



Member Benefit

Travel Insurance Guide

Medipac's
Legion Annual Plan



The Importance of Protection





MEDIPAC Travel Insurance

We just take for granted that our provincial medicare will take care of all of our expenses when a medical situation arises. This is a myth! Your government health insurance plan has many, many gaps while you travel within Canada and, if you leave Canada, you are placing yourself in imminent financial danger.

Just so you know...if you need medical treatment outside your province of residence, your Canadian healthcare just does not work the way you think it does. Medipac pays millions of dollars in emergency medical claims every year and we can tell you exactly what the government pays. On average, it is 6% of your medical bills while outside Canada, and they will leave you stranded with unpaid bills for ambulance, emergency evacuation, and lots of other things, if you are in another province!

The math is pretty simple. You fall and break your leg; the hospital bill is \$100,000; your government health insurance plan pays \$6,000; you pay \$94,000!

With the Legion Annual Plan, Medipac would pay your \$94,000 in most cases. Car accidents, heart problems, flu bugs, cuts and bruises, rashes, food poisoning and a myriad of other problems are just a few of your **financial** travel risks.

People who live in border towns routinely head to the U.S. for entertainment, shopping and often just to visit friends. Who would ever think of getting travel insurance? Some of us take vacations or cruises and we dutifully buy the insurance package. We normally do not even know what we bought. **Read the policy!** It may be very limited. Hopping in the car for a little trip, some camping or RV'ing or a vacation with the family are all times that you need the new Legion Annual Plan coverage.

An unlimited number of trips, up to 17 days each, for a year, with proper travel insurance...That's Medipac's Legion Annual Plan.

I recommend it to you and to your family.

Sincerely,

John Ross Quigley, CEO

Benefits

❖ **Medical Coverage up to \$2,000,000 U.S. including:**

- Hospital and Emergency Room Expenses – with intensive care and coronary care
- Doctor's and Physician's Care
- Emergency Medical Evacuation
- Ambulance and Paramedic Fees
- Prescription Drug Coverage
- Chiropractor's and other Practitioner's Care
- Emergency Dental Coverage
- Return of Your Vehicle (including your trailer or motor home)
- Travel Expenses to Bring a Relative to Your Bedside
- Return of Your Insured Spouse and/or Dependent Children to Canada

❖ **LEGION PLUS**

- Policy Benefit Maximum Increases to \$5,000,000 U.S.
- \$5,000 U.S. Accidental Death Benefit
- Return to Canada Benefit
- Baggage Benefit
- Automobile Mechanical Breakdown Benefit
- Return of Pet Benefit

Underwritten by Old Republic Insurance Company of Canada
In Quebec underwritten by Reliable Life Insurance Company

Insurance Tips

**“...it is highly recommended that you
before departing Canada, to
- Health**

Travel insurance is deemed by all Provincial Governments and the Department of Foreign Affairs and International Trade as a necessary investment to mitigate the profound financial risks of a medical emergency while travelling.

Here are a few travel insurance tips to help Legion members make the right decision when purchasing travel insurance:

1. Always read your *Travel Insurance Policy (TIP)* before making your purchase decision and ensure you understand the coverages being offered, as well as the policy limitations and exclusions.



At Medipac, we're proud of our *Travel Insurance Policy (TIP)* and always include it in our Guide so that clients have the opportunity to review it before buying. **Do not buy any plan without reading, and understanding, its policy first.**

2. Before you purchase a travel insurance plan, ask about the assistance services – most assistance companies are disinterested third parties that route medical emergency calls to call-center clerks, rather than medical professionals.



At Medipac Assist, **medical professionals will answer your calls** – much more expensive, of course, but we take our responsibilities seriously!

3. Every *TIP* has limitations and conditions. Ensure you understand the Pre-existing Conditions*, General Limitations, and Eligibility clauses of the policy, and note that these conditions usually apply to your *Effective Date*, not when you bought the policy. If you purchase an annual plan, these conditions apply to the departure date of each and every trip.



If you find that you are not eligible for Medipac's Legion Annual Plan, or that you have a pre-existing condition for which you would like coverage, call us for information on one of our other Medipac Plans.

Insurance Tips

purchase private [travel medical] insurance ensure adequate coverage.”

Canada

4. It is a dangerous practice to refuse treatment or to not change a drug, despite your doctor’s recommendation, because you think it may affect your travel insurance.



This does not work. If a doctor recommends a change in drugs, and you do not accept that change, the insurance company will treat this as an unstable pre-existing condition. A claim will not be paid for that condition. Please, just do what your doctor recommends and **do not sacrifice your health for insurance reasons**. Medipac can often provide full coverage if you contact us and explain your situation.

5. Some travellers leave a few days earlier, or return home a few days later than they originally expected, without advising their insurance company. They do not realize that, statistically, the two highest incidences of claims are at the beginning and at the end of trips.



This means no insurance protection when it is needed the most. Many insurance plans will void your insurance if such information is withheld. **Call Medipac if you have a change of plans.**

6. Many *TIPs* require proof of departure and return. Purchases at “Duty Free” and using credit cards on your last day at home and first day away are convenient ways of establishing a record that can be retrieved later.



Proof of departure is required in the event of a claim. Medipac recommends using a passport for all your travels, and asking that it be stamped on entering and leaving any country.

That’s indisputable proof!

*See *Pre-Existing Conditions* starting on policy page 7

Great Reasons to Buy

Legion Annual Plan

Medipac's Legion Annual Plan covers the cost of medical emergencies (and other benefits) while travelling. Coverage is for an unlimited number of trips of up to **17** days, for only **\$75** for travellers under age **65**. For more rates, see page 16. Read the policy on page 18 for details.

Worldwide Emergency Assistance

Medipac's professional medical staff is at your service at any time, day or night. We are your lifeline in any emergency situation, anywhere in the world. See page 10 for details.



Easy Trip Extensions

As a member of the Legion Annual Plan you may wish to travel for longer than 17 days. Simply call Medipac. See page 8 for details.

Strong Alliances

When you purchase Medipac's Legion Annual Plan you are supporting both Dominion Command and your Local Branch. Please encourage your fellow members to participate.

the Legion Annual Plan!

Personalized Insurance

Need more than the Legion Annual Plan? Legion members have preferred access to existing Medipac Travel Insurance Plans, including short and long-term individual trip plans with special Legion discounts. See page 9 for details.

LegionPLUS

Upgrade your Legion Annual Plan with additional benefits and coverage for only \$39. LegionPLUS includes Increased Policy Maximum, Return of Pet, Baggage and more benefits. See page 13 for details.



Protect Your Family

The Legion Annual Plan Family Coverage will insure up to 2 adults and 4 children or grandchildren under the age of 19 for **one low price**. See page 8 for details.

Legion Endorsed

Medipac has been selected by the Royal Canadian Legion as their exclusive partner for quality travel insurance benefits. We are proud and honoured to have earned the Legion's coveted endorsement.



Trip Extensions

Members of the Royal Canadian Legion are a diverse group of individuals, all with different travel habits and insurance needs. That's why Medipac has come prepared with policy options to suit all types of travellers.

Enclosed in this travel insurance guide is an application for the Legion 17-day Annual Plan. Members can also extend any one of their 17-day trips within the annual plan period of coverage. A quick call to Medipac and payment of your extension premium before you leave, or even during your trip, is all that is needed to extend your coverage up to 39 days.

Some Legion members may require travel insurance for longer than 39 days. In this case, members can contact Medipac to enrol in one of Medipac's personalized insurance plans. Legion members, of course, will have access to preferred discounts based on their membership with the Royal Canadian Legion.

Any Medipac Travel Insurance Plan purchased by a Royal Canadian Legion member will provide support to Dominion Command and your individual Branch.

Buy your Legion Annual Plan, today!

Family Plan

Travel insurance must always be considered when travelling. It becomes, however, the most important aspect of your vacation when travelling with your family. That's why Medipac's Legion Annual Plan was designed with you and your family in mind.

Medipac's **Family Plan** will cover up to two adults living in the same household, and your grandchildren or dependant children over the age of 12 months and under the age of 19 who are travelling with you.

The two adults simply provide their information under Applicant 1 and 2 in the personal information section of the application and children can be listed in the section titled "Family Coverage".

The two adults can be you and your spouse, or perhaps a child that resides with you that happens to be over the age of 18.

Read policy for details.

Personalized Insurance

Personalized Insurance

Medipac has been a leader in the travel insurance market for more than 20 years. We take pride in our ability to provide the greatest value to our clients in terms of services and coverages.

Medipac's goal in providing the Royal Canadian Legion with a comprehensive travel insurance benefit is to ensure that we have options available to meet the needs of most Legion members.

The Legion Annual Plan is just the beginning.

Medipac also offers more personalized insurance plans for Legion members travelling more than 39 days or who have pre-existing conditions that require coverage, or who do not meet the eligibility requirements of the standard Legion Annual Plan. Review definitions of pre-existing conditions on page 24 of this guide. Eligibility criteria can be found on the attached application.

If you have a need for any of these personalized coverages, please call 1.888.939.0001 or visit our website at www.rclinsurance.com.

Members who purchase standard Medipac Policies support the efforts of the Royal Canadian Legion.

Preferred Discounts

Medipac's Legion Annual Plan already enjoys preferred pricing. In addition, Legion members who enrol in any other travel insurance plan offered by Medipac will benefit from preferred discounts.

Preferred discounts are based on claims history and loyalty, and can be applied to all Medipac Travel Insurance Plans, other than the Legion Annual Plan.

The **Medipac Claim-Free Discount** is for Legion members that have purchased travel medical insurance, from any carrier, and have made no travel insurance claims for a period of three consecutive years. The initial discount is 3% and will increase by 1% for each additional claim-free year to a maximum of 5%.

The **Medipac Loyalty Credit** offers Legion members a 1% discount for each consecutive year of membership in the Royal Canadian Legion, up to a maximum of 5%.

Save up to 10% on Medipac Travel Insurance.

Medipac Assist

If a Medipac-insured person is in need of assistance during a medical emergency, or in need of medical services or directions to a healthcare provider, call Medipac Assist, immediately!

Toll-free from the U.S.A. and Canada:

1-888-897-0019

or collect from other locations: 416-391-9011

Emergency medical assistance services are a distinct discipline that establish a travel medical insurance plan and provider as a preferred choice. Many travel insurance companies outsource these critical functions as competitive and cost saving strategies. This limits their control over the quality of customer service and patient care. Medipac, on the other hand, takes an immediate and active role in the care provided to our clients – from start to finish.

What to Expect from Medipac Assist

Always call our Hotline prior to seeking medical attention – we can help!

When you contact Medipac Assist, you can expect knowledgeable and helpful medical professionals who are experienced and trained to assist you during your medical emergency.

We can guide you to facilities that have an established relationship with Medipac to facilitate direct billing with our company and to ensure cost-effective delivery of your policy benefits.

Medipac Assist staff will communicate regularly with you and your health-care providers to follow your care and anticipate your ongoing needs. We stay informed so that we can continue to be a valuable resource to both you and your family.

Your policy benefits extend beyond hospitalization. If you need to return to Canada for medical reasons we can make all of the travel arrangements for you and your travel companions. We can even bring your car (RV or trailer) home for you.

We are here to assist **YOU!!**

Medipac Assist



Some Comments on Our Medipac Program

"Thank you for having people reviewing applications and making corrections that, if answered with wrong information, could result in administrative complications on future applications. Both my husband Ronald and I are grateful for your diligence."

Virginia

"I would also like to inform you that the individuals who took my calls were very kind and courteous to me. At these times that is so comforting."

Florence

"We wish to express our sincere appreciation for the quick return of Ralph from Florida via air ambulance to Nova Scotia. Everyone we spoke to was very professional and expressed empathy for our situation...We would certainly recommend Medipac to our Snowbird friends."

Ralph and Joan

"We want to thank Medipac for everything that was done on my behalf and getting us back to Canada without any issues. Everything was very professionally done."

William

LegionPLUS

SIX GREAT FEATURES...ONE LOW PRICE!

LEGION PLUS

A little extra can go a long way. For only \$39 for single applicants, or \$69 for a couple, **LegionPLUS** is an ensemble of important benefits that we know many of our clients will include with their purchase of Medipac's Legion Annual Plan. **LegionPLUS** includes the following benefits:

Policy Benefit Maximum Increase

LegionPLUS increases the coverage amount of your Medipac policy from \$2,000,000 to \$5,000,000 U.S.

\$5,000 Accidental Death Insurance

LegionPLUS includes a \$5,000 CAD Accidental Death Benefit that will be paid to your estate if you die as a result of an accident while you are on your LegionPLUS-insured trip.

Return to Canada Benefit

LegionPLUS provides coverage for economy class return airfare to a maximum of \$1,500 to fly you from your vacation destination to your home and back *this benefit includes coverage for ground transportation expenses:*

- If a member of your immediate family*, who is not travelling with you, dies after you leave your home, or
- If a natural disaster causes your principal residence to become uninhabitable after you leave home.

Return of Pet Benefit

LegionPLUS reimburses you up to \$350 to bring home your cat or dog in the event you need to return home for medical treatment.

Baggage Benefit

LegionPLUS will help cover the cost of essential necessities if your baggage is lost or delayed. It will also cover expenses for lost luggage in excess of any other insurance.

Automobile Mechanical Breakdown Benefit

LegionPLUS will reimburse you up to \$350 in the event of a mechanical breakdown so that you may continue your trip.

See the LegionPLUS Endorsement for details.

Certain provisions and exclusions apply. See Endorsement wordings for details.

**see definition page 14*

LegionPLUS Endorsement

If purchased, this Endorsement forms part of *Your* policy and is subject to **ALL** of the terms and conditions of Medipac's Legion Annual Plan Travel Emergency Medical Insurance Policy, including any definitions, exclusions and limitations.

POLICY MAXIMUM

Page 27 under "IS THERE ANYTHING ELSE I NEED TO KNOW?" Point A. has been modified as follows:

- A. This policy will reimburse *You* for *Covered Expenses* up to a maximum of \$5,000,000 U.S. per *Insured*.

ACCIDENTAL DEATH BENEFIT

INSURED RISK

You are covered for \$5,000 CAD if *You* die as a result of an accident which occurred while *You* are outside *Your* province of residence and while Medipac's Legion Annual Plan Travel Emergency Medical Insurance Policy is in force.

This benefit is payable to *Your* estate for the loss of *Your* life resulting within 12 months from the date of the accident described as an insured risk.

This benefit will begin on *Your Effective Date of Insurance* and will remain in effect during the *Period of Coverage* as defined on page 1 of *Your* Medipac Travel Emergency Medical Insurance policy.

EXCLUSION

The *Company* will not pay any claim under the Accidental Death Benefit resulting directly or indirectly from:

1. Training, serving or taking part in any capacity in armed forces (land, sea or air) or their operations in any country or international authority.
2. While serving as a pilot or crew member of any aircraft or while as a passenger in an aircraft which is being used for a purpose other than transportation.
3. While making a parachute jump for any purposes other than to save *Your* life.

CLAIMS PROCEDURES

To make a claim under this benefit, written notice of the accident must be given to the *Company* within 30 days of the date of the accident and written proof must be submitted within 90 days of the date of the accident. The *Company* provides necessary claim forms as well as instructions covering other requirements that may aid in the prompt handling of the claim.

LegionPLUS Endorsement

If the *Company* does not receive the required notice and proof of loss, the claim may not be considered after the 90 day period has expired, unless there is a good reason for the delay. In no event is a claim considered after one year from the date of the accident if the *Company* was not notified and the necessary forms not completed and submitted to the *Company*.

RETURN TO CANADA BENEFIT

The Return to Canada Benefit covers the cost of a return economy class airfare to fly *You* from *Your* vacation destination to Canada and back to *Your* vacation destination. This benefit is subject to a limit of \$1,500 per *Insured* per *Trip* to an overall policy maximum of \$5,000. Any flight outside *Your Period of Coverage* is not eligible for reimbursement.

This benefit is payable in the event a member of *Your Immediate Family*, who is not travelling with *You*, dies after *You* leave *Home*; or a natural disaster causes *Your Principal Residence* to become uninhabitable after *You* leave *Home* (provided *Your* home insurance policy pays for the damage in part or in full).

Any flight outside *Your Trip* is not eligible for reimbursement.

DEFINITIONS

“Home” means *Your* Canadian province or territory of residence.

“Immediate Family” means Spouse, Mother, Father, Mother-in-law, Father-in-law, Son, Daughter, Son-in-law, Daughter-in-law or, Grandson or Granddaughter. **Brothers and Sisters are not included.**

“Principal Residence” means the dwelling located at the Canadian address indicated in *Your* application for Medipac’s Legion Annual Plan Travel Emergency Medical Insurance Policy under which this Endorsement was purchased.

EXCLUSION FOR RETURN TO CANADA BENEFIT

No benefits are payable if:

1. The deceased *Immediate Family* member was *Hospitalized* within 90 days prior to *Your Trip Start Date*.
2. At the time *You* applied for coverage, a reasonable person would have expected that an event payable under the Return to Canada benefit would occur prior to the date *You* are scheduled to return *Home* within *Your* period of coverage.

LegionPLUS Endorsement

RETURN OF PET BENEFIT

The Return of Pet Benefit reimburses the cost of returning *Your* domestic Cat or Dog to *Your* home province if the *Company* requires that *You* return to Canada for immediate *Medical Treatment*. This benefit is payable up to a maximum of \$350. This benefit must be approved in advance by Medipac Assist.

BAGGAGE BENEFIT

This Benefit reimburses *You* the loss of, or delay of the baggage and effects that belong to *You* and that *You* use during *Your Trip*. This insurance provides *You* with reimbursement for the following expenses:

- (a) purchases of essential necessities when *Your* baggage is lost for a period of greater than 36 consecutive hours to a maximum of \$250; and/or
- (b) *Your* permanently lost baggage to a maximum of an additional \$250 in excess of any other insurance that *You* may have.

EXCLUSION

This benefit will not reimburse *You* for any losses or delays relating to: electronic devices, money, tickets, securities, legal documents, or items that are fragile.

CLAIMS PROCEDURES

If you need to make a claim under this insurance, we will need: a) copies of reports from the authorities as proof of loss, or delay; and b) proof that *You* owned the articles, and receipts for their replacement

AUTOMOBILE MECHANICAL BREAKDOWN BENEFIT

Reimburses *You* up to a maximum of \$350 per *Trip* in the event *You* and *Your* private vehicle are stranded outside *Your* province or territory of residence so that *You* may continue on *Your Trip*. This benefit includes:

- (a) the cost of towing *Your* private vehicle to the nearest service station, tire changing service, battery boost and extrication; and/or
- (b) the services of a professional locksmith to unlock *Your* private vehicle if *Your* keys have been lost; and/or
- (c) the cost of delivering fuel to *Your* private vehicle if it is unable to operate because it no longer has sufficient fuel.

This benefit excludes the cost of materials to replace or repair a tire or battery and the cost of fuel.

Annual Plan Rates

Applicants under 65

SINGLE RATE
Only \$75

COUPLE RATE[†]
\$149

FAMILY RATE
\$159

Enhance your coverage with **LegionPLUS!**

Single Rate add \$39

Couple Rate[†] add \$69

Family Rate add \$78

Applicants 65 and over

AGE	SINGLE RATE	FAMILY RATE[†]
65-69	\$ 194	\$ 407
70-74	280	592
75-79	437	918
80-84	692	1,453
85-89	1,357	2,850
90 up	1,707	3,585

[†]Couple Rate means the rate for two separate applicants.

LegionPLUS Package

Applicants under 65 with **LegionPLUS**

SINGLE RATE with LegionPLUS

\$114

COUPLE RATE[†] with LegionPLUS

Only \$218

GREAT SAVINGS!

FAMILY RATE with LegionPLUS

\$237

LegionPLUS Package includes:

- Increased Policy Maximum Benefit to \$5 million U.S.,
- \$5,000 Accidental Death Benefit,
- Return to Canada Benefit,
- Return of Pet and Baggage Benefits,
- Automobile Mechanical Breakdown Benefit.

Applicants 65 and over with **LegionPLUS**

AGE	SINGLE RATE	FAMILY RATE[‡]
65-69	\$ 233	\$ 485
70-74	321	670
75-79	476	996
80-84	731	1,531
85-89	1,396	2,928
90 up	1,746	3,663

[‡]When selecting Family Rate use the rate of the eldest traveller.

Policy Wording

Underwritten by Old Republic Insurance Company of Canada
In Quebec underwritten by Reliable Life Insurance Company

Pages 18-30 of this booklet contain the actual policy text.

Medipac's Legion Annual Plan Travel Insurance Policy

Please read this policy carefully for an understanding of the coverage provided. This policy is underwritten by Old Republic insurance Company of Canada or in Quebec, Reliable Life Insurance Company which have appointed Medipac International Inc. (Medipac) to perform certain administrative services, including enrolment and customer service, and Medipac Assistance International Inc. (Medipac Assist) to perform all assistance and claims services. The *Company* will pay benefits specified subject to the exclusions, limitations, definitions and other provisions of this policy. For an understanding of the exclusions, please refer to "WHAT IS NOT COVERED" and "GENERAL LIMITATIONS". The section titled "THE DEFINITIONS" provides an explanation of the words and phrases shown in italics.

This coverage is available to Canadian residents only and must be purchased prior to the Date of Departure and from within Canada. *You* must be covered under the Government Health Insurance Plan of the Canadian province or territory in which *You* reside. Family coverage is available to *You*, *Your Spouse* and *Your Children* who are accompanying *You* on *Your* entire *Trip*.

This policy covers *Reasonable and Customary Charges* incurred by *You* outside *Your* province or territory of principal residence; that result from a *Medical Emergency* occurring during the period of coverage (as explained below); and that *You* incur for *Medically Necessary Medical Treatment*.

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.

This insurance policy is in force only if Medipac has received *Your* fully completed application and full premium; and a policy has been issued.

This insurance policy can only be extended with a Medipac Travel Insurance Plan and cannot be used as a top up.

PERIOD OF COVERAGE

Your period of coverage for every *Trip* under the Annual Plan begins:

- For travel outside of Canada:** at 12:01 a.m. on each day *You* leave Canada during the 365-day period following *Your Effective Date of Insurance*. *Your* coverage ends on the earlier of: (a) 12:01 a.m. 17 days after the date *You* leave Canada; unless an extension has been approved (b) the date *You* return to Canada; or (c) 365 days after *Your Effective Date of Insurance*.
- For travel within Canada:** at 12:01 a.m. on each day *You* leave *Your* Canadian province or territory of principal residence. *Your* coverage ends on the earlier of: (a) 12:01 a.m. 60 days after the date *You* leave *Your* Canadian province or territory of principal residence; unless an extension has been approved (b) the date *You* return to *Your* Canadian province or territory of principal residence; or (c) 365 days after *Your Effective Date of Insurance*.

The period of coverage is subject to the automatic extension provision explained in "WHAT HAPPENS TO MY INSURANCE COVERAGE IF I AM *HOSPITALIZED* AND CANNOT RETURN FROM MY *TRIP*?"

WHAT SHOULD I DO IN A MEDICAL EMERGENCY?

You **MUST** notify Medipac Assist PRIOR to seeking medical treatment.

1-888-897-0019 (U.S. and Canada)

or 416-391-9011 (collect from all other locations).

Policy Wording

Failure to call will result in reimbursement of only 75% of all eligible covered expenses to a maximum of \$25,000 U.S.

If *You* are not able to call because *You* are medically incapacitated, *You* or someone on *Your* behalf **MUST** contact Medipac Assist as soon as reasonably possible. Do not assume that someone has called Medipac Assist on *Your* behalf; it remains *Your* responsibility to ensure that Medipac Assist has been contacted.

All medical procedures and/or tests (**including** MRI, MRCP, CAT Scan, CT Angiogram, Nuclear Stress Test, Angiogram or Cardiac Catheterization or **ANY** surgery) must be authorized by Medipac Assist in advance. Reimbursement is subject to the terms and conditions of this policy.

Whenever possible, Medipac Assist will:

- verify *Your* insurance coverage;
- direct *You* or transfer *You* to one of our network of *Hospitals, Physicians* or other medical providers near *You* and help to manage *Your* emergency medical claim;
- provide multilingual interpreters to communicate with *Physicians* and *Hospitals* in foreign countries;
- contact *Your* family and *Physician*;
- pay *Covered Expenses* directly to *Hospitals, Physicians* and other medical providers on *Your* behalf, whenever possible;
- monitor *Your* medical condition;
- arrange for return transportation to a *Hospital* in Canada, if necessary.

A *Medical Treatment* plan will be developed to provide *Medically Necessary Medical Treatment* in a managed care setting.

You **MUST** provide authorization for the release of medical records and information from *Your* attending *Physician(s)* (including any test results, hospital and pharmaceutical records). No benefits will be payable under this policy without the required information.

THE DEFINITIONS

The following words have specific meanings:

“Act of Terrorism” means any activity, save and except an *Act of War*, against persons, organizations, property (whether tangible or intangible) or infrastructure of any nature by an individual or a group based in any country that involves the following or preparation for the following:

- use, or a threat to use, force or violence; or
- commission, or a threat to commit, a dangerous act; or
- commission, or a threat to commit, an act that interferes or disrupts an electronic, information or mechanical system;

and the effect or intention of the above is to:

- intimidate, coerce or overthrow a government (whether de facto or de jure) or to influence, affect or protest against its conduct or policies; or
- intimidate, coerce or put in fear the civilian population or any segment thereof; or
- disrupt any segment of the economy; or
- further political, ideological, religious, social or economic objectives to express (or express opposition to) a philosophy or ideology.

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

Policy Wording

“Children” means unmarried dependant sons, daughters, grandsons, or granddaughters under the age of 19 and over the age of 12 months that reside in *Your* principal residence; are enrolled on a full-time basis in a school (if over age five); are accompanied by an *Insured* on a *Trip*; and are named on the application as an *Insured*.

“Company” means Old Republic Insurance Company of Canada or in Quebec, Reliable Life Insurance Company.

“Covered Expense” means *Reasonable and Customary Charges* in excess of the Government Health Insurance Plan of the Canadian province or territory in which *You* reside or any private or provincial or territorial Auto Insurance Plan for supplies, treatment or services listed in The Benefits section subject to policy limitations.

“Deductible Amount” applicable to this policy is \$99 U.S. and applies to each *Trip*.

“Effective Date of Insurance” means the date *You* choose *Your* insurance coverage to take effect as indicated on *Your* application for insurance.

“Hospital” means an institution which is licensed as a hospital and which:

- (a) is primarily engaged in providing medical, diagnostic and surgical services for the care and treatment of sick or injured persons on an in-patient basis; and
- (b) provides medical care under the supervision of a staff of *Physicians*, with 24-hour-a-day care by registered nurses; and
- (c) is not otherwise licensed as a home for the aged, a rest home, health spa, nursing home, convalescent hospital, hospice, palliative care facility, a place for the care and treatment of drug addicts or alcoholics, custodial or educational facility, or any rehabilitation facility.

“Hospitalized” and **“Hospitalization”** means confinement in a *Hospital* as defined above.

“Injury” means any accidental bodily harm that occurs and results in *Covered Expenses* while this policy is in force. Such *Injury* must be caused solely by external, violent and accidental means, through no fault of *Your* own, and independent of *Sickness* and of any other cause.

“Insured” means a person who is named as an applicant on the application for insurance and in whose name the required premium has been paid.

“Medical Attention”: see Policy Page 7 for details.

“Medical Emergency” means a *Sickness* or *Injury* which:

- (a) results in symptoms which occur suddenly and unexpectedly; and
- (b) requires immediate *Physician’s* care to prevent death or serious impairment of *Your* health and/or to relieve acute pain and suffering; and
- (c) occurs outside *Your* Canadian province or territory of principal residence.

“Medical Treatment” means any reasonable medical, therapeutic or diagnostic measure, service or supply that is *Medically Necessary* and that is prescribed by a *Physician* in any form, including prescribed medication, reasonable investigative testing, *Hospitalization*, surgery or other prescribed or recommended treatment directly referable to the condition, symptom or problem. *Medical Treatment* does not include either: (a) the use of prescribed drugs or medication for a controlled condition, symptom or problem when the dosage, drug or medication remains unchanged; or (b) a check-up where the *Physician* observes no change in a previously noted condition, symptom or problem.

Policy Wording

“Medically Necessary” in relation to any service, supply or other matter means one which is ordered by a *Physician* and one which the *Company* determines is:

- (a) provided for the diagnosis or direct treatment of an *Injury* or *Sickness*;
- (b) appropriate and consistent with the symptoms and findings or diagnosis and treatment of the *Insured's Injury* or *Sickness*;
- (c) not experimental or investigative;
- (d) provided in accordance with generally accepted medical practice;
- (e) not possible to delay until *You* return to Canada; and
- (f) the most appropriate supply or level of service which can be provided on a cost-effective basis (including, but not limited to, in-patient vs. out-patient care, electric vs. manual wheelchair, surgical vs. medical or other types of care).

The fact that the *Insured's* attending *Physician* prescribes the services or supplies does not automatically mean such services or supplies are *Medically Necessary* and covered by this policy.

“Physician” means a medical practitioner (other than the *Insured*, a *Spouse* or relative) who was at the time of treatment currently licensed to prescribe and administer *Medical Treatment* within the scope of a medical doctor's license, or a surgeon who performs surgery within the scope of a surgeon's license and whose legal and professional standing within their jurisdiction is equivalent to a doctor of medicine (M.D.) duly licensed to practice in any province or territory of Canada.

“Pre-existing Condition”: see Policy Page 7 for details.

“Reasonable and Customary Charges” means charges which are usually made for care, services or supplies of the level usually furnished for cases of the nature and severity of the case being treated, provided they are in accordance with representative fees and prices in the area.

“Routine Check-up” means any medical examination which is performed for the purpose of general health monitoring, which may include routine medical tests and which is unrelated to any specific symptom, illness, condition or disease.

“Sickness” means an illness or disease which results in a *Covered Expense* while this coverage is in force. The *Sickness* must be serious enough for a reasonable person to seek personal *Medical Treatment* from a *Physician*.

“Spouse” means a person with whom the *Insured* is cohabiting and who either:

- (a) is legally married to the *Insured*; or
- (b) has lived with the *Insured*, in a conjugal relationship, for a period of twelve (12) consecutive months immediately prior to the commencement of insurance coverage under this policy and who has been publicly represented as the *Insured's* Spouse in the community in which they reside.

“Stable and Controlled”: see Policy Page 7 for details.

“Trip” means the defined period of travel between the time *You* leave home and the date *You* are scheduled to return home within *Your* period of coverage.

“Trip Start Date” means the Date of Departure each time *You* leave *Your* province or territory of principal residence during the 365 days after *Your Effective Date of Insurance*.

“You” and **“Your”** mean the same as *Insured* defined above, or any *Children* as the case may be.

Policy Wording

THE BENEFITS

The following are *Covered Expenses* provided they are incurred by an *Insured* as a result of a *Medical Emergency*.

1. Hospital/Medical/Ambulance Expenses:

- (a) *Hospital* room and board, up to the semi-private charge, services, supplies, intensive care unit and coronary care unit expenses;
- (b) *Physician's* charges for medical and surgical care;
- (c) X-rays and other diagnostic tests when prescribed by the attending *Physician* and approved in advance by Medipac Assist;
- (d) The cost of local licensed ambulance service to the nearest medical facility able to provide appropriate care;
- (e) Drugs and medication which by law require a written prescription and are dispensed by a pharmacist up to a maximum limit of a 30-day supply;
- (f) The cost or rental of casts, splints, trusses, braces, crutches, rental of a wheelchair or other medical appliances when prescribed by a *Physician* and approved in advance by Medipac Assist.

2. Private Duty Nursing Expenses: covers the cost of the professional services of a registered private duty nurse for out-of-*Hospital* nursing care only if recommended as *Medically Necessary* by the attending *Physician*. Charges for the services of a registered private duty nurse who is a *Spouse* or is related to *You* are not covered. The maximum benefit amount is up to \$7,500. This benefit must be approved in advance by Medipac Assist.

3. Chiropractic Services: covers the cost of the professional services of a licensed chiropractor for a *Medical Emergency*. Charges for the services of a licensed chiropractor who is a *Spouse* or is related to *You* are not covered. The benefit amount is a maximum of \$500.

4. Other Professional Services: covers the cost of the professional services of a licensed chiropodist, osteopath, podiatrist or physiotherapist only if recommended as *Medically Necessary* by the attending *Physician*. Charges for the services of a licensed practitioner who is a *Spouse* or is related to *You* are not covered. The benefit amount is a maximum of \$500.

5. Emergency Dental Expenses: if *You* suffered an *Injury* to *Your* teeth as a result of an external accidental blow to the mouth or face (chewing accidents are not covered), *You* will be reimbursed up to \$5,000 per *Insured* person for dental treatment to repair or replace natural teeth or permanently attached artificial teeth. Dental treatment must take place within 90 days of the accidental blow to the mouth or face. If *You* need treatment for relief of dental pain, a maximum of \$300 will be allowed for such treatment. Dental treatment must take place before *You* return to *Your* Canadian province or territory of principal residence.

6. Return of Vehicle: if neither *You* nor anyone travelling with *You* is able to operate *Your* owned or rented vehicle due to *Sickness*, *Injury* or death while travelling outside *Your* province or territory of residence, this plan will reimburse a maximum of \$3,000 for the return of the vehicle.

Eligible for reimbursement is the lesser of the cost of the return performed by a professional agency or the following necessary and reasonable expenses incurred by an individual returning the vehicle on *Your* behalf: fuel, meals, overnight accommodation and one-way economy airfare. To receive reimbursement, original receipts must be submitted. Any other expenses are not covered. Benefits will only be payable when pre-approved and/or arranged by Medipac Assist and the vehicle is returned to *Your* normal place of residence or the nearest appropriate rental agency within 30 days of *Your* return to Canada. Car rental costs while awaiting the return of *Your* vehicle are not eligible expenses. A copy of vehicle ownership is required.

Policy Wording

7. Bringing a Relative to *Your Bedside*: covers the cost of a round-trip economy class airfare, accommodations and out-of-pocket expenses to have one family member or a close friend visit *You* in *Hospital*. The benefit amount is up to \$200 per day to a maximum of \$1,000. This benefit is payable in the event *You* are in *Hospital* for at least three (3) consecutive nights due to a *Medical Emergency*. The *Company* requires original receipts for the incurred costs. This benefit must be approved in advance by Medipac Assist.

8. Out-of-Pocket Expenses for Accompanying Family Member: covers the cost of *Reasonable and Customary Charges* for commercial accommodation, meals, essential telephone calls and taxi expenses incurred by an accompanying family member in the event that *You* are *Hospitalized* on the scheduled return date to Canada. The benefit amount is up to \$200 per day to a maximum of \$1,800. The *Company* requires all original receipts for the expenses incurred.

9. Return of *Spouse*: covers the cost of an economy class airfare to the departure point for the return of *Your Spouse*, if the *Company* requires that *You* return to Canada for immediate *Medical Treatment* or in the event of *Your* death. This benefit is payable up to a maximum of \$2,500 and must be approved in advance by Medipac Assist. Your spouse must be covered under this policy.

10. Return of *Children*: covers the cost of economy class airfare to return *Your Insured Children* and a qualified escort, when required by the airlines, to *Your* departure point, if the *Company* returns *You* to Canada for immediate *Medical Treatment* or in the event of *Your* death. The *Insured Children* must be under *Your* care during *Your* entire *Trip* and be covered under this policy. This benefit must be approved in advance by Medipac Assist.

11. Emergency Air Transportation: covers, as a result of a *Sickness* or *Injury*, (a) the cost of a one-way, economy class airfare to *Your* departure point in Canada; or (b) the cost of additional airline seats to accommodate a stretcher when recommended by the attending *Physician*. Any air transportation must be arranged and approved in advance by Medipac Assist.

12. Qualified Medical Attendant: covers the *Reasonable and Customary Charges* for the services of a medical attendant. These services must be on the recommendation of a *Physician* and must be approved in advance by Medipac Assist. Charges for the services of a medical attendant who is a *Spouse* or is related to *You* are not covered.

13. Air Ambulance: covers the cost of air ambulance transportation, when medically required, between *Hospitals*. Air ambulance transportation must be arranged and approved in advance by Medipac Assist.

14. Return of Deceased: covers the cost of preparation and transportation of a deceased *Insured* to the original departure point in Canada. This benefit includes the cost of a standard transportation container (excludes cost of a casket). The maximum benefit amount is \$5,000. For cremation or burial of the deceased *Insured* at the place of death, the maximum benefit amount is \$2,500. If it is necessary to identify the deceased *Insured* before release of the body, the benefit also covers the cost of a round-trip, economy class airfare for one family member or close friend and their out-of-pocket expenses up to \$200 per day to a maximum of \$800. The *Company* requires original receipts for the incurred costs. This benefit must be approved in advance by Medipac Assist.

NOTE: NOTWITHSTANDING THE OTHER PROVISIONS OF THIS POLICY, ANY *MEDICAL TREATMENT*, SERVICE OR SUPPLY THAT IS NOT SPECIFICALLY LISTED IN THE SECTION "THE BENEFITS" IS NOT COVERED BY THIS POLICY.

Policy Wording

WHAT IS NOT COVERED

PRE-EXISTING CONDITIONS

This insurance does not provide benefits for **any** *Medical Emergency* concerning, relating to, caused by or arising from any of the following:

1. Any *Pre-Existing Condition* that has not been *Stable and Controlled* in the 180 days immediately prior to *Your Trip Start Date*. This includes any reaction that results from a change in medication prescribed for such a condition.

“Pre-Existing Condition” means any medical or physical condition, symptom, illness or disease for which *Medical Attention* was received or for which an ordinarily prudent person would have sought *Medical Attention* in the 180 days immediately prior to *Your Trip Start Date* unless such condition was *Stable and Controlled*.

“Stable and Controlled” means, during the 180 days immediately prior to *Your Trip Start Date*:

- (a) the medical or physical condition, symptom, illness or disease did not first manifest itself; and/or
- (b) the medical or physical condition, symptom, illness or disease was not investigated; and/or
- (c) the medical or physical condition, symptom, illness or disease has not worsened; and/or
- (d) no change in any medication or its usage or dosage occurred, was prescribed and/or recommended by a *Physician*; and/or
- (e) no *Medical Attention* was received, prescribed or recommended by a *Physician*.

“Medical Attention” means any medical, therapeutic or diagnostic procedure, service or supply that is prescribed, performed or recommended by a *Physician*, including but not limited to prescribed medication, investigative testing and/or surgery. *Medical Attention* does not include either the unchanged use of prescribed medication for a medical condition, symptom or problem which is *Stable and Controlled* or a *Routine Check-up*.

A change in medication does not apply to cholesterol lowering medication or to a change in any other medication from a brand name medication to a generic brand medication (insofar as the dosage is not modified). If *You* are taking Coumadin (Warfarin) or insulin and are required to have *Your* blood levels tested on a regular basis and *You* are required to adjust the dosage of *Your* medication only to ensure correct blood levels are maintained, such a change is not considered to be a change in medication, provided *Your* medical condition remains unchanged.

2. Any medical or physical condition, symptom, illness or disease that required a *Hospitalization*, or one (1) or more Emergency Room visits in the five (5) years prior to *Your Trip Start Date*.
3. Any medical or physical condition, symptom, illness or disease for which treatment and/or investigation(s) was recommended but not received prior to *Your Trip Start Date*.

GENERAL EXCLUSIONS

This insurance does not cover, provide services or pay claims resulting directly or indirectly from:

4. Any expenses incurred during a *Trip* that is commenced contrary to medical advice.
5. An *Act of War*, whether declared or not, any act of civil war, rebellion, armed conflict, insurrection or *Act of Terrorism*, participation in a riot, civil commotion or demonstration or service in the armed forces of any country.

Policy Wording

6. Suicide, attempted suicide or self-inflicted *Injury* (whether *You* are sane or insane).
7. (a) Normal pregnancy; (b) normal childbirth; or (c) any complication, condition or symptom of pregnancy occurring within the last 18 weeks before the expected delivery date.
8. Any child born during a *Trip*.
9. Any medical condition related to a birth defect for *Children* under two (2) years of age.
10. A *Trip* that is undertaken to secure treatment, general health examinations or check-ups, or surgery as a purpose of the *Trip*.
11. Emotional, psychological or mental disease, disorder, condition or symptom.
12. Expenses for medical or surgical care which is primarily cosmetic, or for any treatment which is experimental.
13. Any expenses incurred due to any medical or physical symptom, illness or disease for which, prior to *Your Trip Start Date*, *Medical Attention* or a change in medication has been recommended or scheduled for a date after *Your Trip* begins.
14. Expenses for which no charge would normally be made in the absence of insurance.
15. Expenses for rehabilitation, the continued treatment, complication, or reoccurrence of the medical condition which caused the *Medical Emergency*, once a *Medical Emergency* ends, as determined by the *Company* and the attending *Physician*.
16. Any expenses incurred after the date on which the *Insured* has declined an offer of repatriation and/or medical evacuation.
17. The commission or attempted commission of any criminal act by *You*.
18. Any treatment, services or supplies not Medically Necessary (as defined), or any medical procedures and/or tests (including MRI, MRCP, CAT Scan, CT Angiogram, Nuclear Stress Test, Angiogram or Cardiac Catheterization) not authorized by Medipac Assist in advance. All surgery must be authorized by Medipac Assist prior to being performed except in extreme circumstances where surgery is performed on an emergency basis immediately upon admission to a *Hospital*.
19. Emergency medical relocation unless arranged and approved in advance by Medipac Assist.
20. Any treatment, services or supplies provided by a home for the aged, a rest home, health spa, nursing home, convalescent hospital, hospice, palliative care facility, a place for the care and treatment of drug addicts or alcoholics, custodial or educational facility, or any rehabilitation facility.
21. Any *Hospital*/medical benefits if *You* are not covered under the Government Health Insurance Plan of *Your* Canadian province or territory of principal residence.
22. Any damage to or loss of: hearing aids, eyeglasses, sunglasses, contact lenses, artificial teeth or artificial limbs and resulting prescription thereof.
23. Any expenses that result from abuse of medication including refusal to take prescribed medication, the abuse of drugs or alcohol, or refusal to accept recommended medical treatment.
24. Any expenses for regular treatment or regular care of a condition that existed prior to the *Your Trip Start Date* or any expense in connection with general health examinations or regular check-ups.

Policy Wording

25. Any expenses directly or indirectly incurred due to HIV, AIDS or AIDS-related complex.
26. A Heart, Lung, Liver, Kidney, Pancreatic or Bone Marrow Transplant.
27. Any expenses incurred due to a condition for which *You* refused or delayed recommended treatment or investigation prior to *Your Effective Date of Insurance* or *Your Trip Start Date*.
28. Any medical or physical condition, symptom, illness or disease for which the results of any test(s) and/or investigation(s) were not available prior to the *Effective Date of Insurance* or *Your Trip Start Date*.
29. Any expenses incurred during a *Trip* for which proof of departure has not been provided.
30. Any expenses which result directly or indirectly from hang gliding, rock climbing, mountaineering, parachuting, skydiving, participation in professional sports or speed or endurance contests; participation in motorized speed contests; snorkeling or scuba-diving; extreme sports including but not restricted to rodeo, bungee cord jumping, acrobatic or stunt flying; or flight accident unless riding as a passenger on a commercially licensed airline.
31. Travel in a country or specific area for which, prior to *Your Effective Date of Insurance* or *Your Trip Start Date*, Foreign Affairs, Trade and Development Canada has issued a travel warning advising Canadian residents not to travel to that country or specific area.
32. Any expenses incurred as a result of a motor vehicle accident, unless such services are not covered by any other private or public vehicle insurance.

GENERAL LIMITATIONS

INDIVIDUALS EXCLUDED FROM COVERAGE

You cannot be covered by this policy, and all insurance coverage is null and void, and the liability of the *Company* will be limited to return of premium if prior to *Your Effective Date of Insurance*:

1. Coverage is not purchased for the entire duration of *Your Trip* (unless otherwise expressly stated in this policy).
2. Coverage is applied for while outside Canada (with the exception of post-departure applications for extension of coverage).
3. Any material misrepresentation is made on the application or in connection with any claim for benefits under this policy.

MISSTATEMENT

This insurance is null and void in the case of fraud or attempted fraud, or if *You* conceal or misrepresent any material fact in *Your* application for this policy.

CHANGE IN EFFECTIVE DATE

If there is a change in *Your Effective Date of Insurance*, notice must be provided to Medipac from within Canada prior to the *Effective Date of Insurance* shown in *Your* application. *You* are not required to provide advance notice of *Your Trip Start Date(s)*. **However, evidence of these dates will be required at the time of claim.**

IS THERE ANYTHING ELSE I NEED TO KNOW?

Yes, the following are the general conditions that apply to *Your* insurance under this policy:

- A. This policy will reimburse *You* for *Covered Expenses* up to a maximum of \$2,000,000 U.S. per *Insured*.

Policy Wording

- B. The *Company* and its agents are not responsible for the availability, quality or results of any *Medical Treatment* or transportation, or the failure of the *Insured* to obtain *Medical Treatment* or proper *Hospitalization*.
- C. The *Company* reserves the right to return *You* to Canada or to transfer *You* to one of our preferred health care providers. **Refusal to comply with the transfer or the return to Canada renders this policy void**; i.e., *Your* insurance coverage under this policy ends. The *Company* has the right and *You* shall afford the *Company* the opportunity to have *You* medically examined by an independent medical professional.
- D. There is no insurance coverage if the premium is not received by Medipac due to an N.S.F. cheque or invalid credit card charge.
- E. Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act, or other applicable legislation.
- F. In no event will a claim be accepted after one year from the date of occurrence.
- G. Any fraud, attempted fraud, misrepresentation or non-disclosure of any material fact relating to this insurance or to a claim under this policy renders this policy null and void.
- H. If *You* incur *Covered Expenses* under this insurance due to the fault of a third party, the *Company* has a legal claim against such "at fault" third party for all benefits that the *Company* pays to *You* or for *You* under this policy. *You* must take all reasonable steps to protect and to advance the *Company's* claim against such party at fault. This includes keeping the *Company* informed about all legal proceedings against, and settlement negotiations with, such party at fault, making a claim on behalf of the *Company* in any such legal proceedings and negotiations, and not settling *Your* claim without first allowing the *Company* to start or continue a lawsuit in *Your* name against such party at fault for benefits that the *Company* has paid or will pay. Any settlement must first be applied to any expenses that the *Company* has paid on *Your* behalf.
- I. When the *Company* has made *Hospital* or other medical payments in advance on *Your* behalf, *You* must sign an Authorization Form included with this policy which authorizes and allows the *Company* to recover such payments from *Your* Provincial Government Health Insurance Plan, other health plans and/or other insurers. *You* must assist the *Company* in obtaining such reimbursement from such Provincial Government Health Insurance Plan, other health plans and/or other insurers. If an advance has been made for any expense that is not covered by this insurance policy, *You* will be required to reimburse the *Company*.

If *Covered Expenses* are incurred for which payment has not been advanced by the *Company*, *You* must obtain original documents from the provider which include but are not limited to information regarding the diagnosis, treatment provided and all amounts paid or owing.
- J. All benefit amounts under this policy are stated in United States currency. If *You* have paid a *Covered Expense* in a currency other than that of United States or Canada, any reimbursements made will be in Canadian currency at the prevailing rate of exchange on the date the service was provided. No sum payable under this policy shall bear interest.

Policy Wording

- K. This insurance is supplementary health coverage, that is, this policy covers expenses in excess of those covered under *Your* Government Health Insurance Plan, any Private or Provincial or Territorial Auto Insurance Plan or any other insurance. If *You* are retired and *You* have similar out-of-country/province extended health benefits with a lifetime maximum coverage of: (a) CDN\$50,000 or less, the *Company* will not co-ordinate payment with such coverage; or (b) over CDN\$50,000, the *Company* will co-ordinate payment with such coverage in excess of CDN\$50,000.
- L. For purposes of determining the validity of a claim, **hospital records, pharmaceutical records and the medical records of *Your* attending *Physician(s)* (including *Your* regular Canadian *Physician(s)*), will be obtained and reviewed by the *Company*.** *Your* claim cannot be processed and no benefits will be payable under this policy without the required information.
- The *Company* has the right, and *You* shall afford the *Company* the opportunity, to have *You* medically examined, when and as often as may reasonably be required while benefits are being claimed or paid under this policy. In the event of death, the *Company* has the right to request an autopsy if not prohibited by law.
- M. Despite any other provision contained in the contract, **the contract is subject to the applicable statutory conditions in the Insurance Act**, as applicable in *Your* province or territory of residence, respecting contracts of accident and sickness insurance.
- N. The right of any person to designate persons to whom or for whose benefit insurance money is payable is restricted.

WHAT HAPPENS TO MY INSURANCE COVERAGE IF I AM HOSPITALIZED AND CANNOT RETURN FROM MY TRIP?

This policy provides automatic extension of coverage at no additional cost to *You* in each of the following situations:

1. If *You* are in *Hospital* due to *Injury* or *Sickness* and this *Hospitalization* prevents *You* from returning on the date *You* are scheduled to return from *Your Trip*, this policy will remain in force for the period of time *You* remain in *Hospital*, plus a further period of 72 hours following *Your* discharge from *Hospital*.
2. If *Your* return is delayed beyond the date *You* are scheduled to return from *Your Trip* due to the delay of a common carrier in which *You* are scheduled to travel; or, while travelling by automobile, *You* are involved in an accident or a mechanical breakdown, this policy will be extended until *You* return to *Your* point of departure or for 72 hours after the date when the insurance coverage would otherwise have terminated, whichever occurs first.

However, in any event, insurance coverage will not be extended more than twelve (12) consecutive months immediately after the date of *Your Medical Emergency* which was the cause of *Your* delay beyond the date *You* are scheduled to return from *Your Trip*.

Policy Wording

HOW DO I PRESENT MY CLAIM?

When *You* contact Medipac Assist at the time of *Your Medical Emergency*, we will send *You* a Claim Kit within 10 days, containing everything necessary to submit *Your* claim, including instructions and forms.

These forms must be returned to our office within 30 days of the date of *Your* claim. Otherwise, any amount payable under this Policy may be reduced by the amount *Your* GHIP plan would have paid had the claim been submitted in a timely manner.

- The *Company* will require:
- a completed Claim and Authorization and Release Form
- original invoices and/or receipts
- payment of *Your Deductible Amount*
- complete Medical Records including final diagnosis by the attending physician
- Historical Medical Records
- any other relevant documentation
- proof of *Your Trip Start Date*.

For payment, please submit ONLY original itemized bills, the HCFA-Form 1500, UB-92 (with itemized statement) OR an original itemized doctor's bill with:

- formal letterhead with full name and address
- tax I.D.
- procedure and diagnostic codes with dollar amounts
- original doctor's signature (stamped photocopied signatures are not acceptable)
- proof of payment by *You* or any other benefit plan

Original receipts must be provided for any eligible out-of-pocket expenses. Failure to provide the required documents in a timely manner will reduce any amount payable under this policy.

To obtain a Claim Kit please phone Medipac Assist:

Toll Free from the U.S.A. and Canada:

1-888-311-7762

or Collect from other locations: (416) 391-9012

POLICY EXTENSIONS

Extension of coverage must be applied for and approved by Medipac either at the time of *Your* application or within the 15 days immediately after *Your Trip Start Date*.

Under this policy, *You* can extend any *Trip* during the 365-day period beginning on *Your Effective Date of Insurance* up to a total *Trip* length of 39 days.

In order to apply for an Extension of Coverage, *You* must be in good health and cannot have any medical condition for which surgery or *Hospitalization* is anticipated. **No extensions are available if a claim has been incurred.**

To apply for an extension of coverage, call Medipac at 1-888-939-0001. A declaration of good health must be made before an extension can be issued. Extensions are available in trip length units as published. An Administration Fee per person, per extension, applies.

EXCLUSION:

This Policy Extension does not cover, provide services or pay claims for expenses resulting directly or indirectly from any *Sickness* or *Injury* that was first manifest, first diagnosed, or first treated after *Your Trip Start Date* and prior to this Extension taking effect.

Policy Wording

REFUND POLICY

Premium for the Annual Plan cannot be refunded after the *Effective Date of Insurance* and no refunds are available if a claim has been incurred.

All refund requests must be made in writing from within Canada. *Your* request must include a statement that no claims have been incurred.

A refund will be provided to an *Insured* in the following situations:

FULL REFUND only if, prior to the *Effective Date of Insurance*:

- the *Insured* or his/her *Spouse* is unable to travel due to *Sickness* or *Injury* (a *Physician's* statement is required); or
- the *Insured* is unable to travel due to a death in the immediate family.

FULL REFUND less a \$25 Administration Fee per person if prior to the *Effective Date of Insurance*:

- the policy is cancelled for any other reason.

EXTENSION REFUND less a \$25 Administration fee if:

- there are any unused days under an extension of insurance.

All requests for refunds must be postmarked prior to *Your Effective Date of Insurance*, and must be mailed to:

**Medipac Travel Insurance
180 Lesmill Road, Toronto ON M3B 2T5.**

Signed for the *Company* by:



Paul M. Field, CPA, CA
President and Chief Executive Officer

Underwritten by

Old Republic Insurance Company of Canada
In Quebec underwritten by Reliable Life Insurance Company
Box 557, 100 King Street West, Hamilton, Ontario L8N 3K9

IMPORTANT NOTICE - PLEASE READ CAREFULLY

- Travel insurance is designed to cover losses arising from sudden and unforeseeable circumstances. It is important that you read and understand your policy before you travel, as your coverage may be subject to certain limitations or exclusions.
- A pre-existing exclusion may apply to medical conditions and/or symptoms that existed prior to your trip. Check to see how this applies in your policy and how it relates to your departure date, date of purchase or effective date.
- In the event of an accident, injury or sickness, your prior medical history may be reviewed when a claim is reported.
- If your policy provides travel assistance, you may be required to notify the designated assistance company prior to treatment. Your policy may limit benefits should you not contact the assistance company within a specified time period.

Please read your policy carefully before you travel.

Notices

PRIVACY

Collecting personal information about You is essential to our ability to offer You high quality insurance products and service. The information provided by You will be used only for determining Your eligibility for coverage under the Policy, assessing insurance risks, managing and adjudicating claims and negotiating or settling payments to third parties. This information may also be shared with third parties, such as other insurance companies, health organizations and government health insurance plans to adjudicate and process any claim. In the event that we must share Your information with a third party who conducts business outside of Canada, there is a possibility that this information could be obtained by the government of the country in which the third party conducts business. We take great care to keep Your personal information accurate, confidential and secure.

Our privacy policy sets high standards for collecting, using, disclosing and storing personal information. If You have any questions about our privacy policy, please contact our privacy officer at 905-523-5587; by writing to : Privacy Officer, Old Republic Insurance Company of Canada/Reliable Life Insurance Company, P.O. Box 557, Hamilton, Ontario, L8N 3K9; or by email to privacy@oldrepublicgroup.com

Administration Fees

1. NSF cheque	\$25.00
2. Rush Service (overnight courier)	\$20.00
Two-day courier	\$ 5.00
3. Extensions	\$15.00
4. Refunds	\$25.00

Strength In Partnership



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