

# INSURANCE CERTIFICATE

## OUT-OF-PROVINCE TRAVEL MEDICAL INSURANCE

FOR CARDHOLDERS UNDER AGE 65  
31 DAY COVERAGE

*You, your spouse and your dependent children* automatically have emergency medical insurance coverage up to \$5,000,000 CDN., per person, per trip, and access to *our emergency* travel services when *you* travel outside of the *province* where *you* live.

### IMPORTANT NOTICE – PLEASE READ YOUR CERTIFICATE CAREFULLY BEFORE YOU TRAVEL

Travel insurance is designed to cover losses arising from sudden and unforeseeable circumstances. It is important that *you* read about and understand *your* coverage before *you* travel because it is subject to certain limitations and exclusions. In particular, please read the section “What’s Not Covered” as set out in this certificate. If *you* have any questions please call *us* at the numbers listed below.

This certificate describes *your* coverage underwritten by Royal & Sun Alliance Insurance Company of Canada (the “Company”) under Policy number PSI033849248 (the “Policy”) and tells *you* how to take advantage of *our* emergency travel insurance program. *Emergency* travel services on the CIBC Travel Assistance Line are provided by Global Excel Management Inc.

**YOU MUST CALL THE CIBC TRAVEL ASSISTANCE LINE AT THE FIRST AVAILABLE OPPORTUNITY WHEN YOU NEED EMERGENCY MEDICAL SERVICE.** The CIBC Travel Assistance Line is available 24 hours a day, 7 days a week. If in Canada or Continental U.S.A., including Hawaii, call toll free at: **1-877-350-6970**. From all other locations, including Mexico, call collect to: **905-816-2571**.

If *you* do not call the CIBC Travel Assistance Line, the medical *treatment* *you* receive may not be covered by this insurance.

### KEEP THIS CERTIFICATE IN A SAFE PLACE AND TAKE IT WITH YOU WHEN YOU TRAVEL

#### WHAT’S PROVIDED BY EMERGENCY TRAVEL MEDICAL INSURANCE

CIBC’s emergency travel medical insurance program provides *you* with insurance coverage for eligible *emergency* travel medical expenses. *You* can also receive *emergency* medical and travel services in most major languages when *you* are travelling outside the *province* where *you* live.

The following *emergency* assistance services are provided:

#### MEDICAL ASSISTANCE SERVICES

- *We* help *you* find a *doctor, hospital* or other *medical facility*;
- *We* verify *your* coverage with the *hospital* or *medical facility* and arrange payments;
- *We* monitor *your* medical *treatment* and keep *your* family, employer, etc., informed;
- *We* arrange *your* transportation home if it is medically required;
- *We* arrange for the transportation of a family member or friend to *your* bedside or to identify *your* remains if *you* die;
- *We* arrange for *your dependent children* to be looked after and to be flown home if *you* are *hospitalized*.

#### TRAVEL SERVICES

- *We* supply pre-trip information and assistance;
- *We* help if *your* passport, airline ticket or baggage is lost;
- *We* will refer *you* to a lawyer;
- *We* arrange for emergency cash;
- *We* pass along emergency messages between *you* and *your* family, friends and business associates.

Full details about these services and *your* insurance coverage terms can be found in this certificate.

#### TERMS USED IN THIS CERTIFICATE

For the purposes of this certificate, the following terms have the meanings described here.

“**Card**” means a CIBC Gold Visa™ Card.

“**Cardholder**” means the Primary Cardholder, as defined in the Cardholder Agreement, of the *card*.

“**Common carrier**” is any land, air or water conveyance which is licensed to transport passengers for hire, provided it maintains published timetables and fares. **Taxis, limousines and rental vehicles** however, are not considered common carriers.

“**Condition**” is any ailment, illness, injury, medical complication or surgical procedure.

“**Departure date**” means the date on which *you* leave *your province* of residence.

“**Dependent children**” means any natural child (legitimate or illegitimate) any legally adopted child, any step-child of, or any child dependent upon the *cardholder* in a “parent-child” relationship for maintenance and support who is:

- a) Under the age of 21 years and unmarried;
- b) Under the age of 25 years and unmarried and in full time attendance at a college or university; or
- c) By reason of mental or physical infirmity, incapable of self-sustaining employment and totally dependent upon the *cardholder* for support.

Dependent children are no longer eligible for coverage once the *cardholder* reaches the age of 65.

“**Doctor**” is someone who is not *you* or a family member, and who is licensed to prescribe drugs and administer medical *treatment* (within the scope of such license) at the location where the *treatment* is provided.

“**Emergency**” is an unexpected and unforeseeable illness or injury (arising within the first 31 days of *your trip*) for which immediate medical *treatment* is needed to prevent or alleviate existing danger to life or health and cannot be reasonably delayed until *you* return to *your province* of residence.

“**Government health insurance plan**” means the health insurance coverage that Canadian provincial and territorial governments provide for their residents.

“**Hospital or medical facility**” is a licensed facility, which provides people with care and medical treatment needed because of an *emergency*. The facility must be staffed 24 hours a day by qualified and licensed *doctors* and nurses.

“**Province**” means *your* province or territory of permanent residence at the time of the *emergency*.

“**Reasonable and customary charges**” are ones that are, as determined by *us*, comparable to other charges for the same service and level of expertise in the place where the *emergency* took place.

“**Spouse**” is the person the *cardholder* is legally married to or a partner the *cardholder* has lived with for a minimum of 12 consecutive months and publicly presents as his/her spouse. A spouse is no longer eligible for coverage once the spouse or the *cardholder* reaches the age of 65.

“**Stable**” means a *condition* in respect of which there have been no new, or changes in: symptoms, prescribed medication (type or dosage of medication), or *treatment*. In addition, there are no unreported results of tests, investigations, or consultations unless the results indicate no change in a previously identified *condition*.

“**Travelling companion**” is any other person or other two persons, other than a *spouse* or *dependent child*, for whom *you* have pre-paid transportation or accommodation for the same *trip* by charging *your card* at the same time as *you* charged the *card* for *your trip* and who accompany *you* throughout the *trip*. A travelling companion is not covered under this insurance.

“**Treatment**” means a medical, therapeutic or diagnostic procedure prescribed, performed or recommended by a *doctor* including, but not limited to, consultation, prescribed medication, investigative testing, hospitalization or surgery.

“**Trip**” means travel outside of *your province* of residence.

“**We, our and us**” refer to Royal & Sun Alliance Insurance Company of Canada, or its authorized representatives or Global Excel Management Inc. as applicable.

“**You and your**” refer to the following persons who are under the age of 65 on the *departure date* where the *card* is in good standing at the time of the *emergency*: the *cardholder* of a *card*; the *cardholder's spouse* and *dependent children*, whether they travel together or not. *You* and *your* do not include other people who may be entitled to use the *card*.

#### PART 1: MEDICAL ASSISTANCE SERVICES

##### WHAT TO DO IN THE EVENT OF AN EMERGENCY

Before obtaining any medical services or advice, please call the CIBC Travel Assistance Line. Some *treatments* require pre-approval in order to be covered (see section “What’s Not Covered” for details). If in Canada or Continental U.S.A., including Hawaii, call toll free at **1-877-350-6970**. From all other locations, including Mexico, call collect to: **905-816-2571**.

The operator can direct *you* to a *medical facility* or *doctor* in *your* area of travel. If *you* contact the CIBC Travel Assistance Line at the time of *your emergency*, Global Excel Management Inc. will ensure that *your* covered expenses are paid directly to the *hospital* or *medical facility*, where possible. If *you* do not contact the CIBC Travel Assistance Line, the medical *treatment* *you* receive may not be covered by this insurance.

##### WHAT’S COVERED

Unless stated otherwise, *we* will cover the *reasonable and customary charges* for each benefit listed below in the event of an *emergency*, which occurs while travelling outside *your province* of residence.

**Accommodation in a hospital or medical facility:** Costs for *hospital* accommodation and necessary medical supplies (except for the costs of a private room or suite unless one is medically required) in excess of what is covered by *your government health insurance plan*.

**Doctor’s bills:** Charges made by a *doctor* in excess of the amount paid by *your government health insurance plan* where permitted by law.

**Private registered nurse:** Charges for a qualified private registered nurse (who is not *you* or a family member) after a period of hospitalization, if the attending *doctor* and Global Excel Management Inc. consider one to be necessary.

**Ground ambulance services:** Charges for ambulance services from the place of the illness or accident to the nearest *medical facility* able to provide the necessary *treatment*.

**Air ambulance services:** Charges for air transport between *hospitals* and for *hospital* admission in the *province* where *you* live, if approved by *us* in advance.

**Paramedical services:** Charges to a maximum of \$300 each for the services of a licensed chiropractor, physiotherapist, chiropodist, podiatrist or osteopath when they are needed due to an *emergency* and ordered by a *doctor*. The services that are covered include x-rays. Be sure to keep *your* receipts because *you* will need them to make *your* claim.

**Diagnostic services:** Charges for laboratory tests and x-rays ordered by the *doctor* who is treating *you*.

**Prescriptions:** Charges for up to a 30-day supply of drugs and medicines that require the prescription of the attending *doctor* and are dispensed by a licensed pharmacist due to an *emergency*. Be sure to keep *your* receipts because *you* will need them to make *your* claim.

**Medical appliances:** Charges for splints, crutches, casts, canes, trusses, walkers and/or temporary wheelchair rentals. The appliances must be obtained outside the *province* where *you* live, ordered by the attending *doctor*, and must be required due to an *emergency*.

**Dental treatment:** Charges up to \$2,000 for *treatment* to *your* natural teeth, as the result of an accident, when both the accident occurred and the *treatment* commenced within the first 31 days of *your trip*. Charges up to \$200 for *treatment* for the relief of *emergency* dental pain, excluding root canals.

**Coming home:** Charges for one-way economy airfare by the most cost effective route, for *your* return home if *you* don’t hold a valid, open return ticket, when medically necessary and specified in writing by the attending *doctor*. This includes extra charges if *you* need a stretcher and one-way economy airfare for a family member or *travelling companion* (if he/she is not holding a valid, open return air ticket) who is medically required to fly home with *you*. If the attending *doctor* or commercial airline specifies in writing that a qualified medical attendant must

accompany *you*, charges for his/her round-trip economy airfare, overnight hotel, and meals. All of the above must be approved in advance by *us*.

**Care and return of dependent children:** If *you* are unable to attend to *your dependent children* as the result of hospitalization due to a medical *emergency* and they are travelling with *you*, *we* will arrange temporary care for them or provide them with one-way economy airfare (if they do not have a valid open return air ticket) to their *province* of residence. Also, charges up to \$250 for incidental expenses that result from sending them home, if *you* submit all the original receipts with *your* claim.

**Transportation to bedside:** Charges for a family member or friend to: (a) visit *you* if *you* are confined for a minimum of 7 consecutive days in a hospital, or; (b) identify *your* remains in the case of *your* death. The family member (other than the *cardholder, spouse* or *dependent child*) or friend would not be covered under this insurance and should consider purchasing his/her own coverage.

**Return of deceased:** If *you* die, charges for preparation and return to a funeral home on a regular public carrier to the *province* of residence where *you* lived. Cost of coffin is not included. Charges of up to \$3,500 if *you* are buried or cremated in the place where *you* die.

**Meals and accommodation:** Up to \$250 a day, to a maximum of \$1,750 for *your* reasonable additional expenses if, because of a medical *emergency, you* have to arrange for any unplanned commercial accommodation and/or meals to stay with a *travelling companion* or someone who is insured under this coverage. The daily amount and the maximum refer to total expenditures for all persons covered, not to expenditures for each individual.

**Vehicle services:** Up to \$1,000 for *your* reasonable expenses for the return of a private or rental vehicle (which has not been used for commercial purposes) when the attending *doctor* specifies in writing *you* are unable to drive due to an *emergency* and if no other person travelling with *you* is able to return the vehicle. One-way economy airfare to *your province* of residence, if a private vehicle (which has not been used for commercial purposes) is stolen or unable to be driven due to an accident.

**Incidental expenses:** Up to \$300 for charges for reasonable incidental expenses, e.g. television, taxis, car rentals. This also includes contracted expenses at home that must be extended due to hospitalization that had delayed *your* return home, e.g. house-sitting, childcare, kennels, etc.

**Automatic extension of benefits:** *We* will extend benefits to *you* and those travelling with *you* who are insured under this coverage while *you* are hospitalized for a covered medical *emergency. We* will also extend benefits to *you* and those travelling with *you* who are insured under this coverage for up to 72 hours following: (a) *your* discharge from a *hospital*; (b) expiry of coverage (if *you* are not hospitalized) when return has been delayed by order of the *doctor* due to an *emergency*, or (c) expiry of coverage if *your* return home has been delayed because *your common carrier* has been delayed or if a private vehicle becomes inoperable on the way to *your* departure point.

##### WHAT’S NOT COVERED

**We will not pay for expenses resulting from or related to:**

- a) Any *condition* if in the 90 days before *your departure date*, that *condition* or related *condition* has not been *stable*.
- b) A heart *condition* if in the 90 days before *your departure date*, any heart *condition* has not been *stable* or *you* have taken nitroglycerin more than once per week specifically for the relief of angina pain.
- c) A lung *condition* if in the 90 days before *your departure date* any lung *condition* has not been *stable* or *you* have been treated with home oxygen or taken oral steroids (for example, prednisone or prednisolone) not including inhalants.

##### OTHER EXCLUSIONS

**We will not pay for:**

- The continued *treatment*, investigations, recurrence or complication of a *condition* following *treatment* for an *emergency* for that *condition* during *your trip*, if the medical advisors of Global Excel Management Inc. advised *you*, or would have advised *you* if given the opportunity to do so, to return to *your province* of residence.
- The continued *treatment*, investigations, recurrence or complication of a heart or lung *condition* following *treatment* for an *emergency* for any heart or lung

*condition* during *your trip*, if the medical advisors of Global Excel Management Inc. advised *you*, or would have advised *you* if given the opportunity to do so, to return to *your province* of residence.

- Expenses incurred where *you* have chosen not to follow Global Excel Management Inc.'s instructions.
- Elective *treatment*, meaning *treatment* that is not required due to an *emergency* even if it is recommended by a *doctor*.
- Expenses incurred if *you* travel contrary to medical advice, or if future *treatment* or investigation for a previously diagnosed *condition* (even if it has been *stable* for 90 days prior to *your departure date*) has been recommended or scheduled, except routine monitoring for the *condition* or related *condition* causing *you* to seek *treatment*.
- Any *treatment*, investigation or surgery that is not due to an *emergency*.
- Any surgery, invasive investigations, including cardiac catheterization unless preapproved by Global Excel Management Inc. except in extreme circumstances, on an *emergency* basis, immediately following admission to a *hospital*.
- Expenses for *treatment* which is experimental.
- Expenses incurred if *you* have left *your province* of residence for the purposes of receiving medical care or *hospital* services.
- Any expenses for the care of children or a parent related to childbirth and delivery, or any complications of pregnancy, if *you* travel during the nine weeks before *your* expected delivery date as determined by *your doctor* at home.
- Any expenses for the care of *dependent children* born prior to the *departure date* who are less than 15 days old on the *departure date*.
- Expenses which arise, directly or indirectly, from *you* committing or attempting to commit a criminal act as defined by local laws.
- Expenses incurred as a result of *you* participating in professional sports or any motorized speed contest.
- Expenses incurred due to act of civil disorder or war, whether it is declared or not.
- Expenses incurred as a result of *you* driving while impaired by drugs or other toxic substances, or with an alcohol level above the legal limit as determined in the *province* where *you* live.
- Expenses incurred directly or indirectly as a result of *your* abuse of medications, drugs, alcohol or other toxic substances.
- Expenses incurred as a result of intentionally self-inflicted injuries, suicide or attempted suicide, whether *you* are sane or insane.

## PART 2: TRAVEL SERVICES

### WHAT TO DO IN THE EVENT OF A TRAVEL *EMERGENCY* OR IF YOU NEED PRE-TRIP INFORMATION

If *you* need *emergency* travel service or pre-trip information, simply call the CIBC Travel Assistance Line. If in Canada or Continental U.S.A., including Hawaii, call toll free at: **1-877-350-6970**. From all other locations, including Mexico, call collect to: **905-816-2571**. Assistance will be provided by a representative of Global Excel Management Inc.

### HERE'S HOW WE CAN HELP YOU:

**Pre-trip Information and Assistance:** if *you* are visiting a foreign country, we will tell *you* what documentation is required, what the currency exchange rate is, what inoculations are needed, where consulates and embassies are, what weather is typical or forecast, where to find a translator if *you* need one, and where *you* can find things like hotels, tourist attractions and campgrounds.

**Emergency Message Services:** we will record emergency messages from or for *you*. These messages may be retrieved at any time by *you*, *your* family or business associates.

**Recovering Lost Items:** if *your* luggage is lost, stolen or delayed while travelling on a *common carrier*, we will help *you* to recover it. If *your common carrier* ticket or passport is lost or stolen, we will help *you* to replace it.

**Legal Referrals:** if *you* are arrested or detained during the first 31 days of *your trip*, we will help *you* contact a local lawyer or the nearest Canadian embassy. We will also keep *your* family, friends or business associates informed until *you* find legal counsel and we will coordinate any bail bond services that *you* may need.

**Emergency Cash Services:** if *you* need emergency money, we can help *you* arrange to have cash forwarded to *you* through a friend, family member, business or credit card.

## PART 3: WHAT YOU SHOULD KNOW

### INFORMATION ABOUT YOUR COVERAGE

- **This insurance provides coverage whenever *you* leave *your province* of residence. *You* will be covered for the first 31 consecutive days of a *trip*, including the date *you* leave on *your trip*. *You* may purchase additional coverage for the excess portion of *your trip* by calling CIBC Travel Medical Insurance at 1-800-281-9109.**
  - *You* are covered by Royal & Sun Alliance Insurance Company of Canada under Policy number PS1033849248. Global Excel Management Inc. is the assistance and claims service provider under this coverage.
  - This certificate contains only the principal provisions of the Policy; in the event of any conflict, the Policy shall govern, subject to any applicable law to the contrary.
  - Coverage is only available if *you* are a resident of Canada, while *you* are covered by a *government health insurance plan* and while *you* are travelling outside *your province* of residence.
  - For the purposes of this program, *your trip* begins when *you* leave the *province* where *you* live. If *you* are flying, *your trip* begins when *you* take off from the *province* where *you* live. We will require proof of *your departure date* and return date.
  - For the purposes of this program, coverage ends at the earliest of:
    - a. the date *you* return to *your province* of residence;
    - b. the date *your card* is cancelled;
    - c. the date *your card* privileges are terminated;
    - d. the date *you* have been absent for more than 31 consecutive days from *your province* of residence;
    - e. the date the *cardholder* attains age 65;
    - f. the date the Policy is terminated.
  - All payments to *you* are made in Canadian dollars. We will use the exchange rate that we determine to be in effect on the date of *your* claim or date the expense was incurred. Payments are made by cheque payable to *you*, *your* beneficiary, or the provider of the service.
  - All amounts are payable by us in Canadian funds and no amount payable shall carry interest.
  - In a medical *emergency* *you* must use the closest *hospital* or *medical facility* or the facility as determined by us.
- After the insurer pays *your* health care provider or reimburses *you* for covered expenses, it will seek reimbursement from *your government health insurance plan* and any other medical insurance plan under which *you* may have coverage. *You* may not claim or receive in total more than 100% of *your* total covered expenses or the actual expenses which *you* incurred, and *you* must repay to us any amount paid or authorized by the insurer on *your* behalf if and when the insurer determines that the amount was not payable under the terms of *your* Policy.
- If another insurer insures *you* as well, we will co-ordinate with them to make sure the payments don't exceed the expenses *you* have incurred.
  - If *you* are retired and *your* former employer provides to *you* under an extended health insurance plan, a lifetime maximum coverage of:
    - \$50,000 or less, we will not co-ordinate payment with the coverage;
    - more than \$50,000, we will co-ordinate payment with the coverage only in excess of \$50,000.
  - If *you* are actively employed and *your* current employer provides to *you* under a group health insurance plan, a lifetime maximum coverage of:
    - \$50,000 or less, we will not co-ordinate payment with the coverage;
    - more than \$50,000, we will co-ordinate payment with the coverage only in excess of \$50,000.
  - We have the right to obtain from *your doctor* any pertinent medical records or information required to assess *your* claim.

- We have the right, in consultation with the *doctor* who is treating *you*, to transfer *you* to another *hospital* or *medical facility* or back to the *province* where *you* live. We are no longer liable for further expenses relating to *your treatment* if *you* refuse this transfer.
- We are not responsible for the quality, availability or results of any medical *treatment* or transportation.
- This coverage is void if *you* misrepresent or conceal information that may affect it.
- The terms of this coverage are governed and interpreted according to the laws of the province of Ontario.
- No statements or representations made by employees of CIBC, *our* employees, or *our* agents can vary the terms of this coverage.
- *You* cannot start a lawsuit against us more than 12 months after the services were provided.
- If *you* incur expenses due to the fault of a third party, we may take action against the party at fault in *your* name. This will require *your* full cooperation with us and we will pay for all of the related expenses.

## PART 4: HOW TO MAKE A CLAIM

Call the CIBC Travel Assistance Line and the representative will tell *you* exactly what to do. *You* must submit *your* claim to us within 90 days of the date the service was provided. No legal action may be brought to recover on this Policy until 90 days after the Company has been given written proof of loss. No such action may be brought after 12 months from the time written proof of loss is required to be given, or such other period as may be prescribed by law.

If *you* pay the costs of any service that may be covered, be sure to obtain original itemized receipts.

We will require proof of *your departure date* and return date. While airline tickets and customs stamps are preferred, we will accept a credit card receipt with proof of *departure date* from the *province* where *you* live, provided it is signed by *you* and contains *your* name and the location and date of *your* purchase.

*Your* certificate number is *your card* account number.

## HERE ARE THE NUMBERS TO CALL

### CIBC Travel Assistance Line

For *emergency* assistance, pre-trip information, general inquiries and claims reporting and processing, call:

Toll free in Canada or Continental U.S.A., including Hawaii ..... 1-877-350-6970

Collect at all other locations, including Mexico ..... 905-816-2571

If *you're* travelling for more than 31 days, call CIBC Travel Medical Insurance to arrange coverage for the excess portion of *your trip*:

In North America ..... 1-800-281-9109

In Toronto ..... 416-340-6524

## PART 5: AMENDMENT

This coverage may be cancelled, changed or modified at the option of the *card* issuer at any time without notice. This certificate replaces any and all certificates previously issued to the *cardholder* with respect to the Policy.

## YOUR PRIVACY ON THIS INSURANCE

Royal & Sun Alliance Insurance Company of Canada is committed to protecting *your* privacy and the confidentiality of *your* personal information. We will collect, use and disclose personal information for the purposes identified in *our* Privacy Policy. To obtain more information, *you* can review *our* Privacy Policy online at [www.rsagroup.ca](http://www.rsagroup.ca) or request a copy by calling 1-888-877-1710.



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