



2024-2025 Travel Emergency Medical Insurance Policy

Please read the policy carefully.
Certain conditions, limitations and exclusions apply.

The following 11 pages contain
the actual policy text.

Underwritten by:
Old Republic Insurance Company of Canada

Please read this policy carefully for an understanding of the coverage provided. **You may cancel Your policy within 10 days of the purchase date with a full return of premium provided You have not departed on Your Trip and there is no claim in progress.** This policy is underwritten by Old Republic Insurance Company of Canada, which has 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* (if under age 56), *Your Spouse* and *Your Children*. All family members must be named on *Your Policy*. *Children* must be accompanied by either *You* or *Your Spouse*. A *Spouse* over age 55 is not covered by a family policy.

This policy covers *Reasonable Expenses* incurred by *You* outside *Your* province or territory of principal residence; that result from a *Medical Emergency*, including COVID-19, 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* completed application and premium; *You* have met the policy eligibility criteria; and a policy has been issued.

PERIOD OF COVERAGE

For the **Single Trip Plan**, *Your* insurance coverage begins at 12:01 a.m. on *Your Effective Date of Insurance* as set out in *Your* application for insurance and cannot begin earlier unless *You* notify Medipac in advance. *Your* insurance ends on the earlier of: (a) 11:59 p.m. on the scheduled return date set out in *Your* application for

insurance; (b) the date *You* return to Canada for any medical reason. Once treatment ends *You* may apply to Medipac Assist to have *Your* policy reinstated. To be valid, a policy endorsement is required.

If, during the **Single Trip Plan**, *You* return to *Your* province or territory of residence for any other reason and resume travel, this insurance does not provide coverage for any *Medical Emergency* concerning, relating to, caused by or arising from any medical or physical condition for which *You* received *Medical Attention* while in *Your* province or territory of residence. The number of days *You* return to *Your* province or territory of residence cannot be refunded.

If *You* have purchased the **Annual Add-on** in addition to the **Single Trip Plan**, then for every **other Trip**:

1. Outside Canada, *Your* insurance coverage begins at 12:01 a.m. on each day *You* leave Canada during the 365-day period beginning on *Your Effective Date of Insurance*. *Your* coverage ends on the earlier of: (a) 364 days after *Your Effective Date of Insurance*; (b) the date *You* return to Canada; (c) 12:01 a.m. 23 days after the date *You* leave Canada (if *You* purchased the 23-day Annual Add-on); or (d) 12:01 a.m. 33 days after the date *You* leave Canada (if *You* purchased the 33-day Annual Add-on).

2. Within Canada, *Your* insurance coverage begins at 12:01 a.m. on each day *You* leave *Your* Canadian province or territory of principal residence during the 365-day period beginning on *Your Effective Date of Insurance*. *Your* coverage ends on the earlier of: (a) 364 days after *Your Effective Date of Insurance*; (b) the date *You* return to *Your* Canadian province or territory of principal residence; or (c) 12:01 a.m. 182 days after the date *You* leave *Your* Canadian province or territory of principal residence.

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 ON MY SCHEDULED RETURN DATE?"

The insurance coverage must be purchased for the entire duration of *Your Trip*, unless otherwise expressly stated in this policy.

If *You* have purchased the Annual Add-on in addition to the Single Trip Plan, *You* can extend any single Trip during *Your* policy's 365-day period. When extending *Your* Annual Add-on, the same coverage type and deductible option **MUST** apply. *Your* Annual Add-on cannot be used in combination with *Your* Single Trip Plan.

WHAT SHOULD I DO IF I NEED TO SEEK TREATMENT WHILE TRAVELLING?

You **MUST** notify Medipac Assist **PRIOR** to seeking *Medical Treatment* – keep *Your* policy number and the following telephone numbers easily accessible.

1-800-813-9374 (U.S. and Canada)

416-441-6337 (collect or direct from all other locations).
Failure to call Medipac Assist will result in reimbursement of only 75% of all eligible *Covered Expenses* to a maximum of \$50,000 USD.

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 but not limited to MRI, MRCP, CAT Scan, CT Angiogram, Nuclear Stress Test, Angiogram, Angioplasty 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 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;
- 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:

“*Children*” means unmarried dependent sons or

daughters, or grandchildren, who are under the age of 19 and are full-time students; or dependent sons, daughters or grandchildren of any age who are mentally or physically disabled. All *Children* must have been born at least 3 months prior to *Your Effective Date of Insurance* or *Your Trip Start Date*.

“*Company*” means Old Republic Insurance Company of Canada.

“*Covered Expense*” means *Reasonable Expenses* in excess of the Government Health Insurance Plan of the Canadian province or territory in which *You* reside, any other Insurance Plan with the same or similar coverage provided under this policy, 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*” means the amount of *Covered Expenses* that *You* will be responsible for paying. *Covered Expenses* are first paid by *Your* Government Health Insurance Plan; then *Your Deductible Amount* applies before any remaining *Covered Expenses* are paid under this policy. The *Deductible Amount*, if any, applicable to this policy is shown in U.S. dollars on the Policy Validation Label affixed to this policy and applies to each *Trip*. *Your Deductible Amount* must be satisfied in order for *Your* claim to be paid.

“*Effective Date of Insurance*” means for the Single *Trip* Plan, the later of 1) the Date of Departure shown on *Your* application for insurance or 2) the date *You* leave *Your* province or territory of residence. If purchasing the Single *Trip* Plan to top up another medical travel insurance policy, it means the *Effective Date of Insurance* indicated on *Your* application for insurance. For the Annual Add-on (if purchased) it 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, and independent of *Sickness* and of any other cause.

“*Insured*” means a person who is named on the application for insurance, to whom a policy has been issued, and in whose name the required premium has been paid.

“*Medical Attention*”: see Policy Page 6 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 related to a condition, symptom, illness or disease. *Medical Treatment* does not include either: (a) the use of prescribed drugs or medication for a controlled condition, symptom, illness or disease 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, illness or disease.

“*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. outpatient 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 licensed to prescribe and administer *Medical Treatment* within the scope of a medical doctor's licence, or a surgeon who performs surgery within the scope of a surgeon's licence and whose legal and professional standing within their jurisdiction is equivalent to a doctor of medicine (M.D.) duly licensed to practise in any province or territory of Canada.

“*Pre-Existing Condition*”: see Policy Page 5 for details.

“*Reasonable Expenses*” means expenses which are incurred for *Medical Treatment* at a level usually provided for cases that are of the nature and severity of the *Medical Emergency* being treated.

“*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 *Effective Date of Insurance* of 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 6 for details.

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

“Trip Start Date” means the Date of Departure each time *You* leave *Your* province or territory of principal residence during the period of coverage if *You* purchased the Annual Add-on.

“You” and **“Your”** mean the same as *Insured* defined above.

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:

- Hospital* room and board, up to the semi-private charge, services, supplies, intensive care unit and coronary care unit expenses;
- Physician's* charges for medical and surgical care;
- X-rays and other diagnostic tests when prescribed by the attending *Physician* and approved in advance by Medipac Assist;
- The cost of local licensed ambulance service to the nearest medical facility able to provide appropriate care;
- 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;
- 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 \$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 \$500 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 \$5,000 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.

7. Bringing a Relative to Your Bedside: covers the cost of reasonable expenses incurred by a family member or a close friend to visit *You* in *Hospital* in the event that *You* are *Hospitalized* for at least three (3) consecutive nights due to a *Medical Emergency*. The benefit amount is payable to a maximum of \$2,000. The benefit covers the cost of commercial accommodations, meals, essential telephone calls and taxi expenses up to \$350 per day and the cost of a round-trip economy class airfare. 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 expenses 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, as indicated on the Application. The benefit amount is up to \$350 per day to a maximum of \$2,000. The *Company* requires all original receipts for the expenses incurred.

9. Return of Spouse and Children: covers the cost of an economy class airfare to the departure point for the return of *Your Spouse* and *Children*, 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. This benefit must be approved in advance by Medipac Assist.

10. 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.

11. Qualified Medical Attendant: covers the reasonable expenses 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.

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

13. 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 \$10,000. For cremation or burial of the deceased *Insured* at the place of death, the maximum benefit amount is \$5,000. 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 \$350 per day to a maximum of \$2,000. The *Company* requires original receipts for the incurred costs. This benefit must be approved in advance by Medipac Assist.

14. Return to Destination: covers the cost of an economy class airfare to return *You* and/or *Your Insured Spouse* back to *Your* original *Trip* destination so *You* can continue *Your Trip* after *Your* medically approved emergency evacuation back to Canada. This benefit is available only if no further treatment is required and Medipac Assist has approved *Your* return under *Your* existing policy. To be valid, a policy endorsement is required.

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.

WHAT IS NOT COVERED

UNSTABLE PRE-EXISTING CONDITIONS

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

- Any *Pre-Existing Condition* that was not *Stable and Controlled* in the 90 days prior to the *Effective Date of Insurance* or *Your Trip Start Date*. This includes any reaction that results from a change in medication prescribed for such a condition.

“Pre-Existing Condition” means, whether or not diagnosed, 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* prior to the *Effective Date of Insurance* or *Your Trip Start Date*.

“Stable and Controlled” means:

- (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 first 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 new medication was prescribed and/or recommended by a *Physician*; and/or
- (f) 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 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, in the 12 months prior to *Your Effective Date of Insurance* or *Your Trip Start Date*, required: a) a total of three (3) or more Emergency Room visits, *Hospitalizations*, Day Surgeries or any combination of all three; and/or b) a single *Hospitalization* for more than 48 consecutive hours.

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 Effective Date of Insurance* or *Your Trip Start Date*.

GENERAL EXCLUSIONS

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

4. War, whether declared or not, any act of civil war, rebellion, insurrection or terrorism, participation in a riot, civil commotion or demonstration or service in the armed forces of any country.
5. Suicide, attempted suicide or self-inflicted *Injury*.
6. (a) Normal pregnancy; (b) normal childbirth; or (c) any complication, condition or symptom of pregnancy occurring within the last 18 weeks before the expected date of delivery or 9 weeks after.
7. Any child born during a *Trip*.
8. A *Trip* made for the purpose of obtaining a diagnosis, treatment, investigation, surgery or palliative care, whether or not it was recommended by a physician.
9. Emotional, psychological or mental disease, disorder, condition or symptom.
10. Medical or surgical treatment which is not a *Medical Emergency*, is primarily cosmetic, or is experimental; or any complication of the foregoing treatment.
11. 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.
12. Expenses for which no charge would normally be made in the absence of insurance.
13. Rehabilitation, the continued treatment, or complication of the medical condition which caused the *Medical Emergency*, once *You* are discharged from *Hospital* or once a *Medical Emergency* ends, as determined by the *Company*.
14. Any expenses incurred after the date on which *You* have declined an offer of repatriation and/or medical evacuation.
15. The commission or attempted commission of any criminal act by *You*.

16. Any treatment, services or supplies not *Medically Necessary* (as defined), or any medical procedures and/or tests (including but not limited to MRI, MRCP, CAT Scan, CT Angiogram, Nuclear Stress Test, Angiogram, Angioplasty or Cardiac Catheterization) not authorized by Medipac Assist in advance. All surgeries 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*.
17. Emergency medical relocation unless arranged and approved in advance by Medipac Assist.
18. 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.
19. Any *Hospital* or medical benefits if *You* are not covered under the Government Health Insurance Plan of *Your* Canadian province or territory of principal residence.
20. Any damage to or loss of: hearing aids, eyeglasses, sunglasses, contact lenses, artificial teeth or artificial limbs and resulting prescription thereof.
21. a) Non-compliance with or the refusal to accept recommended medical treatment or rehabilitation; b) the abuse or chronic use of drugs, alcohol or other intoxicants (including symptoms of withdrawal); or c) the abuse of prescribed medication (including non-compliance with or refusal to take prescribed medication); whether prior to or during *Your Trip*.
22. The regular treatment or regular care of a condition that existed prior to the *Effective Date of Insurance*.
23. A Heart, Lung, Liver, Kidney, Pancreatic or Bone Marrow Transplant.
24. A *Medical Emergency* that occurred during a *Trip* under the Annual Add-on for which proof of departure has not been provided.
25. Any medical treatment or condition resulting from the practice or training for, or participation in, any high-risk sport, activity or behaviour, including but not limited to scuba diving, mountaineering, rock or precipice climbing, hang gliding, paragliding, sport parachuting, skydiving or bungee jumping.

26. Any medical treatment or condition resulting from the practice or training for, or participation in, a) any speed or endurance contest or b) any athletic or sport activity for remuneration or prize money.
27. 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*.
28. Any *Medical Emergency* that occurs in any city, region or country where the Government of Canada has issued a travel advisory to “avoid all non-essential travel” or “avoid all travel” prior to *Your Effective Date of Insurance* or *Your Trip Start Date*. For travel advisories due to COVID-19, this exclusion does not apply.
29. A COVID-19 test that is required by any body with appropriate authority (such as a government or transportation service) for entry or exit from a country or jurisdiction, to use its services, or for a COVID-19 test which is not considered a *Medical Emergency*.
30. A general health examination or check-up.

GENERAL LIMITATIONS

If *Your* health changes (including a new or changed diagnosis) and/or *You* have any investigations or seek medical attention at any time between *Your* Date of Application and *Your Effective Date of Insurance*, *You* must contact Medipac at 1-800-633-4722 right away. A reassessment for *Your* eligibility and rate qualification will be required, and *Your* premium may be adjusted. Failure to contact Medipac may result in payment of only a portion of the *Covered Expenses*, a claim denied, or the policy deemed **null and void**.

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:

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.

and/or if between *Your Date of Application and Your Effective Date of Insurance*:

4. *You* had been diagnosed as having a terminal illness or had been advised by a *Physician* not to travel.
5. *You* had been diagnosed with pulmonary fibrosis or interstitial lung disease.
6. *You* had an organ or bone marrow transplant (excluding cornea or skin graft) or a blood disorder for which *You* received stem cell treatment.
7. *You* had been treated for, taken or been prescribed medication for, or been diagnosed with lung cancer, metastatic cancer or two (2) or more cancers (excluding basal cell and squamous cell skin cancer).
8. *You* had a cardiac condition with an ejection fraction of less than 41% or a ventricular function grade of 3 or 4.
9. *You* had moderately severe or severe cardiac valve stenosis.
10. *You* had an aneurysm or dilated artery greater than 4.5 cm in size (diameter or width) which remains surgically untreated.
11. *You* underwent chemotherapy, immunotherapy or targeted drug therapy for cancer or malignant tumour(s).
12. *You* had surgery or stenting on any artery or had cardiac pacemaker implant surgery.
13. *You* had cardiac ablation, cardiac defibrillator implant surgery, coronary angioplasty and/or stent, coronary bypass surgery, cardiac valve replacement or repair, had a heart attack, a cardiac arrest or an episode of congestive heart failure.
14. *You* had a stroke, a transient ischemic attack (TIA) or a ministroke.
15. *You* had any chronic lung disease (including emphysema, chronic obstructive pulmonary disease [COPD], chronic bronchitis, reactive airway disease or asthma) which caused *You* to be *Hospitalized* for more than 24 consecutive hours, or for which *You* had taken or been prescribed prednisone or Solu-Medrol.
16. *You* had taken or been prescribed home oxygen for any reason.
17. *You* had taken or been prescribed insulin or two (2) or more medications for diabetes and medication for a heart condition. The term “medication” includes nitroglycerin in any form.

If *You* are under the age of 56 and travelling for less than 41 days, items 4. to 17. do not apply.

Misstatement

If *You* misstate *Your* response to any question in section A of the application, then this policy is null and void.

If *You* misstate *Your* response on the application to the question which asks if *You* have smoked cigarettes and, as a result, paid a lower premium than required, *Your* policy will provide reimbursement of only 75% of all *Covered Expenses*.

If *You* misstate *Your* response in any other section of the application and, as a result, paid a lower premium than required, this policy will cover only the proportion of *Covered Expenses* that the premium paid bears to the required premium. *You* will be responsible for the remaining portion of *Covered Expenses*.

Where the *Company* has incurred expenses on *Your* behalf, *You* irrevocably assign *Your* premium and any Government Health Insurance Plan payments to the *Company*; where the amount of premium is greater than the *Company's* expenses, the difference shall be refunded to *You*.

CHANGE IN DEPARTURE DATE

For the Single *Trip* Plan, if there is a change in *Your* Date of Departure, notice **MUST** be provided to Medipac from within Canada prior to the Date of Departure shown in *Your* application. If *You* purchased the Annual Add-on, *You* are not required to provide advance notice of *Your Trip Start Date* for every other *Trip*. **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* (including *Covered Expenses* for COVID-19) up to a maximum of \$2,000,000 USD per *Insured*.
- B. The *Company* and its agents are not responsible for the availability, quality or results of any *Medical Treatment* or transportation, or where *You* fail 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 null and void** as of the date and time of *Your* refusal. After that date and time no expenses will be

paid under this insurance policy; for greater clarity, coverage under this policy will cease.

- 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 the *Company* or its agents 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. If *You* have misstated *Your* age, and such misstatement results in *Your* paying premium which is less than the required premium, this policy will cover only the proportion of *Covered Expenses* that the premium paid bears to the required premium.
- H. Where the *Company* has incurred expenses on *Your* behalf for a loss caused by, or that can be attributed to a third party, the *Company* has the right to subrogate any incurred expenses against the third party and/or any other person or entity that may be obligated to indemnify the third party (and/or *You*) or that may be deemed responsible for the loss (“Responsible Party”). The *Company*, at its own expense, has the right to initiate or continue legal proceedings (“Legal Claim”), in *Your* name, against the Responsible Party. *You* must take all reasonable steps to assist the *Company* in advancing the Legal Claim. Where *You* initiate a Legal Claim, or seek compensation for *Your* loss, the *Company's* rights of subrogation must be sufficiently addressed, and the *Company* kept informed of any negotiations. The *Company* has the right to review, approve and/or reject any offer of compensation or settlement. Any funds received by *You* or *Your* representatives, in compensation or settlement for *Your* loss, must first be applied to any expenses incurred by the *Company*, and the *Company* reimbursed accordingly.
- I. When the *Company* has made *Hospital* or other medical payments on *Your* behalf, *You* must sign an Authorization Form which authorizes and allows the *Company* to recover such payments from *Your* other insurers and other health plans (including *Your* Government Health Insurance Plan). *You* must assist

the *Company* in obtaining such reimbursement. 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*.

- J. All benefit amounts under this policy are in United States currency unless stated otherwise. 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.
- K. This insurance is supplementary health coverage; i.e., 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* have similar out-of-country/province extended health benefits with a lifetime maximum coverage of: (a) \$100,000 CAD or less, the *Company* will not co-ordinate payment with such coverage; or (b) over \$100,000 CAD, the *Company* will co-ordinate payment with such coverage in excess of \$100,000 CAD.
- L. For purposes of determining eligibility under the section “Individuals Excluded from Coverage” in the General Limitations of this policy or for determining the validity of a claim, **hospital records, pharmaceutical records and the medical records of *Your* attending *Physician(s)* (including *Your* 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.
- M. Despite any other provision contained herein, **this policy 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.
- O. The *Company* has the right, and *You* shall afford the *Company* the opportunity, to have *You* medically examined by an independent medical professional 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.

WHAT HAPPENS TO MY INSURANCE COVERAGE IF I AM HOSPITALIZED AND CANNOT RETURN ON MY SCHEDULED RETURN DATE?

This policy provides an 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* on *Your* scheduled return date, insurance coverage 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 *Your* scheduled return date 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, insurance coverage 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 *Your* scheduled return date.

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 containing everything necessary to submit *Your* claim, including instructions and forms (also available on our website at www.medipac.com). **Forms must be returned to our office within 30 days of receipt.** Failure to provide the required documents in a timely manner will reduce any amount payable under this policy.

To adjudicate *Your* claim, the *Company* will require:

- a completed Claim and Authorization and Release Form
- original invoices and/or receipts
- payment of *Your Deductible Amount*, if any
- payment of outstanding premium, if any
- complete medical records including final diagnosis by the attending *Physician*
- medical records relating to the continuation of any treatment after *Your* return to Canada
- historical medical records
- any other relevant documentation
- proof of *Your* departure date, if claiming under the Annual Add-on or when requested by the *Company*

For payment, please submit ONLY original itemized bills, the HCFA-Form 1500, UB-04 (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)

Original bills must be provided for any eligible out-of-pocket expenses. Cash register receipts are not considered original bills.

For Claim inquiries please phone the Medipac Assist Claims Department:

Toll-free from the U.S.A. and Canada: **1-888-311-4761**
or from other locations: (416) 441-7073

POLICY EXTENSIONS

All requests for an extension of coverage are subject to approval and are not guaranteed. To extend *Your* coverage *You* must call Medipac Customer Service at 1-800-633-4722 toll-free from the U.S. or Canada, or at (416) 441-7070 from other locations during general office hours. Extensions will not be completed by email or voicemail. Policy terms, conditions and exclusions will apply during the extension period.

An extension must be applied for at least 5 days prior to the expiry date of *Your* policy, or at least 5 days prior to the date *Your Trip* will end under the Annual Add-on, if applicable. If *Your* Annual Add-on has ended, *You* must purchase a new policy.

To apply for an extension of coverage *You* must:

- be in good health and have had no change in *Your* health status between *Your Effective Date of Insurance* and the date of *Your* request for an extension;
- have had no event that has resulted or may result in a claim on the policy;
- have not consulted a physician or other registered medical practitioner between the Date of *Your* Departure from Canada and the date of *Your* request for an extension;
- complete a questionnaire;
- pay the required premium by credit card; and
- pay a non-refundable administration fee per person, per extension.

Extensions are available in trip length units as published, and the total trip length cannot exceed the maximum number of days allowed by *Your* Government Health

Insurance Plan, or 212 days. Extensions are calculated using the rate of the new total trip length minus the rate of the original trip length. If extending a *Trip* under the 23-day or 33-day Annual Add-on, the extension is calculated using the rate of the new *Trip* total minus the rate of a 23-day or 33-day trip length.

Extension Exclusion:

Policy extensions do not cover, provide services or pay claims for expenses resulting directly or indirectly from any *Sickness* or *Injury* that first manifested, was first diagnosed, or first treated after the *Effective Date of Insurance* or *Trip Start Date* and prior to the date when *Your* application to extend *Your* period of coverage under this insurance was approved.

REFUND POLICY

1. No refunds are available if a claim has been incurred.
2. The premium for the Annual Add-on cannot be refunded once coverage begins.
3. Refund requests must be made in writing from within Canada and can be either mailed or e-mailed. All refund requests must be signed and dated by each individual applicant.
4. Refunds will be made using the same method of payment in which the original transaction was completed.

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

FULL REFUND only if, prior to the *Effective Date of Insurance*, the policy is cancelled for the following reasons:

- 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 \$50 Administration Fee per person if prior to the *Effective Date of Insurance* the policy is cancelled for any other reason. Premiums \$50 or less will not be refunded.

Any **FULL REFUND** of the **Single Trip Plan** will also terminate the Annual Add-on.

PARTIAL REFUND if:

- the *Insured* returns to Canada prior to the scheduled return date with at least 5 consecutive unused days remaining on their policy.
- If the refund request is sent via e-mail, proof of *Your* return to Canada must be provided.
 - If travelling by air, provide a boarding pass or check-in receipt.

- If crossing the border by land, provide a receipt with the date of *Your* return and a Canadian address (e.g. the receipt for a purchase made with the credit card *You* used to pay for *Your* policy).
- A pro-rata refund will be calculated using the postmarked date of the written request or, in the cases of an e-mailed request, the date indicated on the proof of return.
- If *You* have purchased the 23-day (or 33-day) Annual Add-on, only the premium in excess of a minimum 22-24 day (or 31-33 day) *Single Trip Plan* will be eligible for a refund.
- *Your* request **MUST** include a statement that no claims have been incurred.

PARTIAL REFUNDS are subject to a \$20 Administration Fee per person. Premiums \$20 or less will not be refunded.

All requests for refunds can be mailed to:
Medipac Travel Insurance,
180 Lesmill Road, Toronto ON M3B 2T5
or e-mailed to: service@medipac.com

Signed for the *Company* by:



Jason Smith, CPA, CA
President and CEO

Underwritten by

Old Republic Insurance Company of Canada.
100 King Street W. Suite 1100, Hamilton, ON L8P 1A2

IMPORTANT NOTICE – PLEASE READ CAREFULLY

- Travel insurance is designed to cover losses arising from sudden and unforeseeable medical emergencies. It is important that you read and understand your policy before you travel, as your coverage is subject to certain conditions, limitations and 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.
- Travel insurance requires you to notify your 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.

MedipacMAX Endorsement (If purchased)

If purchased, this Endorsement forms part of *Your* policy and is subject to ALL of the terms and conditions, including definitions, of *Your* Medipac Travel Emergency Medical Insurance Policy. MedipacMAX is only in effect while *You* are travelling out of province during the Medipac period of coverage as outlined on page 1 of the policy under which this endorsement was purchased. Benefit maximums are in U.S. dollars unless otherwise indicated.

CLAIM-FREE DISCOUNT PROTECTION

If *You* are entitled to a Medipac Claim-Free Discount for *Your* next policy purchase, and *You* add this Endorsement, the claim that causes *You* to exceed *Your* deductible is forgiven and not considered a claim for the purpose of calculating *Your* Medipac Claim-Free Discount; any subsequent claims will not be forgiven for this purpose. *Your* current discount will carry forward for *Your* next year's purchase.

POLICY MAXIMUM

Policy Page 8 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* (including *Covered Expenses* for COVID-19) up to a maximum of \$5,000,000 USD per *Insured*.

CANADIAN HOSPITALIZATION BENEFIT

The Canadian Hospitalization Benefit pays *You* \$200 CAD per day, to a maximum of \$2,000 CAD. This benefit applies if Medipac Assist returns *You* to Canada for medical reasons and *You* are *Hospitalized* within 3 days of *Your* return. *Hospitalization* must be for consecutive days and *You* must provide medical records of *Your* Canadian *Hospital* stay when making a claim under this benefit.

PET BENEFIT

The Pet Benefit will reimburse up to a maximum of \$1,500 in transportation expenses to return *Your* pet(s) to Canada if Medipac Assist returns *You* to Canada for *Medical Treatment* during *Your* period of coverage; or if *You* have an eligible claim under the Return to Canada benefit, the *Company* will reimburse *You* for boarding costs for *Your* pet(s) for 1 week up to a maximum of \$1,000 while *You* are in Canada. The *Company* requires all original receipts for the expenses incurred. This benefit must be approved in advance by Medipac Assist.

EXCESS LUGGAGE BENEFIT

The Excess Luggage Benefit will reimburse up to a maximum of \$1,000 in shipment expenses to return *Your* Excess Luggage to Canada if Medipac Assist returns *You* to Canada for *Medical Treatment* during *Your* period of coverage if *You* are unable to return *Your* Excess Luggage by any other means. The *Company* requires all original receipts for the expenses incurred. This benefit must be approved in advance by Medipac Assist.

RETURN TO CANADA BENEFIT

The Return to Canada Benefit covers the cost of a return economy class airfare to a maximum of \$4,000 to fly *You* from *Your* vacation destination to Canada and back to *Your* vacation destination. Any flight outside *Your* period of coverage is not eligible for reimbursement. In addition, this benefit covers out-of-pocket expenses including ground transportation and accommodations to a maximum of \$700. 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). The *Company* requires all original receipts for the expenses incurred. This benefit must be approved in advance by Medipac Assist.

EXCLUSION FOR RETURN TO CANADA BENEFIT

No benefits are payable if:

1. The deceased *Immediate Family* member was *Hospitalized* within 30 days prior to the *Effective Date of Insurance* or *Your Trip Start Date*; **OR**
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 *Your* scheduled return date.

MedipacMAX Endorsement (If purchased)

RELOCATION BENEFIT

The Relocation Benefit will reimburse the reasonable expenses for temporary accommodations and transportation in the event a disaster caused by a hurricane, flood, forest fire, sinkhole or earthquake causes *Your Principal Dwelling* to become uninhabitable. This benefit is payable to a maximum of \$5,000. The *Company* requires proof of residence, proof the disaster occurred and all original receipts for the expenses incurred. This benefit must be approved in advance by Medipac Assist.

ACCIDENTAL DEATH BENEFIT Insured Risk

You are covered for \$10,000 CAD if *You* die as a result of an accident which occurred while *You* are outside *Your* province or territory of residence and while *Your* Medipac 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 *Your* period of coverage.

EXCLUSION FOR ACCIDENTAL DEATH BENEFIT

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 the Accidental Death 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 the necessary claim forms as well as instructions covering other requirements that may aid in a prompt handling of the claim.

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*.

INPATIENT REHABILITATION BENEFIT

MedipacMAX will reimburse up to a maximum of \$5,000 for the cost of inpatient rehabilitation (rehab) in the event *You* suffer an accidental orthopedic injury and are recommended for inpatient rehabilitation by a physician. The injury and rehab must occur outside of Canada. The rehab must be recommended to take place immediately following the treatment of *Your* injury. This benefit must be approved in advance by Medipac Assist.

Additional Definitions under MedipacMAX

"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, Grandson or Granddaughter. **Brothers and Sisters are not included.**

"Principal Dwelling" means the principal residence located at the out-of-province address in which *You* reside.

"Principal Residence" means the dwelling located at the Canadian address indicated on *Your* application for the Medipac Travel Emergency Medical Insurance Policy under which this Endorsement was purchased.

MedipacPLUS Endorsement (If purchased)

If purchased, this Endorsement forms part of *Your* policy and is subject to ALL of the terms and conditions, including definitions, of *Your* Medipac Travel Emergency Medical Insurance Policy. MedipacPLUS is only in effect while *You* are travelling out of province during the Medipac period of coverage as outlined on page 1 of the policy under which this endorsement was purchased. Benefit maximums are in U.S. dollars unless otherwise indicated.

CLAIM-FREE DISCOUNT PROTECTION

If *You* are entitled to a Medipac Claim-Free Discount for *Your* next policy purchase, and *You* add this Endorsement, the claim that causes *You* to exceed *Your* deductible is forgiven and not considered a claim for the purpose of calculating *Your* Medipac Claim Free Discount; any subsequent claims will not be forgiven for this purpose. *Your* current discount will carry forward for *Your* next year's purchase.

POLICY MAXIMUM

Policy Page 8 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* for COVID-19 up to a maximum of \$2,000,000 USD per *Insured*. This policy will reimburse *You* up to a maximum of \$5,000,000 USD per *Insured* for all *Covered Expenses*.

CANADIAN HOSPITALIZATION BENEFIT

The Canadian Hospitalization Benefit pays *You* \$100 CAD per day, to a maximum of \$1,000 CAD. This benefit applies if Medipac Assist returns *You* to Canada for medical reasons and *You* are *Hospitalized* within 3 days of *Your* return. *Hospitalization* must be for consecutive days and *You* must provide medical records of *Your* Canadian *Hospital* stay when making a claim under this benefit.

PET BENEFIT

The Pet Benefit will reimburse up to a maximum of \$750 in transportation expenses to return *Your* pet(s) to Canada if Medipac Assist returns *You* to Canada for *Medical Treatment* during *Your* period of coverage; or if *You* have an eligible claim under the Return to Canada benefit, the *Company* will reimburse *You* for boarding costs for *Your* pet(s) for 1 week up to a maximum of \$500 while *You* are in Canada. The *Company* requires all original receipts for the expenses incurred. This benefit must be approved in advance by Medipac Assist.

EXCESS LUGGAGE BENEFIT

The Excess Luggage Benefit will reimburse up to a maximum of \$500 in shipment expenses to return *Your* Excess Luggage to Canada if Medipac Assist returns *You* to Canada for *Medical Treatment* during *Your* period of coverage if *You* are unable to return *Your* Excess Luggage by any other means. The *Company* requires all original receipts for the expenses incurred. This benefit must be approved in advance by Medipac Assist.

RETURN TO CANADA BENEFIT

The Return to Canada Benefit covers the cost of a return economy class airfare to a maximum of \$2,000 to fly *You* from *Your* vacation destination to Canada and back to *Your* vacation destination. Any flight outside *Your* period of coverage is not eligible for reimbursement. In addition, this benefit covers out-of-pocket expenses including ground transportation and accommodations to a maximum of \$350. 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). The *Company* requires all original receipts for the expenses incurred. This benefit must be approved in advance by Medipac Assist.

EXCLUSION FOR RETURN TO CANADA BENEFIT

No benefits are payable if:

1. The deceased *Immediate Family* member was *Hospitalized* within 30 days prior to the *Effective Date of Insurance* or *Your Trip Start Date*; **OR**
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 *Your* scheduled return date.

MedipacPLUS Endorsement (If purchased)

RELOCATION BENEFIT

The Relocation Benefit will reimburse the reasonable expenses for temporary accommodations and transportation in the event a disaster caused by a hurricane, flood, forest fire, sinkhole or earthquake causes *Your Principal Dwelling* to become uninhabitable. This benefit is payable to a maximum of \$2,500. The *Company* requires proof of residence, proof the disaster occurred and all original receipts for the expenses incurred. This benefit must be approved in advance by Medipac Assist.

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 or territory of residence and while *Your* Medipac 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 *Your* period of coverage.

EXCLUSION FOR ACCIDENTAL DEATH BENEFIT

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 the Accidental Death 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 the necessary claim forms as well as instructions covering other requirements that may aid in a prompt handling of the claim.

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*.

INPATIENT REHABILITATION BENEFIT

MedipacPLUS will reimburse up to a maximum of \$2,500 for the cost of inpatient rehabilitation (rehab) in the event *You* suffer an accidental orthopedic injury and are recommended for inpatient rehabilitation by a physician. The injury and rehab must occur outside of Canada. The rehab must be recommended to take place immediately following the treatment of *Your* injury. This benefit must be approved in advance by Medipac Assist.

Additional Definitions under MedipacPLUS

"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, Grandson or Granddaughter. **Brothers and Sisters are not included.**

"Principal Dwelling" means the principal residence located at the out-of-province address in which *You* reside.

"Principal Residence" means the dwelling located at the Canadian address indicated on *Your* application for the Medipac Travel Emergency Medical Insurance Policy under which this Endorsement was purchased.

Notice on Privacy

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 questions about our privacy policy, please visit www.orican.com/privacy or contact our Privacy Officer at privacy@orican.com or 1-800-530-5446.

Administration Fees

1. Change (<i>first change at no charge</i>).....	\$20.00
2. NSF cheque.....	\$25.00
3. Rush delivery service (<i>2-4 business days</i>).....	\$20.00
4. Extension	\$10.00
5. Full refund	
Medical reasons.....	FREE
Any other reason.....	\$50.00
6. Partial refund.....	\$20.00

Administration fees are non-refundable.