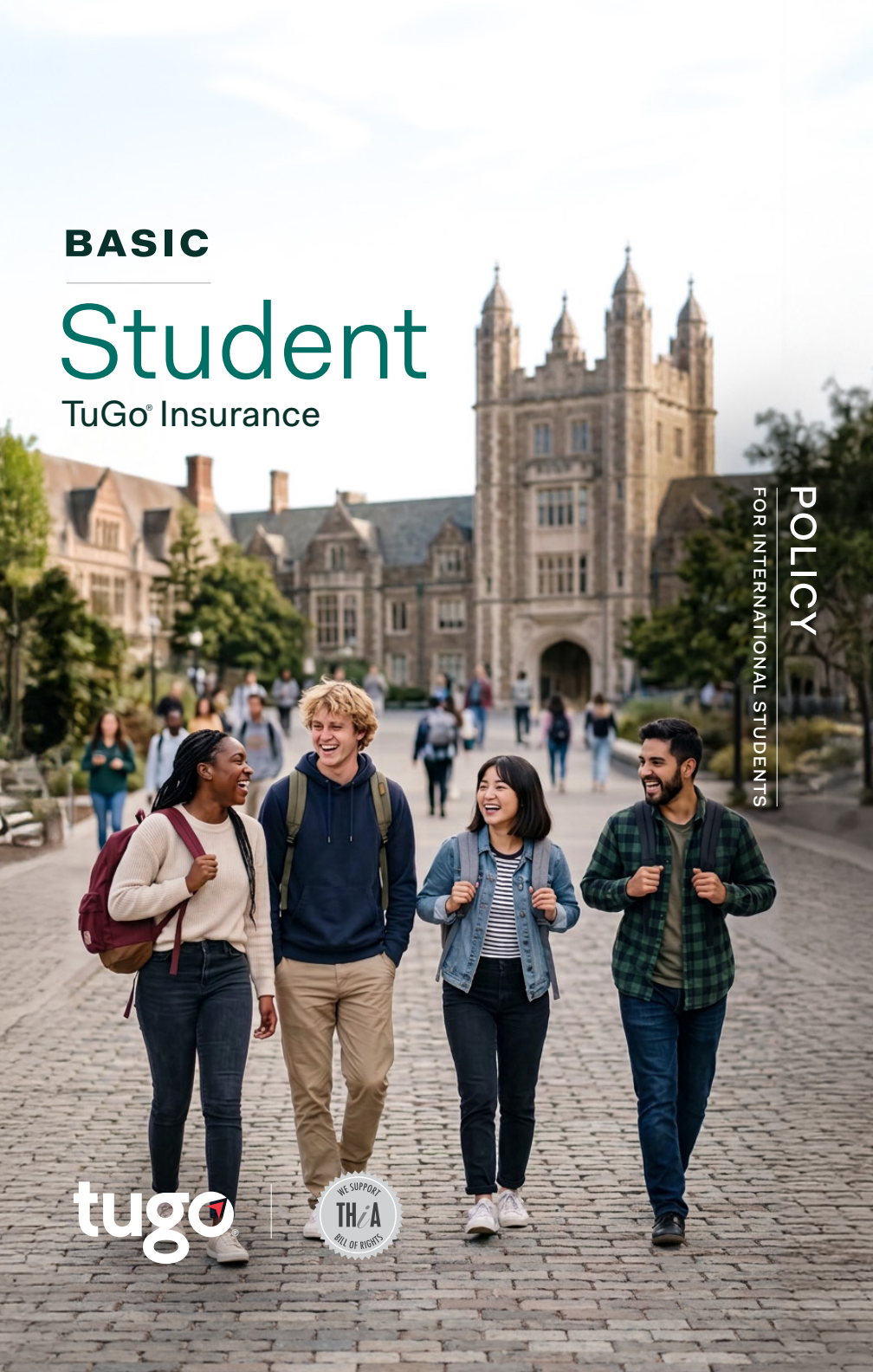
BASIC

Student

TuGo® Insurance

POLICY

FOR INTERNATIONAL STUDENTS



tugo®

WE SUPPORT THIA BILL OF RIGHTS

ABOUT US

North American Air Travel Insurance Agents Ltd. doing business as TuGo® is a licensed insurance agency in all Canadian provinces and territories.

TuGo is a third-party administrator of travel insurance products and services. We develop and administer a variety of travel insurance plans for Canadian business and leisure travellers, visitors to Canada and international students.

OneWorld Assist Inc. doing business as Claims at TuGo® is our claims and assistance provider and performs all assistance services and administers claims on our behalf under this policy. Claims at TuGo provides ISO 9001:2015 certified service.

At TuGo, our mission is to help travellers have better experiences. TuGo specializes in products and services that enhance and enable travel. Founded in 1964, TuGo understands its customers' needs and is driven to provide top-rated service how, when and where its customers want it.

Our address is 1200-6081 No.3 Road, Richmond, BC V6Y 2B2 Canada.



TuGo is a proud member of The Travel Health Insurance Association (THIA). Travel insurance is designed to give all travellers the ability to protect themselves against unexpected medical costs and other expenses associated with the cancellation, interruption or delay of travel arrangements. The Travel Health Insurance Association (THIA) has developed a Travel Insurance Bill of Rights and Responsibilities to ensure travellers know what to expect from their travel insurance policies along with responsibilities they 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 trip
- Know your policy
- Know your rights

For more information, visit **thiaonline.com/Travel_Insurance_Bill_of_Rights_and_Responsibilities.html**

IMPORTANT NOTICE – READ CAREFULLY BEFORE YOU TRAVEL

You have purchased a travel insurance policy – what's next? *We* want *you* to understand (and it is in *your* best interests to know) what *your* policy includes, what it excludes, and what is limited (*payable* but with limits). Please take time to read through *your* policy before *you* travel. Italicized terms are defined in *your* policy.

- Travel insurance covers claims arising from sudden and unexpected situations (i.e. accidents and *emergencies* and typically not follow-up or recurrent care).
- To qualify for this insurance, *you* must meet all of the eligibility requirements.
- This insurance contains limitations and/or exclusions (i.e. *pre-existing medical conditions* that are not *stable*, pregnancy, excessive use of alcohol, high risk activities).
- This insurance may not cover claims related to *pre-existing medical conditions*, whether disclosed or not at time of policy purchase. It is *your* responsibility to review the *pre-existing medical condition* exclusions and stability requirements, understand how they apply to *you* and how they relate to *your* departure date, date of purchase and/or effective date.
- In the event of a claim, *your* prior medical history may be reviewed.

IT IS *YOUR* RESPONSIBILITY TO UNDERSTAND *YOUR* COVERAGE. IF *YOU* HAVE QUESTIONS, CONTACT *US* OR VISIT **tugo.com**.

PLEASE READ *YOUR* POLICY CAREFULLY BEFORE *YOU* TRAVEL.

This policy contains a provision removing or restricting the right of the *insured* to designate persons to whom or for whose benefit insurance money is to be *payable*.

All words in italics have a specific meaning with a corresponding definition. Refer to the Definitions section on page 21 for details.

INTRODUCTION

Thank *you* for choosing TuGo. Be sure to review *your* policy wording and *your* Policy declaration before *you* travel. These documents also have important contact information if *you* need ***emergency*** assistance or want to extend *your* coverage while *you*'re away. In case *you* don't have access to the internet while travelling, ***we*** recommend that *you* save or download a copy of this policy wording before leaving on *your* trip. Or alternatively, *you* can print the Contact Us section of this policy wording. For printing instructions, see below.

Before *you* go, take note of these exclusive services:

TuGo Telemedicine

If *you*'re travelling and would like to seek medical advice, but don't think a clinic or ***hospital*** visit is necessary, *you* can access ***our*** convenient, prompt, and comprehensive telemedicine service* instead! *You*'ll be connected with a certified ***physician***, who can provide consultation and a recommended ***treatment*** virtually. *You* can even get *your* resulting prescription sent instantly to a pharmacy near *you*! Visit **tugo.com/en/telemedicine** to learn more.

*Subject to policy terms and conditions

myTuGo®

Login to **mytugo.com** to modify or extend *your* Policy. *You* can also find assistance using ***our*** Clinic Finder, open a claim online or manage an existing one, download forms, as well as check *your* claim's status.

Printing instructions:

To reduce the number of pages, configure *your* print setup to landscape orientation and select 2-sided printing with 2 pages per sheet or "booklet printing". If *you* only need to print certain pages, *you* can choose to just print the current page in view, or a range of pages (i.e. 1-4, 1-10, etc.).

Safe Travels!



TABLE OF CONTENTS

Contact Information 1

10-day Full Refund Provision 2

Insuring Agreement 2

Eligibility 2

Enrollment and Coverage Provisions 4

Period of Coverage 5

Plans

Emergency Medical Insurance 7

Accidental Death and Dismemberment Insurance 12

General Exclusions Applicable to All Coverages 14

General Conditions Applicable to All Coverages 18

Authorized Extensions 20

Definitions 21

Statutory Conditions 27

Privacy 29

How to Claim 30

International Assistance Services 31

CONTACT INFORMATION

Contact *us* anytime by phone or online. Phone numbers are subject to change. For the most up-to-date contact information or alternate ways to reach *us*, refer to *our* Contact Us page at **tugo.com/en/company/contact-us**.

Dialing instructions vary by country. *We* recommend that *you* save or download the policy wording or print a copy of this page before *you* leave on *your* trip.

Our global toll-free service may not be accessible from all countries. *We* also accept collect calls, but many countries have discontinued this service.

Alternatively, *you* can call *us* direct at +1-604-278-4108. If *you* incur any per minute charges for calling *us* direct or for using *our* toll-free numbers, *we*'ll reimburse the charges.

Claims/Hospitalization

In the event of *hospitalization*, call *us* immediately:

Emergency Hospitalization
(must include "+" sign by holding "0" on mobile) +1-800-533-8718

Global toll-free
(must include "+" sign by holding "0" on mobile) +1-800-663-0399

From Mexico
(Mexican landlines only)
001-800-514-9976 or 800-681-8070

Worldwide (collect)*
604-278-4108

Notice to Insured, Physicians & Hospitals

In the event of a medical *emergency* due to a *medical condition* which may require or result in *hospitalization*, contact *us* as soon as possible.

Note: If it's not possible to contact *us* prior to *hospitalization*, *we* must be notified within 48 hours. If *we* are not contacted within 48 hours of *hospitalization*, *your* maximum amount *payable* for the *hospitalization* and all related expenses will be reduced to **80%** of *your* expenses otherwise covered under this Insurance.

Customer Service and Policy Extensions During Business Hours

To extend *your* period of coverage while travelling or to speak with Customer Service, simply call *us*:

From Canada & USA
1-855-929-8846

Global toll-free
(must include "+" sign by holding "0" on mobile) +1-800-663-0399

From Mexico
(Mexican landlines only)
001-800-514-9976 or 800-681-8070

Worldwide (collect)*
604-276-9900

*To call *us* collect, contact the local operator, and let them know *you*'d like to make a collect call to Canada and provide *our* number:

- For policy extensions and customer service, call 604-276-9900
- For claims and *hospitalizations*, call 604-278-4108

10-DAY FULL REFUND PROVISION

You have 10 days starting from the ***application date*** of the Policy to review this Policy to ensure it meets *your* insurance needs. A full refund is available provided no travel has taken place, a claim hasn't been submitted, and the Policy has not expired.

If the Policy is purchased after arrival in Canada, this provision does not apply.

To cancel *your* Policy, *you* must contact *your* agent or *us* during business hours. The request must be received no later than 10 days starting from the ***application date*** of the Policy.

Other refunds may be available, please refer to the Refunds section of the plan *you* have purchased.

INSURING AGREEMENT

You will become insured once *you* have:

a Completed the online application, provided by *us* or *your* agent; and,

b Paid the premium in full for the selected coverage; and,

c Received a policy number and Policy declaration.

This policy wording along with *your* Policy declaration become *your* insurance contract.

We will provide Insurance for the coverage paid for according to the terms and conditions as detailed in this policy wording.

Unless otherwise stated, all the limits of Insurance under each benefit are ***aggregate limits*** per ***insured***, per Policy, to a maximum of 365 days (including extensions).

ELIGIBILITY

Applicable to International Students

You are eligible for coverage if:

1 At the time of application:

  a *You* are 40 years or under; and,

  b *You* are not travelling against a ***physician*** or other registered medical practitioner's advice; and,

  c *You* have not been diagnosed with a ***terminal condition***; and,

  d *You* are not receiving palliative care or palliative care has not been recommended; and,

2 On the effective date of the Policy, *you* are a full-time or part-time ***international student enrolled*** in a ***school*** in Canada.

Coverage will be void if *you* are not a full-time or part-time ***international student enrolled*** in a ***school*** in Canada on the effective date of the Policy.

Applicable to Family Members of International Students

You are eligible for coverage if:

1 At the time of application:

- a *You* are at least 15 days old; and,
- b *You* are 40 years or under; and,
- c *You* are not travelling against a ***physician*** or other registered medical practitioner's advice; and,
- d *You* have not been diagnosed with a ***terminal condition***; and,
- e *You* are not receiving palliative care or palliative care has not been recommended; and,
- f *You* are a ***family member*** of someone who meets eligibility criteria no. 1 as specified in the section entitled Eligibility, sub-heading Applicable to International Students; and,

2 On the effective date of the Policy:

- a *You* are a ***family member*** sharing living accommodations with an ***international student*** who is either insured under a TuGo Basic Student Insurance Policy for International Students or meets the eligibility requirements for a TuGo Basic Student Insurance Policy for International Students; and,
- b The ***international student you*** are sharing living accommodations with is ***enrolled*** full-time or part-time as an ***international student*** in a ***school*** in Canada.

Coverage will be void if the ***international student*** is not ***enrolled*** full-time or part-time in a ***school*** in Canada on the effective date of the Policy.

Applicable to International Students and Family Members

You can purchase a TuGo Basic Student Insurance Policy for International Students even if *you* are already covered by a government health care plan or any other insurance plan. If *you* are covered by another plan at the time of a claim, this Insurance will be excess to any other plan.

ENROLLMENT AND COVERAGE PROVISIONS

Refer to the Definitions section for details on the definition of ***enrolled***, ***family member***, ***international student***, ***school*** and ***studies***.

Applicable to International Students

1 ***You*** do not need to be ***enrolled*** in a ***school*** in Canada on the ***application date*** of the Policy.

2 The ***application date*** of the Policy can be up to 365 days before the effective date of the Policy.

3 ***You*** must be an ***international student enrolled*** in a ***school*** in Canada on the effective date of the Policy.

4 If ***you*** do not start participating in ***your studies*** at a ***school*** in Canada within the 30 days after the effective date of the Policy, ***your*** coverage will end 30 days after the effective date of the Policy. Refer to the Period of Coverage section for details.

5 If ***you*** stop participating in ***your studies*** at a ***school*** in Canada during ***your*** policy term or if ***you*** become no longer ***enrolled*** in the ***school*** after ***you*** started ***your studies***, coverage will end 30 days after the date ***you*** stop participating in ***your studies*** or 30 days after the date ***you*** are no longer ***enrolled*** in the ***school***, whichever is earlier. Refer to the Period of Coverage section for details.

6 Coverage is not available if ***you*** are attending language programs for immigration purposes, including but not limited to francisation programs. Refer to the definition of ***enrolled*** for details.

Applicable to Family Members of International Students

1 If the ***international student*** does not start participating in their ***studies*** at a ***school*** in Canada within the 30 days after the effective date of the Policy, ***your*** coverage will end 30 days after the effective date of the Policy. Refer to the Period of Coverage section for details.

2 If the ***international student*** stops participating in their ***studies*** at a ***school*** in Canada during ***your*** policy term or if the ***international student*** becomes no longer ***enrolled*** in the ***school*** after they started their ***studies***, ***your*** coverage will end 30 days after the date the ***international student*** stops participating in their ***studies*** or 30 days after the date they are no longer ***enrolled*** in the ***school***, whichever is earlier. Refer to the Period of Coverage section for details.

3 ***You*** must share living accommodations with the ***international student*** for the duration of ***your*** policy term. Coverage will end on the date and time ***you*** stop sharing living accommodations with the ***international student***. Refer to the Period of Coverage section for details.

PERIOD OF COVERAGE

Coverage begins on the effective date of the Policy as indicated on *your* Policy declaration, which must be on or after the *application date* of the Policy.

The effective date can be either:

1 The date *you* leave *your country of permanent residence* for direct travel to Canada (direct travel includes stopovers and layovers while in transit), provided the direct travel does not exceed 48 hours; or,

2 The date *you* arrive in Canada; or,

3 Any date after *you* arrive in Canada.

Under part b) of the Dental Services benefit, coverage is also subject to the *waiting period* requirement.

Coverage ends on the earliest of:

1 11:59 PM on the expiry date of the Policy; or,

2 On the date and time, *you* permanently return to *your country of permanent residence*, provided travel to *your country of permanent residence* is direct and does not exceed 48 hours (direct travel includes stopovers and layovers while in transit); or,

3 30 days after the effective date of the Policy, if the *international student* does not start participating in their *studies* at a *school* in Canada at any point within the first 30 days of coverage; or,

4 30 days after the date and time the *international student* becomes no longer *enrolled* in a *school* in Canada; or,

5 30 days after the date and time the *international student* stops participating in their *studies* at a *school* in Canada if the *international student* had started participating in their *studies* at a *school* in Canada at any point within the first 30 days of coverage.

6 On the date and time that *you* stop sharing living accommodations with the *international student*, if *you* are a *family member* of an *international student*.

Under 2) if travel to return to *your country of permanent residence* is not direct or exceeds 48 hours, coverage will end on the date and time *you* leave Canada.

Conditions

1 Side-trips for travel outside of Canada (including visits to *your* country of permanent residence) are permitted and *your* Policy will not terminate, however, expenses will not be covered while travelling outside of Canada.

2 Coverage is available during scheduled *school* breaks and/or *school* transitions as long as the *international student* is *enrolled* full-time or part-time in a *school* in Canada. A *school* transition includes the process of moving from one educational institution or level to another, but it must be done at the first opportunity to do so. A voluntary break before starting the next educational institution or level is not considered a *school* break or *school* transition.

Top-up

If *you* are covered by another insurance provider for the first part of *your* trip, *you* can purchase this Insurance as a top-up Policy to cover the remaining duration of *your* trip. However, *you* should verify with that provider that they allow their coverage to be topped-up by another insurance provider as they may void or restrict coverage if *you* don't extend or top-up with them.

1 When this Policy is purchased to top-up another plan, coverage begins on the day following the expiry date of the insurance plan being topped-up.

2 When symptoms or *treatment* by a *physician* or other registered medical practitioner for an *emergency medical condition* begin before the effective date of this top-up Policy and while *you* are covered by the insurance plan being topped-up, *we* will pay eligible expenses incurred on or after the date this top-up Policy takes effect as if the *emergency medical condition* began under this top-up Policy.

   Coverage for *emergency medical conditions* which began before the effective date of this top-up Policy is only provided if there is no lapse between the insurance plan being topped-up and this top-up Policy.

   We will not pay for expenses incurred if other insurance policies, plans or contracts, including but not limited to any private or provincial automobile insurance, cover the loss. Coverage is also subject to all other policy terms and conditions.

3 Expenses incurred before this top-up Policy takes effect are not covered.

4 Coverage for Accidental Death and Dismemberment is only available if the accident occurs while the Policy is in effect.

PLANS

Emergency Medical Insurance

Benefits

Maximum limit — $2,000,000

Coverage is provided up to the limits specified under each benefit. If the benefit doesn't specify a limit, coverage is provided up to the Policy limit.

We will pay *reasonable and customary charges* for medical and related expenses up to the coverage limits for an *acute*, sudden and unexpected *emergency medical condition*. The charges must result from an *emergency* that first occurs after coverage commences and while *you* are travelling in Canada or while *you* are travelling direct to or from Canada (as specified under the heading Period of Coverage), when the direct travel to or from *your country of permanent residence* is 48 hours or less.

Eligible medical and related expenses are described below.

Emergency Medical Treatment

- **Hospital Services**
  - *Hospitalization* services (limited to a semi-private room). Any coverage related to *hospitalization* terminates upon release from the *hospital*.
  - Out-patient *treatment* provided by a *hospital*.
- **Physician**

  The services of a *physician*.

  For out-patient care by a psychiatrist, coverage is only provided under the Other Professional Services benefit. Refer to that benefit for details.
- **Ambulance Services**

  The services of a licensed ground, air or sea ambulance and paramedics to the nearest *hospital*. Fire rescue expenses are also covered if a fire rescue team is dispatched in response to *your* medical *emergency*. If an ambulance is medically required but is unavailable, *we* will reimburse *you* for taxi expenses, but the taxi receipt is required.
- **Diagnostic Tests**

  X-ray examinations and diagnostic laboratory procedures when performed at the time of the initial *emergency* or within 7 days after the initial *emergency*.
- **Prescription Drugs**
  - Up to a maximum supply of 30 days for prescription drugs. All prescriptions must be issued by a *physician* and purchased in the 30 days from the initial date of the *emergency* visit. While *you* are *hospitalized*, *we* will pay the total cost of all prescription drugs, in addition to a 30-day maximum supply of related prescription drugs purchased in the 30 days from the release from *hospital*.
  - The cost for one 'morning-after pill' once during a 12 consecutive month period, provided *you* have purchased a 365-day policy.

  Over the counter medicine (other than the 'morning-after pill' as described above), vitamins, minerals, dietary supplements and contraceptives are not covered. Official pharmacy prescription receipts indicating the medication name, quantity, dosage, prescribing *physician* and cost are required.

- **Essential Medical Appliances**
  The cost to rent or purchase essential medical appliances, including but not limited to, wheelchairs, crutches and canes. When appliances are purchased, the reimbursement will not exceed the total cost that would have been incurred if the appliance had been rented.

Under the Emergency Medical Treatment benefit, any eligible expenses incurred directly or indirectly as a result of an ***emotional or mental disorder*** are covered up to an ***aggregate limit*** of $10,000 per Policy.

Fracture Treatment

Following the initial ***emergency treatment***, ***we*** will pay up to a maximum of $500 per ***emergency*** for the following ***treatments*** related to fractures:

- X-ray examinations; and,
- Re-examination ***physician*** visits; and,
- Casting and re-casting, if ***medically necessary***; and,
- Cast removal

If ***you*** extend this Policy or purchase a new TuGo Basic Student Policy to take effect immediately after coverage under this Policy has ended, and there was no lapse in coverage, ***we*** will continue to cover ***you*** during the extension or the new Policy period for a fracture that occurred prior to ***your*** extension or new Policy period. The total expenses (including any expenses incurred prior to ***your*** extension or new Policy period) for that same fracture will be covered up to the maximum benefit limit of $500, and the Pre-existing Medical Condition Stability Exclusion will not apply to these expenses. If any new, unrelated ***emergencies*** result in another fracture during the extension or during the new Policy period, coverage under this benefit will be available up to another $500 per ***emergency***.

This benefit is only available in lieu of the Airfare to Return Home for Treatment Benefit.

Other Professional Services

Up to a maximum of $500 combined for all practitioners per incident for out-patient services of the following registered practitioners as a result of an ***emergency*** (including ***emergencies*** related to ***emotional or mental disorders***):

- Psychiatrist
- Psychologist
- Clinical counsellor
- Psychotherapist
- Nurse psychotherapist
- Social worker

Dental Services

The services of a dentist or dental surgeon for ***emergency*** dental ***treatment***, including the cost of prescription drugs and x-rays, as follows:

a Up to a maximum of $2,500 for dental expenses for an accidental blow to the face requiring the repair or replacement of sound natural teeth or permanently attached artificial teeth, including crowns, bridges and dental implants. ***Treatment*** must be completed within the 90 days after the ***treatment*** began and within the period of coverage.

This benefit does not cover dental ***treatment*** for veneers or dentures.

b Up to a maximum limit of $600 for dental expenses for any dental *emergencies* other than pain caused by an accidental blow to the face. A *waiting period* applies and there is no coverage for any disease or illness arising in, occurring in or symptomatic in the 14 days from the effective date of the Policy. This includes any related expenses incurred after the first 14 days from the effective date of the Policy.

Treatment must be completed within the 90 days after the *treatment* began and within the period of coverage.

If *you* extend this Policy or purchase a new Basic TuGo Student Policy to take effect immediately after coverage under this Policy has ended, and there was no lapse in coverage, *we* will continue to cover *you* during the extension or the new Policy period for a dental *emergency* that occurred prior to *your* extension or new Policy period. The total expenses (including any expenses incurred prior to *your* extension or new Policy period) for that same dental *emergency* will be covered up to the maximum benefit limit(s) as specified under a) or b) above, and the Pre-existing Medical Condition Stability Exclusion and *waiting period* will not apply to these expenses. If any new, unrelated *emergencies* occur during the extension or during the new Policy period, coverage will be available if *you* have any remaining benefit limit amount left until *you* have reached the maximum limit(s) of the benefit per Policy.

Emergency Air Transportation

This benefit is *payable* only when pre-approved and arranged by *us*

At the time of *hospitalization*, medical air evacuation for return to *your country of permanent residence* or medical air evacuation between medical facilities when the first facility is not equipped to provide the required *treatment*.

Airfare to Return Home for Treatment

This benefit is *payable* only when pre-approved by *us*

The cost of a one-way economy airfare on a commercial flight via the most direct route to return to *your country of permanent residence* for immediate *treatment* as a result of an *emergency*. The *treatment* must be sought in the 10 days from arrival to *your country of permanent residence* and the attending *physician* providing *treatment* outside *your country of permanent residence* must indicate in writing that the *treatment* is required.

The cost of an airline seat upgrade is included if the attending *physician* providing *treatment* outside *your country of permanent residence* indicates in writing that it is also medically required.

This benefit is only available for fracture claims in lieu of the Fracture Treatment Benefit.

Medical Attendant

This benefit is *payable* only when pre-approved by *us*

If *you* are returned under the Emergency Air Transportation Benefit or the Airfare to Return Home for Treatment Benefit, *we* will pay:

a The cost of a round trip economy airfare on a commercial flight via the most direct route for a qualified medical attendant (or a friend or *family member* in lieu) to accompany *you* if the attending *physician* providing *treatment* outside *your country of permanent residence* indicates in writing that it is medically required; and,

b The cost of an airline seat upgrade for the medical attendant (or a friend or *family member* in lieu) if the attending *physician* providing *treatment* outside *your country of permanent residence* indicates in writing that it is medically required.

Expenses Related to Death

This benefit is *payable* only when pre-approved by *us*

In the event of *your* death during a trip covered under the Policy benefits, ***we*** will pay for:

a Up to $5,000 for the preparation and return of *your* body, including the cost of a standard shipping container and one death certificate (excluding the cost of funeral and related expenses or a burial coffin), to *your country of permanent residence*; or,

b Up to a maximum of $5,000 for burial at the place of death (excluding the cost of funeral and related expenses or a burial coffin) including one death certificate, in the event *your* body is not returned to *your country of permanent residence*; or,

c Up to a maximum of $5,000 for cremation at the place of death (excluding the cost of funeral and related expenses or an urn) including one death certificate and the standard shipping cost to return *your* ashes to *your country of permanent residence*.

Family Transportation

This benefit is *payable* only when pre-approved by *us*

If an attending *physician* considers it necessary, ***we*** will pay up to $5,000 for one round trip economy airfare or ground transportation costs for one *family member* or friend to be with *you* while *you* are *hospitalized* if *you* are travelling alone, or for one additional *family member* or friend if *you* are not travelling alone, and $400 per day to a maximum of $2,000 for reasonable and necessary commercial accommodation, meals, telephone calls, internet charges, taxi or bus fare.

Pre-existing Medical Condition Stability Exclusion

The Emergency Medical Insurance plan is also subject to the General Exclusions shown on page 14.

The stability requirements for *pre-existing medical conditions* are outlined below:

We will not be liable to provide coverage or services, or to pay claims for expenses incurred directly or indirectly as a result of any:

1 *Medical condition* which is not *stable* on or within the 90 days before the effective date of the Policy.

2 Any complications that develop after departure, related to a *pre-existing medical condition* that was not *stable* on or within the 90 days before the effective date of the Policy.

If *you* purchased this Policy to top-up any other insurance plan, the stability for *medical conditions* is based on the effective date of the other insurance plan being topped-up.

Medical conditions and related complications that do not meet the stability requirements set out above are not covered.

Refer to the following definitions: *alteration*, *medical condition*, *pre-existing medical condition*, *treatment* and *stable*.

Deductible

We will pay eligible expenses for losses incurred in excess of the amount of the *deductible* as shown on the Policy declaration, per *insured* per incident claimed. This *deductible* applies to the portion of eligible expenses remaining after payment by *your* provincial or territorial government health care plan (if *you* are covered by one) or other insurance policies, plans or contracts, including private or provincial automobile insurance.

Automatic Extensions to Coverage

At the time the period of coverage ends, *your* coverage will be automatically extended at no additional premium:

Hospitalization

If *you* or *your* family travelling with *you* are *hospitalized*. The automatic extension will be provided to *you* for the remaining period of the *hospitalization*, plus up to 7 days after *hospital* release to recover and/or travel back to Canada or *your country of permanent residence*.

Medically Unfit to Travel

If *you* or *your* family travelling with *you* are unable to travel on the scheduled return date due to a *medical condition* that does not require *hospitalization*. The automatic extension will be provided to *you* for up to 7 days to recover and/or travel back to Canada or *your country of permanent residence*.

In the event of a claim, written documentation must be provided to *us* by the attending *physician* to substantiate the inability to travel back to Canada or *your country of permanent residence* as originally scheduled.

Delay of Common Carrier or Chartered Carrier

If *your common carrier* or *chartered carrier* is delayed due to circumstances beyond *your* control, preventing *you* from returning to Canada or *your country of permanent residence*. The automatic extension will be provided to *you* for up to 7 days. In the event of a claim, written documentation must be provided to *us* to substantiate the *common carrier* or *chartered carrier* delay.

Quarantine

If *you* or *your* family travelling with *you* are unable to travel on *your* scheduled return date due to being placed under quarantine after a positive COVID-19 test, the automatic extension will be provided to *you* for up to 14 days. In the event of a claim, written documentation must be provided to *us* to substantiate the quarantine.

Accidental Death and Dismemberment Insurance

Maximum limit — $10,000

Covered Risks

Air Flight/Common or Chartered Carrier Accident

Death or dismemberment as a result of an accident sustained during the period of coverage while riding as a fare-paying passenger, or while entering or leaving a lawfully operated licensed *common carrier* or *chartered carrier*.

Coverage is also applicable to *insured* children under 2 years of age (who are accompanied by a fare paying passenger) while riding, entering or leaving a lawfully operated, licensed *common carrier* or *chartered carrier*.

24-hour Accident

Death or dismemberment as a result of an accident sustained during the period of coverage in any other situation not specifically mentioned under Air Flight/Common or Chartered Carrier above.

Benefits

In the case of *your* accidental death or certain *losses* resulting from an accident, *we* will pay to or on behalf of *you*, *your* estate or other *beneficiary*, the benefits as outlined below, but in no event shall payment exceed the sum insured under this section:

1 100% of the sum insured for loss of life, double dismemberment or *loss* of sight in both eyes.

2 50% of the sum insured for single dismemberment or *loss* of sight in one eye.

Benefits for loss of life, limb or sight are *payable* for *loss* which occurs in the 90 days from the date of the accident.

Any claim for indemnity for loss of life, dismemberment or *loss* of sight must be substantiated by a certificate from the attending medical *physician* at the place of the accident attesting to the actual injuries sustained.

Limitation

The total *aggregate limit* is $10,000,000 for any one event under this Policy and all policies administered and issued by *us*. If the total sum of all claims resulting from the same event exceeds the total *aggregate limit*, the $10,000,000 will be shared proportionately among all *insureds*. The proportionate share for each *insured* will not exceed the maximum limits of their plan. Payment will be processed after *we* have completed the review of all submitted claims related to the same event.

Refunds

Refunds must be requested in writing. Refunds are not available if a claim has been or will be submitted.

If the refund request is received in the 10 days from the ***application date*** of the Policy and travel has not taken place, refer to the 10-day Full Refund Provision section for details. For all other refund requests, please see below.

Full Refunds

Before the effective date of the Policy

1 A full refund is available as follows:
   a If the student visa was refused; or,
   b If ***you*** arrived in Canada but entry into Canada was denied; or,
   c If ***enrollment*** to the ***school*** was declined.
2 A refund subject to a $150 cancellation fee is available if ***you*** cancel coverage for any ***insured*** for any reason other than the reasons listed above. The cancellation fee applies per refund request.

After the effective date of the Policy

When the request is submitted to ***us*** within the 90 days after the expiry date of the Policy, a full refund is available as follows:

a If the student visa was refused; or,
b If ***you*** arrived in Canada but entry into Canada was denied; or,
c If ***enrollment*** to the ***school*** was declined.

Partial Refunds

1 When coverage has already begun under this Policy, a partial refund less an administration fee is available. Refunds are calculated as follows:
   a From the date ***you*** permanently return to ***your country of permanent residence*** if a satisfactory proof of return is sent to ***us*** and the request is received by ***us*** within the 90 days after the date ***you*** return to ***your country of permanent residence***; or,
   b From the date ***you*** become covered under a provincial or territorial government health care plan during the period of coverage if a satisfactory proof of the provincial or territorial government health care coverage is sent to ***us*** and the request is received by ***us*** within the 90 days after the date ***you*** became covered; or,
   c From the date ***your*** coverage ends, if ***your*** coverage ended due to scenario no. 3, 4, 5 or 6 as specified in the Period of Coverage section under the sub-section for when coverage ends. Satisfactory proof to substantiate that coverage ended must be sent to ***us*** and the request must be received by ***us*** within the 90 days after coverage ended.

Note: A minimum premium requirement applies for this Insurance at the time of purchase which becomes non-refundable after travel has taken place. If ***you*** request a partial refund after travel has taken place, ***we*** will retain this non-refundable minimum premium.

GENERAL EXCLUSIONS APPLICABLE TO ALL COVERAGES

Note: If this Policy was sold as a top-up Policy, whenever the term 'effective date of the Policy' is referenced in the General Exclusions listed below, it means the effective date of the other insurance plan being topped-up.

In addition to the Pre-existing Medical Condition Stability exclusion, ***we*** will not be liable to provide coverage or services, or to pay claims for expenses incurred directly or indirectly as a result of:

1 Any ***hospitalization*** when ***we*** are not notified prior to ***your hospitalization***, so that ***we*** may:

   a Confirm coverage

   b Provide prior authorization for ***treatment***

   If it is medically impossible for ***you*** to call prior to being ***hospitalized***, ***we*** ask ***you*** to call or have someone call on ***your*** behalf within 48 hours. Otherwise, if ***you*** do not call Claims at TuGo prior to being ***hospitalized***, ***your*** maximum amount ***payable*** for the ***hospitalization*** and all related expenses will be reduced to 80% of ***your*** expenses otherwise covered under this Insurance.

2 Any out-patient surgeries or high-risk invasive procedures and any related expenses incurred after out-patient surgeries or high-risk invasive procedures, unless ***we*** authorized it in advance.

3 Any claim incurred after a ***physician*** advised ***you*** not to travel.

4 Any claim incurred after any other registered medical practitioner advised ***you*** not to travel.

5 A trip that is undertaken after the diagnosis of a ***terminal condition***.

6 A trip that is undertaken while ***you*** are receiving palliative care or after palliative care has been recommended.

7 ***Medical conditions*** or any related ***medical conditions*** for which, before the effective date of the Policy, ***diagnostic tests*** took place, were scheduled to take place or were recommended and for which results had not yet been received on or before the effective date of the Policy. This includes ***diagnostic tests*** that were scheduled or were recommended on or before the effective date of the Policy, but had not yet taken place on or before the effective date of the Policy.

   This exclusion does not apply to:

   a Tests to monitor an existing ***medical condition*** if there have been no new or more frequent symptoms, whether or not results have been received; or,

   b Screening tests intended to prevent illness or to detect ***medical conditions*** before symptoms are noticed, whether or not results have been received.

8 ***Follow-up*** visits or any related expenses resulting from a ***follow-up*** visit.

9 The cost of any mandated test required for travel, study or immigration purposes.

10 ***Medical conditions*** or any related ***medical conditions*** for which, on or before the effective date of the Policy, tests to follow up on the effectiveness or response to a procedure, surgery or ***hospitalization*** are scheduled to take place or recommended. This includes tests that were scheduled or recommended on or before the effective date of the Policy, but had not yet taken place on or before the effective date of the Policy.

11 ***Medical conditions*** or any related ***medical conditions*** for which before the effective date of the Policy, medical procedures, surgeries and/or referrals to a specialist were scheduled to take place or were recommended but had not yet taken place at the time of the effective date of the Policy.

12 Any ***medical condition***, related ***medical condition*** or any subsequent ***treatment*** related to a ***medical condition*** for which ***you*** sought ***treatment*** and/or were experiencing any symptoms that were new or worsening after ***your*** departure from ***your country of permanent residence*** but before the effective date of this Policy, except as specified under the Fracture Treatment benefit and the Dental Services benefit.

13 Acute psychosis if drug or alcohol induced.

14 Any cancer (other than basal cell or squamous cell skin cancer and/or cancer that is in ***remission***) for which ***you*** received or were recommended to receive ***active cancer treatment*** on or within the 90 days before the effective date of the Policy. This includes ***active cancer treatment*** that ***you*** were recommended to receive but chose to decline.

15 Tests and investigation except when performed at the time of the initial ***emergency medical condition*** or within 7 days after the initial ***emergency***.

16 Any dental expenses incurred as a result of a disease or illness that originated or was symptomatic during the ***waiting period***.

17 The continued ***treatment***, recurrence or complication of a ***medical condition*** or related condition, following ***emergency treatment*** during ***your*** trip, if ***we*** determine that ***your emergency*** has ended, unless otherwise specified in a benefit.

18

a Any ***medical condition***, including symptoms of withdrawal, arising from, or in any way related to, ***your*** chronic use of alcohol, drugs or other intoxicants whether prior to or during ***your*** trip.

b Any ***medical condition*** arising during ***your*** trip from, or in any way related to, the misuse or abuse of drugs or other intoxicants, or to the use or abuse of alcohol when ***you*** have reached a blood alcohol level of 80 milligrams of alcohol per 100 millilitres of blood or when records indicate ***you*** were intoxicated and no blood alcohol level is specified.

19 Consumption or use of illegal or controlled drugs (based on the law where the cause of the claim occurred).

20 Any ***medical condition*** for which ***you*** are registered on a waiting list for ***treatment*** or diagnosis either in Canada or ***your country of permanent residence***.

21 Expenses incurred for emergency air transportation and any expenses incurred after emergency air transportation, when the emergency air transportation was not arranged by ***us***.

22 Any ***medical condition*** or related expenses if ***we*** determine that ***you*** should transfer to another facility or could return to ***your country of permanent residence*** for ***treatment***, and ***you*** choose not to, benefits will not be paid for further ***treatment*** related to the ***medical condition***.

23 An official travel advisory issued by a Canadian government stating to avoid optional, discretionary and/or non-essential travel into Canada, before the date ***you*** arrive in Canada.

If an official travel advisory is issued for a province/territory, region or city within Canada after ***you*** have already arrived to that province/territory, region or city, ***your*** coverage for an ***emergency*** or a ***medical condition*** related to the travel advisory will remain in place.

To view the travel advisories, visit the Government of Canada Travel site.

This exclusion does not apply to claims for an ***emergency*** or a ***medical condition*** unrelated to the travel advisory or to claims incurred for COVID-19.

24 A ***medical condition*** for which symptoms arose or worsened or for which ***treatment*** by a ***physician*** or other registered medical practitioner was received during a temporary visit to ***your country of permanent residence*** during the period of coverage or any ***medical condition*** wholly or partly, directly or indirectly, related thereto. This exclusion does not apply if the ***treatment*** was for either:

a The unchanged use of ***prescribed*** drugs or medication for a ***stable medical condition***, symptom or problem; or,

b A check-up where the ***physician*** or other registered medical practitioner observes no change in a previously noted ***medical condition***, symptom or problem.

25 ***Treatment*** by a ***physician*** or other registered medical practitioner and expenses incurred while in ***your country of permanent residence*** or the country ***you*** were travelling or residing in before arriving in Canada.

26 Loss, theft, breakage of prescription glasses, contact lenses, prosthetic devices, hearing aids and dentures.

27 Any amount payable under the provincial or territorial government health care plan of ***your*** province/territory of study, if ***you*** are covered by that provincial or territorial health care plan and have purchased this Insurance as a supplement to that coverage.

28 ***Your*** participation in and/or voluntary exposure to ***acts of war*** or ***acts of terrorism***.

29 Death, disablement or injury in any way caused by or contributed by radioactive contamination or by the utilization of nuclear, chemical or biological weapons (whether or not caused by ***acts of war*** or ***acts of terrorism***).

30 Any ***medical condition*** that is the result of ***you*** not following ***treatment*** as ***prescribed*** to ***you***, including ***prescribed*** or over the counter medication.

31 ***Your*** participating, training, or practicing in any sports or activities as a ***professional athlete***, or in any of the following sports or activities (whether as a ***professional athlete*** or not):

- Hang gliding/paragliding
- ***High risk motorized speed activities***
- ***Ice climbing***
- ***Mountaineering***
- Parachuting/skydiving/ tandem skydiving
- ***Rock climbing***
- Scuba diving or free diving over 40 metres

32 ***Your*** participating in, training, or practicing for any of the following sports or activities:

- Barrel racing
- Bronc riding
- Bull riding
- Chariot racing
- Chuck wagon racing
- Harness racing
- Rodeo bareback racing
- Rodeo clowning
- Rodeo team roping
- Steer wrestling/chute dogging
- Trick riding

33 Any *medical condition* or recognized complication of a *medical condition*, where the purpose of *your* trip is to seek *treatment*, advice or services, and where the medical evidence indicates the *treatment*, advice or services received are related to that *medical condition*.

34
a Routine pre-natal or post-natal care; or,

b Pregnancy, delivery, or complications of either, arising within the 9 weeks before the expected date of delivery or within the 9 weeks after.

35 *Your* voluntary termination of pregnancy or resulting complications.

36 *Emotional or mental disorders*, except as specified under the Emergency Medical Treatment benefit and the Other Professional Services benefit.

37 *Your* suicide or attempt thereat or self-inflicted injury.

38 *Your* commission or attempted commission of a criminal offence or illegal act based on the law where the cause of the claim occurred.

39 *Non-emergency*, experimental or elective *treatment* or procedures (including but not limited to ongoing care, chronic care, rehabilitation or check-ups) and their related complications, except as specified under the Other Professional Services benefit.

40
a Cosmetic surgeries, procedures and/or *treatments*, and,

b Complications related to cosmetic surgeries.

41 Any *medical condition* or symptoms for which it is reasonable to believe or expect that *treatments* will be required during *your* trip.

42 Unless otherwise stated in this Policy (see General Condition, number 3), expenses incurred if other insurance policies, plans or contracts cover the loss. This includes but is not limited to any private or automobile insurance plan. If, however, the loss exceeds the limits of the other policies, plans or contracts and if this Insurance covers losses and periods not covered by those other policies, plans or contracts, this Insurance shall then apply in excess of all other valid insurance. This exclusion does not apply to Accidental Death and Dismemberment Insurance.

GENERAL CONDITIONS APPLICABLE TO ALL COVERAGES

Provisions & Conditions

1 This Policy is issued on the basis of information in *your* application or provided in connection with *your* application, which includes:

   a The eligibility requirements for the coverage purchased as specified under the heading Eligibility in this policy wording; and,

   b Any questions asked at the time of application or at any other time that *your* coverage is modified.

   When completing the application and answering any questions asked, the answers must be complete and accurate. If *you* were not eligible for coverage as specified under the heading Eligibility in the policy wording and/or if any of the answers are found to be incomplete or inaccurate, *your* coverage will be void, which means that any claim submitted will not be paid, and *your* premium will be refunded.

2 If *you*, any person insured under this Policy or anyone acting on *your* behalf fails to disclose any material fact or makes a fraudulent, false or exaggerated statement or claim, *your* coverage will be void, which means that any claim submitted will not be paid, and *your* premium will be refunded.

3 **Subrogation** — *We* will not subrogate against any extended benefit plans if the lifetime maximum limit for all in-country and out-of-country benefits under that plan is currently $100,000 or less. If the lifetime maximum limit under that plan is greater than $100,000, *we* may exercise *our* right to subrogate, but, if applicable, *we* will limit *our* subrogated claim to the extent required to preserve $50,000 of the lifetime limit available under that plan, except in the event of *your* death.
   If compensation is or will be available from a third party for any payments made by *us* under this Policy, *we* have the right to subrogate to recover those payments. *We*, at *our* own expense, can file a suit in *your* name for that purpose and *you* authorize *us* to do so. This right of subrogation is in addition to and does not limit any other right of subrogation existing under common law, equity or statute. Further, if *you* make any claim against a third party related to payments that *we* made under this Policy, *you* will include the amount of those payments in *your* claim against the third party. If *you* obtain compensation for a portion or all of the included payments *we* made, *you* must immediately remit that compensation to *us*. *You* understand that *you* shall do nothing to prejudice *our* rights of subrogation, which includes not releasing third parties from liability without *our* express written agreement.

4 **Coordination of Benefits** — Unless otherwise stated in this Policy, this Insurance is excess to all other valid insurance. If any other valid insurance is also an excess insurance, *we* will coordinate benefits of all eligible expenses with that insurer. All coordination follows the guidelines set by the Canadian Life and Health Insurance Association.

5 *You* may not claim or receive more than 100% of *your* total covered expenses. This general condition does not apply to Accidental Death and Dismemberment.

6 **Misstatement of Age** — If *your* age has been misstated to *us*, the coverage and/or premium may be adjusted in accordance with the correct age as of the date *you* became covered. Any premium adjustment is payable upon receipt of a premium notice.

7 *You* must be accurate and complete in *your* dealings with *us* at all times.

8 **Currency** — Any dollar amount expressed as a limit of coverage or benefit *payable* under this Policy is deemed by *us* to be in Canadian currency, unless otherwise stated.

9 **Duplication of Coverage** — If *you* are insured under more than one Policy or Plan administered by *us* and they are in effect at the time of loss, the total amount paid to *you* or on *your* behalf cannot exceed *your* total expenses. Benefits are paid under the one Policy or Plan with the greatest benefit limit.

10 In the case of duplicate benefits in this Policy, claims are *payable* under the one benefit with the greatest benefit limit.

11 The date and time of commencement and termination of coverage is based on the time zone of the province or territory the Policy was purchased in.

12 Premium and coverage are based on factors including but not limited to age, trip length, travel destination and answers to the Medical Questionnaire, if applicable.

13 The availability, quality, results or effects of any *treatment*, assistance, *hospitalization*, transportation or *your* failure to obtain any of the above, is not *our* responsibility or the responsibility of any company or agency providing services on *our* behalf.

14 *We* reserve the right to accept or to decline any person as an *insured*.

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

16 If requested by *us*, *you* must furnish or consent to the release of *your* medical records for the relevant period before the effective date of the Policy and/or during the term of the insurance required in order to determine if the claim is *payable*. Failure to produce these records will invalidate *your* claim.

17 In the event of a claim, upon request, *you* will establish the date and time of departure and initially planned date of return of the trip.

18 *You* shall be responsible for the verification of any *hospital* and medical expenses incurred and shall obtain itemized accounts of all *hospital* and medical services which have been provided.

19 *We* shall not reimburse any expense incurred after a period of 365 days has elapsed following the date on which the loss first occurred or the relevant *emergency* first occurred.

20 *We* shall comply with all applicable privacy legislation and regulations. *You* can learn about *our* privacy policy at **tugo.com/en/privacy**.

21 If any of the terms or conditions of this Policy are in conflict with the statutes of the province or territory in which this Policy is issued, the terms and conditions are hereby amended to conform to such statutes.

22 In the event of complaints or unresolved disputes respecting any claim or portion thereof, the following should be contacted: TuGo, 1200-6081 No. 3 Road, Richmond, BC, V6Y 2B2, Canada. *You* can learn about *our* complaint procedure at **tugo.com**.

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

24 This Insurance provides no coverage and no *insurer* shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such coverage, payment of such claim or provision of such benefit would expose that *insurer* to any sanctions, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

25 *We* shall not reimburse any interest charges accrued by *you*.

26 If *you* are a US citizen, *you* may have an obligation to purchase insurance under the Affordable Care Act ("ACA"). This policy is not subject to the ACA and is not intended to fulfill individual obligations to purchase health insurance coverage under the ACA. Please contact *your* tax adviser or lawyer if *you* think the ACA obligations may apply to *you*.

If *you* are a US citizen or US resident, *you* may have an obligation to purchase insurance under the Affordable Care Act ("ACA"). This policy is not subject to the ACA and is not intended to fulfill individual obligations to purchase health insurance coverage under the ACA. Please contact *your* tax adviser or lawyer if *you* think the ACA obligations may apply to *you*.

27 When a premium is not paid, *we* reserve the right to terminate the Policy with notice, except as otherwise provided by law.

AUTHORIZED EXTENSIONS

You can extend *your* period of coverage before *your* Policy expires provided the total policy trip length does not exceed a maximum of 365 days. To extend *your* Policy, *you* can contact *your* agent or *us* during business hours. Please refer to Contact Information on page 1.

If *you* extend *your* coverage, the following condition applies:

If *you* had a claim, sought medical attention or experienced any symptoms during the previous policy term, for the extension period, there will be no further coverage with respect to the *medical condition*, related *medical condition*, or for any subsequent *treatment* related to the *medical condition*, except as specified under the Fracture Treatment benefit and the Dental Services benefit.

DEFINITIONS

Active cancer surveillance
Also known as 'watchful waiting' is a ***treatment*** plan that involves monitoring cancer without giving any other form of ***treatment***. It is used to monitor changes in test results to see if the cancer is getting worse and whether other forms of ***active cancer treatment*** might also be needed. This method of ***treatment*** is often used when the cancer is newly diagnosed and before it's clear what types of ***treatment*** would be most effective, for conditions that progress slowly and/or when the risks of ***active cancer treatment*** are greater than the possible benefits.

Active cancer treatment
Treatment that is not limited to but includes chemotherapy, radiation therapy, surgery, medication, experimental treatment or ***active cancer surveillance***.

Acts of terrorism
An act, or acts, of any person, or group(s), committed for political, religious, ideological, ethnic or similar purposes with the intention to influence any government and/or, but not be limited to, the use of force or violence and/or the threat thereof. Furthermore, the perpetrators of acts of terrorism can either be acting alone, or on behalf of, or in connection with any organization(s) or government(s).

Acts of war
War, civil war, riot, rebellion, insurrection, revolution, invasion, hostilities or warlike operations (whether war be declared or undeclared), civil commotion, overthrow of the legally constituted government, military or usurped power, explosions of war weapons.

Acute
Initial or ***emergency*** short course (not chronic) ***treatment*** by a ***physician*** of a ***medical condition***.

Aggregate limit
The maximum amount of coverage available, regardless of the number of separate claims.

Alteration
The medication usage, dosage or type has been increased, decreased or stopped and/or a new medication has been ***prescribed***.

Alteration does not include:

a Changes in brand to an equivalent name brand or to an equivalent generic brand of the same or equivalent usage or dosage; or,

b Routine dosage adjustments within ***prescribed*** parameters for insulin or oral diabetes medication to ensure correct blood levels are maintained; blood sugar levels must be checked regularly and the ***medical condition*** must remain unchanged; or,

c Routine dosage adjustments within ***prescribed*** parameters for blood thinner medication to ensure correct blood levels are maintained; blood levels must be checked regularly and the ***medical condition*** must remain unchanged; or,

d A temporary stoppage of blood thinner medication up to a maximum of 24 hours if the stoppage is required for a surgery or a procedure; or,

e Usage changes due to the combination of several medications into one; the ***medical condition*** must remain unchanged.

Application date
The date when premium for this Insurance is paid.

Beneficiary
Estate by default unless otherwise requested in writing.

Chartered carrier
A contracted boat, cruise ship, airplane, bus, taxi, train or other similar vehicle that is licensed, has a customizable schedule and/or route, and is intended and used primarily to transport passengers for hire.

Vehicles that are not available for hire by the general public (such as privately owned and operated planes, vehicles used by a private resort or vehicles used by a tour operator for the purpose of providing the *tour* experience) are not considered chartered carriers.

Common carrier
A commercial boat, cruise ship, airplane, bus, taxi, train or other similar vehicle that is licensed, has a posted schedule and/or fixed route and is intended and used primarily to transport passengers for hire. Vehicles that are not available for hire by the general public (such as vehicles used by a private resort or by a tour operator for the purpose of providing the *tour* experience) are not considered common carriers.

Country of permanent residence
The country *you* maintained a permanent residence in before *your* entry into Canada.

Deductible
The portion of eligible expenses *you* must pay from *your* own pocket when an eligible claim occurs. The deductible applies to the expenses remaining after payment by *your* provincial or territorial government health care plan (if *you* are covered by one). The deductible applies per *insured*, per incident claimed.

Dependent children
Unmarried children who are dependent on a parent or guardian who is an *international student* eligible under this Policy and are:

a Up to and including 21 years; or,

b Up to and including 40 years, if they have a cognitive, developmental, or physical disability.

Diagnostic tests
Tests required to:

a Assess, identify or investigate a symptom or a *medical condition*; or,

b Follow up on abnormal test results.

Emergency
An unforeseen *medical condition*, which requires immediate *treatment* to alleviate existing danger to life or health. An emergency no longer exists, when the medical evidence indicates that *you* are able to continue the trip or return to *your country of permanent residence*. Once such emergency ends, no further benefits are *payable* in respect of the *medical condition* which caused the emergency, unless otherwise specified in a benefit.

Emotional or mental disorder
An emotional condition, state of anxiety, situational crisis, anxiety or panic attack, or any other illness or disorder impacting mood, thinking and/or behaviour.

Enrollment or **Enrolled**
Registered as a student in a ***school***'s administration records with a valid proof of enrollment in the ***school***. A letter of acceptance from a ***school*** does not qualify as proof of enrollment.

Students registered in a language program for immigration purposes (including but not limited to francisation programs) are not considered ***international students*** enrolled in a ***school*** in Canada.

Family member
The ***international student***'s legal or common-law ***spouse***, parent(s), step-parent(s), legal guardian(s), brother(s), sister(s), step-brother(s), step-sister(s) and their unmarried ***dependent children***, who shares living accommodations with the ***international student*** in Canada.

Follow-up
Re-examination of ***you*** to monitor the effects of earlier ***treatment*** related to the initial ***emergency***, except while ***hospitalized***. Follow-up does not include ***diagnostic tests*** and/or continued ***treatment*** (as determined by ***us***).

High risk motorized speed activities

a Motocross, dirt biking and/or motorcycling unless only riding as a mode of transportation; and/or,

b Any motorized vehicle racing competitions, endurance events or timed activities, including but not limited to snowmobiling racing competitions or endurance events.

If ***you*** are participating in a motorized vehicle activity, other than the ones specified under part a), and the activity is solely for leisure and not part of a timed activity or done for the purpose of training or practicing for any kind of racing competition or endurance event, this activity is not considered a high risk motorized speed activity.

Hospital
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 or **hospitalized**
Formal admission to the in-patient services of a ***hospital***. This does not include visits to the emergency room unless they result in the formal admission to the in-patient services of a ***hospital***.

Ice climbing
The act of climbing or rappelling from vertical or nearly vertical ice formations such ice falls, frozen waterfalls or cliffs or rock slabs that are covered with ice from flows of water freezing over. Ice climbing requires the use of specialized equipment including but not limited to ice axes, crampons or ice screws. Glacier hiking is not ice climbing. If the glacier hike is on a mountain, it is considered *mountaineering*.

Insured or **insured persons**
The person named in the Policy declaration for whom the applicable premiums have been paid.

Insurer
The insurers listed under the definition of *us*, *we*, *our*.

International student
A student who is *enrolled* in a *school* in Canada and:

a Is not a Canadian citizen; and,

b Does not have landed immigrant status or a primary permanent residence in Canada.

Loss
For Accidental Death and Dismemberment Insurance
In respect of limbs means actual severance through or above wrist or ankle joints and, in respect of loss of sight, means entire and irrecoverable loss of sight.

Medical condition
Any disease, illness or injury (including symptoms of undiagnosed conditions).

Medically necessary
The medical service or product in question is necessary to preserve, protect or improve *your medical condition* and well being.

Mountaineering
The act of climbing or descending a mountain using specialized equipment including but not limited to pickaxes, ice axes, anchors, bolts, crampons, carabineers and lead or top rope anchoring equipment. Mountaineering includes ski mountaineering also known as 'skimo'.

Non-emergency
Any *treatment*, investigations or surgery either:

a not required for the immediate relief of *acute* pain and suffering; or,

b which reasonably could be delayed until *you* return to *your country of permanent residence*; or,

c which *you* elect to have during a trip following *emergency treatment* by a *physician* or other registered medical practitioner of a *medical condition* or the diagnosis of a *medical condition*, which on medical evidence would not prevent *you* from returning to *your country of permanent residence* before such *treatment* or surgery.

Payable
Eligible expenses that *we* will pay up to the maximum benefit limits of the Policy or benefit, after all other reductions have been applied, including but not limited to *deductibles*, discounts, payments from *your* provincial or territorial health care plan (if *you* are covered by one) or other insurance policies, plans or contracts.

Physician
A medical practitioner who is registered and licensed to practice their medical profession in accordance with the regulations applying in the jurisdiction where the person practices. A physician must be a person other than *you* or a *family member*.

Pre-existing medical condition
Any *medical condition* that exists on or before the effective date of the Policy.

Prescribed
Treatment ordered or recommended by a *physician* and/or any other registered medical practitioner, as documented in *your* medical records.

Professional athlete
At the time the claim occurred, an athlete who is participating, training or practicing in a sport or activity and:

a Has received the majority of their income from that sport or activity; or,

b Is considered professional by the governing body of the sport or activity they participate in.

Scholarships are not considered income.

Reasonable and customary charges
Charges incurred for goods and services that are comparable to what other providers charge for similar goods and services in the same geographical area.

Remission
The decrease in or the disappearance of signs and symptoms of cancer and/or the removal of cancer as determined by *your physician* and noted in *your* medical records.

Remission can be complete or partial. Complete remission means the disappearance of all signs or symptoms. Partial remission means a decrease in or disappearance of some, but not all, signs and symptoms.

Rock climbing
The sport of climbing rock faces, especially with the aid of ropes and special equipment. Rock climbing includes the following activities: bouldering, traditional climbing, free soloing, top-rope, sports climbing, canyoning/canyoneering, but does not include climbing indoor or outdoor artificial rock climbing walls.

School
Any of the following:

a A public or private elementary or secondary school (excluding preschools and home schools) that fall under the definition of a school as defined by the applicable legislation or regulations in the school's province or territory; or,

b A university, college or other recognized post-secondary institution of learning with a valid Designated Learning Institution number (DLI#) from the Government of Canada. Refer to the Government of Canada's web page for a list of schools with a valid Designated Learning Institution number.

Spouse
The person *you* are legally married to, or a person *you* have been living with for a minimum period of one year and who is publicly presented as *your* spouse.

Stable
A *medical condition* is considered stable when all of the following statements are true:

a There has been no deterioration of the *medical condition* as determined by a *physician* or other registered medical practitioner, and

b There have been no new symptoms or findings or more frequent or severe symptoms or findings, and

c There has been no change in *treatment* by a *physician* or other registered medical practitioner or any *alteration* in any medication related to the *medical condition*, and

d There has been no new *treatment* received, *prescribed* or recommended by a *physician* or other registered medical practitioner.

Studies
Classes, courses, lessons, field studies, practicums, co-ops, fellowships, residencies, internships, postgraduate research, or work experience programs, that are administered and organized by a *school* as part of the *school*'s curriculum.

Terminal condition
A *medical condition* for which, before the effective date of the Policy, a *physician* has given *you* a terminal prognosis with a life expectancy of 12 months or less.

Tour
A planned, structured and guided experience for which participants have paid for that:

a Is arranged by a travel company or tour operator; and,

b Involves an itinerary and/or sequential journey.

Treatment, treat, treated
A procedure *prescribed*, performed or recommended by a *physician* for a *medical condition*. This includes but is not limited to *prescribed* medication, investigative testing and surgery.

Us, we, our
OneWorld Assist Inc. doing business as Claims at TuGo and North American Air Travel Insurance Agents Ltd. doing business as TuGo. TuGo is a third party administrator for the following insurer: Industrial Alliance Insurance and Financial Services Inc.

Waiting period
Applicable to part b) of the Dental Services Benefit

For Insurance purchased after arrival in Canada, there is no coverage for any dental *emergencies* other than pain caused by an accidental blow to the face, arising in, occurring in or symptomatic in the 14 days from the effective date of the Policy. This includes any related expenses incurred after the first 14 days from the effective date of the Policy.

You or **your**
The same as *insured* or *insured persons*.

STATUTORY CONDITIONS

The Contract
The application, this policy, any document attached to this policy when issued and any amendment to the contract agreed on in writing after this policy is issued constitute the entire contract and no agent has authority to change the contract or waive any of its provisions.

Material Facts
No statement made by the insured or a person insured at the time of application for the contract may be used in defence of a claim under or to avoid the contract unless it is contained in the application or any other written statements or answers furnished as evidence of insurability.

Termination of Insurance

1 The contract may be terminated
   a by the insurer giving to the insured 15 days' notice of termination by registered mail or 5 days' written notice of termination personally delivered, or
   b by the insured at any time on request.
2 If the contract is terminated by the insurer,
   a the insurer must refund the excess of premium actually paid by the insured over the prorated premium for the expired time, but in no event may the prorated premium for the expired time be less than any minimum retained premium specified in the contract, and
   b the refund must accompany the notice.
3 If the contract is terminated by the insured, the insurer must refund as soon as practicable the excess of premium actually paid by the insured over the short rate premium calculated to the date of receipt of the notice according to the table in use by the insurer at the time of termination.
4 The 15 day period referred to in subparagraph (1) (a) of this condition starts to run on the day the registered letter or notification of it is delivered to the insured's postal address.

Notice and Proof of Claim
Notice of a claim shall be given in accordance with the claims procedures clause included in this policy as soon as practical but in no case later than 30 days from the date a claim arises under this policy. You must also within 90 days from the date the claim arises under this policy furnish such proof and additional information as is reasonably possible and if required by the company, furnish a certificate from a physician detailing the cause or nature of the sickness or injury for which the claim has been instituted.

Failure to Give Notice or Proof
Failure to give notice of claim or furnish proof of claim within the time required by this condition does not invalidate the claim if (a) the notice or proof is given or furnished as soon as reasonably possible, and in no event later than one year after the date of the accident or the date a claim arises under the contract on account of sickness or disability, and if it is shown that it was not reasonably possible to give notice or furnish the proof in the time required by this condition, or (b) in the case of death of the person insured, if a declaration of presumption of death is necessary, the notice or proof is given or furnished no later than one year from the date a court makes the declaration.

Insurer to Furnish Forms for Proof of Claim
The insurer must furnish forms for proof of claim within 15 days after receiving notice of claim, but if the claimant has not received the forms within that time the claimant may submit his or her proof of claim in the form of a written statement of the cause or nature of the accident, sickness or disability giving rise to the claim and of the extent of the loss.

Rights of Examination
As a condition precedent to recovery of insurance moneys under the contract,

a the claimant must give the insurer an opportunity to examine the person of the person insured when and as often as it reasonably requires while a claim is pending, and

b in the case of death of the person insured, the insurer may require an autopsy, subject to any law of the applicable jurisdiction relating to autopsies.

When Moneys Payable
All money payable under this contract shall be paid by the insurer within sixty days after it has received proof of claim.

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the limitation period specified in the Insurance Act, Limitations Act, Civil Code of Quebec or other relevant legislation of the applicable jurisdiction.

Applicable to Quebec Residents
Notwithstanding any other provisions herein contained, this contract is subject to the mandatory provisions of the Civil Code of Quebec respecting contracts of Accident and Sickness Insurance.

Action Against Company
Service of legal proceedings to enforce the obligations under this Policy to the ***insurer*** listed in the definition of ***us*** may be validly made by serving the offices of North American Air Travel Insurance Agents Ltd. d.b.a. TuGo, 1200-6081 No. 3 Road, Richmond, BC, V6Y 2B2, Canada.

Notice to Company
Notice under this Policy to the ***insurer*** listed in the definition of ***us*** may be validly given to North American Air Travel Insurance Agents Ltd. d.b.a. TuGo, 1200-6081 No. 3 Road, Richmond, BC, V6Y 2B2, Canada. Complaints or unresolved disputes should be submitted to Industrial Alliance Insurance and Financial Services Inc. by completing the form available at **www.ia.ca/complaints**.

PRIVACY

Privacy Notice

The protection of your personal information is very important to us. TuGo is committed to the protection of your personal information. TuGo fully complies with Canada's privacy laws. TuGo's privacy policy determines our responsibilities on the collection and use of your personal information. You can review TuGo's entire Privacy Policy at **tugo.com/en/privacy**.

Personal information is gathered at the time of application to determine the premium and appropriate coverage. In the event of a claim, we may need to collect additional medical information to help provide the best possible assistance, arrange care, possible medical evacuation, and to determine coverage. This information may be obtained or shared with your agent, any affiliate or subsidiary, referring organization and third-party provider including but not limited to health care providers and government health insurers. The information is used by authorized personnel only as needed, and is maintained securely for the period required by law. Your information may need to be shared with or by organizations located outside of Canada, such as the country you are travelling to and will be also subject to the laws of those foreign jurisdictions. We encourage you to review TuGo's Privacy Policy occasionally as it could be amended.

Upon written request, you may also review your personal information to verify its accuracy. For more information about how TuGo collects and uses personal information, contact our privacy officer: TuGo, Attn: Privacy Officer, 1200-6081 No. 3 Road, Richmond BC, Canada, V6Y 2B2. Email: **privacy@tugo.com** Fax: (604) 276-9409.

Notice on Privacy & Confidentiality

PLEASE READ CAREFULLY AND RETAIN FOR YOUR RECORDS

The specific and detailed information requested pursuant to this application from you and which may be subsequently requested by us, from time to time, is required to process your application, and process any claim for benefits made by you. To protect the confidentiality of such personal information, access to your information is restricted to any person you authorize or as authorized by law as well as those Industrial Alliance Insurance and Financial Services Inc. (the "Company") employees, its reinsurers, third party administrators, agents or brokers of the Company, plan sponsors and any agents or brokers of such sponsors or other market intermediaries for the purposes of (a) sponsoring a plan for you, (b) marketing and administration of Company products or services, (c) assessment of risk (underwriting) and (d) investigation of claims (where applicable). **Your file will be kept in our offices**.

You are entitled to review your personal information contained in our files, subject to certain limited exceptions established by law, and if necessary, to have it rectified by sending a written request to us at: 400 - 988 West Broadway. P.O. Box 5900, Vancouver, BC V6B 5H6, Attention: Director, iA Special Markets. Corrections will be noted in the file. If a requested correction is in dispute, we nonetheless note your requested correction in the file. Further information on our privacy practices can be found online at **ia.ca** or alternatively, contact us at 1.800.266.5667 and request that a copy be faxed or mailed to you.

In witness whereof this Policy has been authorized by the *insurer* listed in the definition of *us*.

K. Starko, Executive Director

HOW TO CLAIM

Claims Procedures & Payment of Benefits

For information on how to contact *us*, please refer to Contact Information at the beginning of this policy wording booklet.

1 Claims can be opened online at **mytugo.com**, although some restrictions apply. If *you* are unable to open *your* claim online, please contact *us* using the Contact Information at the beginning of this policy wording.

2 When *you* apply for *your* claim online, *you* can immediately upload *your* expenses and supporting documentation. If *you* open *your* claim through a call centre agent, *you* will receive email notifications on how to submit *your* related documents. In most circumstances, paper claim forms will not be required.

3 Any cost incurred to obtain documentation required to confirm eligibility of *your* claim, other than medical records requested by *us* is the responsibility of the claimant.

4 To receive benefits, any requested supporting documentation must be provided by the claimant, including but not limited to proof that the *international student* is *enrolled* in a *school* in Canada and participating in their *studies* at a *school* in Canada. Claim Forms will be provided to the claimant to complete and return to *us*. It is the claimant's responsibility to complete and/or produce any documentation that *we* require to process and confirm the eligibility of the claim.

5 All required documentation must be received within one year from the date of loss. Failure to do so will result in the denial of the claim.

6 To qualify for reimbursement, itemized receipts must be provided as support for all eligible expenses. If itemized receipts are not provided, the expense will not be reimbursed.

7 If the claim is the result of a death, the following documents are required:

   a A copy of the death certificate

   b A copy of the Will or Power of Attorney

   c A police report, if applicable

   The claim forms must be signed by the Executor of Estate or the person who holds Power of Attorney.

8 Claims will not be considered unless the Claim Form is completed in full and signed by the claimant (or legally authorized representative). Failure to provide fully completed, original forms will invalidate *your* claim.

9 Only bills from *physicians*, *hospitals* and other medical care provider(s) that are itemized and which state *insured*'s name, diagnosis, date(s) of service and type of *treatment* or service will be considered. Only official pharmacy prescription receipts will be considered. For all other benefits, itemized receipts are required.

10 Any notices of claim or correspondence concerning a claim that require physical delivery can be sent to:

   Claims at TuGo
   1200-6081 No. 3 Road
   Richmond, BC V6Y 2B2 Canada

INTERNATIONAL ASSISTANCE SERVICES

The following services will be provided to all insureds:

1 Toll-free help line 24 hours a day, every day (for medical emergencies only).

2 Vital communications link between claimant/hospital regarding insurance coverage and procedures.

3 Medical (physician and surgeon) consultative and advisory services including review of appropriateness and analysis of medical care.

4 Monitoring of progress during treatment and recovery.

5 Establishing contact with family, personal physician and/or employer as appropriate.

6 Multilingual capabilities.

7 Coordination of payments.

8 Special assistance respecting claims.

9 Management, arrangement and authorization of emergency medical evacuation.

10 Arrangement and coordination of the return of remains after death.

11 Interpretation of policy wordings.

12 Assistance in locating the nearest and most appropriate medical care.

13 Payment to hospitals and other medical providers for emergency medical expenses will be guaranteed where possible relieving claimant of credit responsibilities.

14 Travel arrangements assistance for family members.

15 Provision of medical assistant to travel with claimant when necessary.

16 Physicians, hospitals/administrators and ambulance arrangements and communications.

17 Assistance on how to contact:

- Consulates and embassies
- Travel or booking agents
- Tour Guides
- Airlines
- Police
- Foreign Affairs Department

18 Legal referral services in order to meet the legal needs of travellers.

To access this service, please refer to the Contact Information section at the beginning of this policy wording

tugo.com

Insurance is administered by North American Air Travel Insurance Agents Ltd. doing business as TuGo®, a licensed insurance broker in all provinces and territories. The issuer of the contract is Industrial Alliance Insurance and Financial Services Inc. myTuGo®, Claims at TuGo® and TuGo® are registered trademarks owned by North American Air Travel Insurance Agents Ltd. doing business as TuGo®.