that we are unable to recover.

6. Appealing a claim denial decision

If your claim has been denied, you can dispute the denial or request a review of our decision.

Should you wish to do so, you have 12 months from the denial date to send us a written request stating your point of view or provide new documents that could change our decision.

Upon receipt of your request for review:

- a) We will acknowledge receipt in writing
- b) We will inform you of the available recourses
- c) We will communicate our decision to you within 4 months, either in writing or by telephone

Your request and supporting documents must be sent to the following address:

Blue Cross - Travel Insurance Claims

1981 McGill College Avenue, Suite 400
Montreal QC H3A 0H6

GENERAL PROVISIONS

Accuracy of the information provided

Your contract is established based on the information that you have provided us. When you purchase it, your answers must be accurate and complete, otherwise your contract may be cancelled and/or the claim may be denied.

If you see an error on your *insurance certificate*, you must immediately notify the authorized agent who sold the contract to you.

Applicable law and jurisdiction

The contract is governed exclusively by the laws of the Canadian province where it was issued.

Any dispute relating to the conclusion, interpretation or execution of the contract will be submitted exclusively to the competent courts of the Canadian province where the contract was issued, and the parties agree to abide by its jurisdiction.

Contract modification by the insurer

The conditions of the contract cannot be amended unless agreed upon in writing by the *contract owner* and the *insurer*.

Should we waive or neglect to demand execution or observance of a particular contract provision, that is not to be interpreted as a waiver of our right to demand the execution or observance of any other provision.

Contract validity

The insurance is valid only if it is purchased and the premium is paid in full before the *contract start date*. In addition, the total duration of all side trips outside Canada must not exceed 49% of the *covered period* of the contract.

Coordination of benefits

Benefits provided under the contract cover only the excess costs not covered by another individual or group insurance contract or by law or *public health insurance plan*.

If you are entitled to similar benefits under another individual or group insurance contract or with an air carrier, the benefits reimbursed will be coordinated so that the total amount paid does not exceed the amount that is the subject of the claim.

Currency and interest

All amounts indicated in the policy as well as the amounts payable are in Canadian dollars. No interest will be paid on the amounts payable under this contract.

False declaration, failure to disclose, fraud, or attempted fraud

In case of a claim, we verify the information provided, including your medical history.

If you or someone acting on your behalf misrepresents the facts, fails to disclose required information or attempts to commit fraud, whether at the time or purchase, when submitting a claim or at any other time during the term of the contract, the contract will be considered null and void.

Health care quality and access

We make every necessary effort to get you the best available medical and *hospital* care. Neither we nor *Blue Cross Travel Assistance* are to be held responsible for the quality of the care administered or the possible unavailability thereof.

Insurance premium

Your premium is calculated based on:

- Your *age*
- The duration of your trip
- The selected coverage amount
- The selected *deductible* amount, if applicable.

Repatriation of the insured person

No premium refund for early departure from Canada will be issued when you are repatriated at the expense of the *insurer*.

In the absence of medical contraindications, we can call for your repatriation to your *country of permanent residence* or your transfer to a different treatment facility.

If you refuse this repatriation or transfer, we may terminate your insurance, and no premium refund will be granted. The termination notice will be sufficient.

Right of subrogation

If you acquire a right to sue a third party under this contract, the *insurer* is subrogated in your rights to a maximum of the expenses reimbursed by the *insurer*.

You must always take the necessary measures to uphold your right to sue and must collaborate with the *insurer* in exercising its right of subrogation by providing it with the required documents, for example.

If you reach an agreement or accept payment from a third party liable for the insured event without our written consent, we will be released from any obligation to you.

DEFINITIONS

The *insurer* is solely responsible for defining and interpreting the terms used in this insurance policy.

Accident means an event due to an external cause and of a violent nature which causes, directly and independently of any other cause, bodily injury while the insurance is in effect. The accident is always unforeseen, sudden, unintentional and does not in any way mean *illness* or infection.

Age refers to the age at the time of purchase of your contract.

Blue Cross Travel Assistance means CanAssistance, the company appointed by the *insurer* to offer assistance services to *insured persons*.

Contract end date means the date the coverage ends. This date is indicated on the *insurance certificate*.

Contract owner means the person named as such on the *insurance certificate*.

Contract start date means the date the coverage begins. This date is indicated on the *insurance certificate*.

Country of permanent residence means the country in which the *insured person* resided on a permanent basis immediately before arrival in Canada.

Covered period means the period between the *contract start date* and the *contract end date* indicated on the *insurance certificate*.

Customary and reasonable expenses means charges incurred for goods and services that are comparable to what other providers charge for similar goods and services in the same geographical area.

Deductible means the part of the eligible expenses in the contract for which you are responsible and that you must pay when claiming under the **Emergency Medical Care** coverage. The deductible applies to the entire duration of the contract and per *insured person*. If you have decided to include a deductible in your contract, the amount will be indicated on your *insurance certificate*.

Dependent child means a child of the *contract owner*, their *spouse*, or both and who is over 30 days old at the *contract start date*, who is unmarried and depends on the *contract owner* for support.

Also, to be considered a dependent child, the child must be:

- 20 years of age or under, or
- 21 to 24 years of age and attending an educational institution as a full-time student, or
- Physically or mentally disabled, regardless of age

Family member means the *spouse*, father, mother, grandparents, grandchildren, parents-in-law, a child (not only a *dependent child*) of the *insured person* and/or the *spouse*, a brother, a sister, a half-brother, a half-sister, a brother-in-law, a sister-in-law, a son-in-law, a daughter-in-law, an uncle, an aunt, a nephew, a niece.

High-risk sports or activities means:

1. All sports or activities for which the safety instructions, warning signs or prohibited areas are not observed.
2. All **extreme sports** or activities involving stunts, aerobatics or improvised installations.
3. All **motor sports** in the context of competition or training, including on an approved circuit or elsewhere.
4. All **sports practised as a paid professional**.
5. All **high-level sports competitions**, including the Olympics and national and international championships.
6. All **aerial sports**, including:
 - Hang gliding
 - Parasailing
 - Bungee jumping
 - Skydiving or free fall
7. All **combat sports**, including:
 - Boxing
 - Judo
 - Karate
8. All **sports authorizing tackling or body checking**, including:
 - American football
 - Hockey
 - Rugby
9. All **high-risk water sports**, including:
 - Canoeing, kayaking or rafting on grade 4 to 6 rapids according to the International Scale of River Difficulty
 - Canyoning
 - Kitesurfing
 - Scuba diving practised:
 - Without adequate certification (except for an initiation activity supervised by a certified person), or
 - At a depth of over 30 meters, or
 - In an environment with a high degree of risk (wreck, cave, under ice, at night, etc.)
10. All **high-risk mountain or climbing sports**, including:
 - Climbing
 - Grade 4 and 5 mountaineering according to the Yosemite Decimal System - YDS
 - Off-track snow sports or with jumps or acrobatics
 - Snow sports using an airfoil
 - Off-track mountain biking or with jumps or acrobatics

Hospital means an institution that is licensed as an accredited hospital that is staffed and operated for the care and *treatment* of in-patients and out-patients. *Treatment* must be supervised by *physicians* and there must be registered nurses on duty 24 hours a day. Diagnostic and surgical capabilities must also exist on the premises or in facilities controlled by the establishment.

A hospital is not an establishment used mainly as a clinic, extended or palliative care facility, rehabilitation facility, addiction treatment centre, convalescent, rest or nursing home, home for the aged or health spa.

Hospitalization means admission and stay in a *hospital* as a bedridden patient to receive acute care for a minimum period of 18 hours. Day surgery will always be considered a hospitalization, regardless of its duration. Hospitalization under no circumstance means convalescent care or physical or mental health rehabilitation.

Illness indicates a deterioration of health or a disorder of the organism observed by a *physician*.

Immediate family member means the *spouse*, father, mother, and children (not just *dependent children*) of the *insured person*, the *spouse* or both.

Insurance certificate means the document certifying the existence of a contract and which specifies among other things: the *insured persons*, contract number, dates of coverage, purchased product and coverage, *deductible*, the associated amounts and the numbers to contact us.

Insured person(s) means any person indicated as an insured on the *insurance certificate*.

Insurer means Canassurance Insurance Company

Medical condition means a health issue, *illness* or injury (including symptoms of undiagnosed conditions).

Medical emergency/Urgent means a sudden and unforeseen *medical condition* requiring immediate *treatment*. An emergency no longer exists when the evidence reviewed by *Blue Cross Travel Assistance* indicates that no further *treatment* is required in Canada or at a side trip destination, or that the *insured person* is able to return to the *country of permanent residence* to receive *treatment*.

Physician means a person who is not related to the *insured person* in any way and who is a medical graduate authorized to prescribe and administer medical *treatment* in the jurisdiction where the services are provided.

Pre-existing medical condition means any existing *medical condition* when the coverage comes into effect or upon return to Canada after a Trip break.

Public health insurance plan means any Canadian provincial, territorial or federal public health insurance plan.

Routine check-up means a periodic consultation scheduled in advance with a *physician* during which no new symptoms or worsening of existing symptoms are reported and no new abnormalities are observed by the *physician*.

Spouse means the person to whom the *contract owner* is married or with whom the *contract owner* has lived permanently for at least one year. Dissolution of marriage by divorce or annulment as well as de facto separation of more than 3 months cancels this status.

Stable means a *pre-existing medical condition* that has remained unchanged for several months prior to the effective date of coverage.

For a *pre-existing medical condition* to be considered stable, it must meet all the following criteria:

1. No new medical diagnosis has been made
2. No new symptoms appeared and there was no worsening or increase in the frequency of existing symptoms
3. No *hospitalization* has taken place
4. No new medication was prescribed or recommended
5. No change of dosage¹ was made to a medication already prescribed or recommended (dose increased or decreased, or consumption stopped)
6. No new *treatment* or medical test is pending or has been prescribed, ongoing or recommended
7. No ongoing *treatment* has been changed or discontinued
8. No prescribed or recommended *treatment*, nor medical advice has been ignored

¹We do not consider the following to be a change of dosage in existing medication:

- Routine insulin or Coumadin® adjustment
- Replacement of a medication by an equivalent generic brand if its dosage remains unchanged
- Decrease in dosage of cholesterol medication
- Adjustment to a hormone replacement therapy *treatment*
- Change in consumption of non-prescribed medication such as: Aspirin®, vitamins, minerals, etc.
- Use of cream or ointment prescribed for skin irritation

Terminal stage means the period when death seems inevitable, in the near future, when there is no *treatment* to fight the *illness* or when the *illness* resists any curative *treatment*.

Travelling companion means the person who:

- Has planned and made the trip with you
- Has the same travel dates as you
- Has the same trip arrival and departure points as you

Treatment means a medical procedure prescribed, performed or recommended by a *physician* for a *medical condition*. These are a few non-exhaustive examples: prescribed medication, investigative testing, surgery, etc.

Waiting period means, when the contract is purchased after your arrival in Canada, the period beginning on the day you purchase the contract and ending at the end of the third day.

PROTECTING YOUR PERSONAL INFORMATION

Consent

Extent of consent

By purchasing a Blue Cross travel insurance product, you consent to the collection, use, retention, and disclosure of your personal information by the insurer in accordance with the terms of this contract and our privacy policy as amended from time to time and available on our website at the addresses listed below (hereinafter our “**Privacy Policy**”) or otherwise in accordance with applicable privacy laws. For the purposes of this contract, “**personal information**” means any information about the insured that can directly or indirectly identify the insured.

Withdrawal of consent

You may withdraw your consent at any time, subject to any legal restrictions. However, if you withdraw this consent, you understand that we will be unable to provide you with coverage for your Blue Cross travel insurance policy. We therefore reserve the right to terminate this contract immediately.

Privacy Policy

Our Privacy Policy is constantly evolving and will apply to the various interactions we may have with you during the term of this contract, such as when you interact with us on our website, send us new personal information via web or paper forms or over the phone, deposit documents on our secure deposit sites, or by any other means.

We regularly update our Privacy Policy, which is written in a simple, clear, and transparent manner. We want to help you better understand our privacy practices. We invite you to review the policy and come back to us with any questions you may have about it. A link to our Privacy Policy is listed below, along with our contact information.

Confidentiality of your personal information

Protecting the privacy of our policyholders is important to us. Our teams place great importance on our security and privacy policies and procedures. Our excellent privacy training and awareness programs are mandatory for all our employees. We are committed to enforcing our Privacy Policy at all times in a manner consistent with applicable privacy and confidentiality laws.

Collection of your personal information

At the time you apply for insurance and at any time thereafter when collection of your personal information is required, we may collect and retain your personal information to determine your eligibility, administer your insurance policy, recommend products and services to you, and for any other purpose specified in our Privacy Policy.

We may collect personal information about you, such as:

- Identification information (e.g., name, mailing address, telephone number, date of birth, email address, etc.)
- Authentication information (e.g., username, IP address, password, etc.)
- Financial information (e.g., employment, bank name, bank account number, transaction amount, etc.)
- Medical information (e.g., medical records, medical history, health checkup information, lifestyle information, information about a medical procedure you may have undergone, etc.)
- Information about your products and services (e.g., insurance policy number, names and contact information of beneficiaries, claim information, etc.)
- Information about communications arising from your relationship with us
- Any other information necessary to provide products and services

We may collect your personal information directly from you or through our representatives. We may also collect such personal information from other sources, including but not limited to any physician, healthcare professional, hospital, clinic, pharmacy, other medical or related facility, insurance company, the government, regulatory authorities, or other body, institution, or person with records or information about you or your health. In all cases, we undertake to obtain your consent prior to the collection of your personal information, whether it is collected by us directly or through a third party (except to the extent that collection from a third party is permitted by law).

Use of your personal information

In order for us to administer your insurance policy, depending on your type of coverage and the various interactions we may have with you during the term of this policy, personal information that you provide to us or that is collected from a third party may be used to:

- Verify your identity
- Understand and meet your needs and preferences
- Determine the suitability of our products and services
- Provide the products and services described in the policy for which you are eligible
- Assess the insurance risk
- Process a transaction for the purchase of a service or product
- Process and pay your claims and settlements
- Provide you with our medical and travel assistance services
- Provide you with personalized promotional offers and special discounts
- Communicate with you
- Respond to a request you have made to us
- Fulfill internal administrative purposes
- Ensure quality of service and protect both parties in the event of a disagreement
- Detect and prevent security breaches and fraud and conduct investigations where required; and
- As permitted or required by law

Disclosure of your personal information

We may disclose your personal information to our representatives and to certain third parties to whom it is necessary to disclose it for the purposes for which it is collected, including but not limited to our employees, officers, directors, agents, consultants, and subsidiaries, other Canadian Blue Cross organizations, our reinsurers, partners, subcontractors, and service providers, or any third party authorized by law or regulation.

Third parties may include other insurance companies, the government, regulatory agencies, and financial institutions. Medical information may also be disclosed to your physician or other specialized healthcare provider, if applicable, in accordance with applicable laws.

We limit the information we provide to authorized individuals to only that information that is necessary for them to perform their duties.

Also note that your personal information may be saved and disclosed outside your province of residence. For example, your personal information may be stored on cloud-based solutions, which may require the transfer of data outside your province of residence or even Canada.

Retention of your personal information

In general, our goal is to retain your personal information only for as long as necessary to fulfill the purpose for which we obtained it. However, you should understand that in order for us to comply with legal or regulatory requirements, we may be required to retain your personal information for longer periods. To this end, we have established a data retention schedule that is available to all our employees. The retention schedule helps our team better manage your personal information and ensure it is retained in accordance with legislation and regulations applicable to Blue Cross.

At the end of the retention period, as set out in our data retention schedule, your personal information is securely destroyed and/or anonymized in accordance with applicable laws, industry best practices, and security practices adopted by Blue Cross from time to time.

Your privacy rights

Access to your personal information

Upon receipt of a written request from you, we will provide you with access to your personal information to verify its accuracy or completeness and, if necessary, you may request that your personal information be updated and/or corrected.

You may also request a copy of your personal information in our possession. A reasonable fee may be charged to cover reproduction and handling costs. You will be informed of the costs before the documents are reproduced.

Correction of your personal information

If you believe that the personal information we have about you is inaccurate or incomplete, you may make a written request to correct that personal information. We will make the necessary changes.

How to contact us

For any additional information about the handling or management of your personal information, you can review our Privacy Policy on our website or write to us at:

Canassurance Insurance Company

c/o **Chief Privacy Officer**

1981 McGill College Avenue, Suite 105

Montreal, Quebec H3A 0H6

By email:

privacyofficer@qc.bluecross.ca

Via the secure website:

<https://qc.bluecross.ca/depot>

Privacy policy:

<https://qc.bluecross.ca/privacy-policy>

LEGAL NOTICE

Any notice addressed to the *insurer* can be transmitted to:

Canassurance Insurance Company

PO Box 910, Branch B, Montreal, Quebec H3B 3K8

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



Sylvain Charbonneau
President and CEO

CLAIMS

Get a claim form

Website

<https://canassistance.com/en/policyholder/claims>

To submit a claim

Via the secure website

<https://canassistance.com/en/policyholder/depot>

By mail

Blue Cross - Travel Insurance Claims

PO BOX 3888, Station B
Montreal, QC H3B 3L7



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