
MEDOC[®]
TRAVEL
INSURANCE PLAN

PERSONAL POLICY OF INSURANCE

Effective September 1, 2009



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IN THE EVENT OF A MEDICAL EMERGENCY

You must contact the MEDOC Claims Assistance Centre immediately:

1-800-709-3420 in the U.S. or Canada

819-566-1002 collect from anywhere else

If *you* have a medical *emergency*, *you* must notify the *MEDOC Claims Assistance Centre* immediately before seeking medical treatment. However, if *you* are unable to do so, because *you* are medically incapacitated, someone else must call on *your* behalf as soon as is reasonably possible. If *you* do not call when the *emergency* occurs, *eligible expenses* will be reimbursed at 70% based on *reasonable and customary* costs.

This policy is issued to *you* by the Company in consideration of the applicant submitting a completed and signed Application for Insurance form and payment of the required premium to the Administrator.

IMPORTANT: Some of the expenses and services eligible for payment under this policy must be pre-approved and arranged in advance by the *MEDOC Claims Assistance Centre*.

PLEASE READ THIS POLICY CAREFULLY

I. General Information

A. Eligibility

To be eligible for insurance under the MEDOC Plan, *you* must:

- a) be a QCC *member* or a *spouse* of a QCC *member*; or
- b) be a QCC family member or friend of a QCC *member* and
- c) be actively at work with *your* employer; and
- d) be under age 65; and
- e) be a Canadian resident and permanently reside in Canada; and
- f) be insured under *your Provincial and/or Territorial Health Insurance Plan*.

B. Applying for coverage

To apply for coverage under this insurance, *you* must complete the Application for Insurance form and return it with a personal cheque marked VOID to the *Administrator*. Premiums will be deducted through pre-authorized chequing. The *effective date* of insurance is the date the *Administrator* receives *your* completed, signed and dated Application for Insurance form. *Your* Application for Insurance form must be completed and received by the *Administrator* before *your day of departure* from *your province or territory of residence* in order for coverage to be effective.

C. Automatic renewal of coverage

This insurance automatically renews each year on the *renewal date* (September 1), based on *your* previous *policy year's* plan selection(s). *You* will receive written notification of *your* renewal of coverage in advance. Coverage will continue at the *renewal date* for the next *policy year*, unless *you* provide written notice of termination to the *Administrator* within 60 days from the first premium deduction for that *policy year*.

Applicable to a QCC member or a spouse of a QCC member only:

On the *policy renewal date* following *your* 65th Birthday, coverage will automatically be renewed on the MEDOC Retiree Standard, 35-day Base Plan. *You* will receive written notification of the renewal in advance, along with new information outlining the coverage and *you* will be given an opportunity to review and make changes to the plan options.

D. *Your* premium payment

The total annual premium due for *your* coverage is divided into equal monthly payments, from the first premium deduction date following the purchase of the 17-day or the 35-day Plan to the last premium deduction date in that *policy year*. Premium payments are paid through pre-authorized chequing bank deduction. In addition:

- a) For first-year *applicants*: the annual premium for the 17-day or 35-day Plan will be pro-rated from the *effective date* to the *renewal date*

First-year *applicants* are considered persons who were never previously insured under the MEDOC Plan and/or persons who are rejoining the MEDOC Plan after one (1) full *policy year* of non-coverage.

- b) If *you* are not a first-year *applicant*, and rejoining the MEDOC Plan within the same *policy year*, *you* will be required to pay the premium for the entire *policy year*.

For any monthly premium not paid when due for any reason, the amount owing, plus a service charge will be added to the next available premium deduction.

E. Family Coverage

Family coverage is available to *you*, *your spouse* and *dependent(s)* when *you* require coverage for *dependent(s)* and have paid the required premium for the Family Plan or two Single Plans under this insurance.

F. When does *your* coverage begin and end?

If you purchased the 17-day or 35-day Plan, *your* coverage begins on *your day of departure* from *your province or territory of residence*. *Your* coverage ends on the earlier of: a) the actual day you return to *your province or territory of residence*, if *your* return is before *your* (scheduled) *day of return*; b) *your* (scheduled) *day of return* to *your province or territory of residence*; or c) the 17th day (for the 17-day Plan) or 35th day (for the 35-day Plan) after *your day of departure*. Individual insured *trips* must be separated by a return to *your province or territory of residence* by a period of at least 24 hours or more.

For Trip Cancellation benefits *your* coverage begins on *your* effective date of coverage and ends on *your* day of departure.

G. Upgrading *your* trip

If you have not had a *medical condition* and want to upgrade *your* 17-day plan to a 35-day plan, *you* must contact the *Administrator* to arrange for an upgrade of coverage before *your* current *trip termination date*. *Your* premium will be adjusted on the next monthly premium deduction date and *you* will receive written notification of that adjustment. If *you* have had a *medical condition*, the *MEDOC Claims Assistance Centre* must approve *your* request for an extension.

H. Automatic Extension of Coverage

This insurance provides automatic extension of coverage beyond *your day of return*, if on *your day of return* *you*, *your travelling companion*, or *family member* travelling with *you* are confined to a *hospital* due to an *emergency*. Coverage will remain in force for as long as *you*, *your travelling companion* or *family member* is admitted to *hospital* and will be extended up to 72 additional hours following discharge from *hospital*. Automatic extension of coverage up to 72 hours also applies when:

- a) the delay of a *common carrier* in which *you* are a passenger causes *you* to miss *your* scheduled return to *your province or territory of residence*;
- b) the personal *vehicle* in which *you* are travelling is involved in an accident or mechanical breakdown that prevents *you* from returning to *your province or territory of residence* on or before *your day of return*; or
- c) *you* must delay *your day of return* to *your province or territory of residence* by the personal means of transportation in which *you* are travelling, due to extreme weather conditions.

I. Refund of Premium

There are no refunds available under this plan, and this plan cannot be cancelled until the end of the *policy year*.

II. MEDOC PLAN DESIGN

The MEDOC Plan provides *Emergency Medical Insurance* coverage as indicated below. Unless otherwise stated, dollar amounts shown under this insurance are in Canadian currency. All benefits are subject to exclusions and limitations as outlined on pages 10 - 13.

A. 17-DAY PLAN

If you purchased the 17-day Plan, your coverage includes:

Up to a maximum of \$5,000,000 *Emergency Medical* coverage for an unlimited number of *trips* not exceeding 17 days per *trip* per *policy year*. Proof of departure from *your province or territory of residence* is required if a claim occurs.

Up to a maximum of \$4,000 *Trip Cancellation, Interruption & Delay Insurance* per *trip*. This only applies to *trips* booked prior to *your day of departure* from *your province or territory of residence*.

B. 35-DAY PLAN

If you purchased the 35-day Plan, your coverage includes:

Up to a maximum of \$5,000,000 *Emergency Medical* coverage for an unlimited number of *trips* not exceeding 35 days per *trip* per *policy year*. Proof of departure from *your province or territory of residence* is required if a claim occurs.

Up to a maximum of \$4,000 *Trip Cancellation, Interruption & Delay Insurance* per *trip*. This only applies to *trips* booked prior to *your day of departure* from *your province or territory of residence*.

If desired, you may upgrade your 17-day plan at any time during the *policy year* provided notification is reported prior to your 17th day of travel. The entire premium for the duration selected is due regardless of the time of year purchased. A decreased *trip* selection is not permitted during the *policy year*.

III. MEDOC PLAN BENEFITS

EMERGENCY MEDICAL INSURANCE

The MEDOC Plan covers *reasonable and customary* expenses arising from a medical *emergency, up to the amounts specified and a maximum aggregate of \$5,000,000 per insured per sickness or injury, while on an insured trip which are in excess of any deductible amount specified on your confirmation of coverage*. Eligible benefit payments are in excess of any medical expenses payable by your *Provincial and/or Territorial Health Insurance Plan*, or any other insurance plan, for *emergency treatment* medically required while on a *trip*.

You must contact the *MEDOC Claims Assistance Centre* before you seek medical attention. If you are unable to call because you are medically incapacitated someone else (such as a relative, friend, *nurse, physician*, or medical provider) must contact the *MEDOC Claims Assistance Centre* on your behalf as soon as is reasonably possible. If you (or someone else) do not call the 24-hour *MEDOC Claims Assistance Centre* or if you choose to seek care from a non-recommended medical service provider, your coverage will be limited to 70% of *eligible expenses* payable under the *Emergency Medical Insurance* coverage.

IMPORTANT: The *MEDOC Claims Assistance Centre* must pre-approve and arrange *eligible expenses and benefits (items # 1 to 8 listed below) in advance. To receive reimbursement for *eligible expenses or benefits (items # 9 to 13), you must submit original receipts at time of claim.**

All expenses and benefits under this insurance are subject to the Exclusions and Limitations including the Medical Stability Clause outlined on pages 10 - 13.

Eligible expenses include:

1. *Emergency Medical Expenses* - This benefit covers the cost of *emergency treatment* for the following:

- a) *Hospital* room and board, including an intensive care or coronary care unit, charges for standard ward accommodation, semi-private room, or private room charges when a private room is certified as *medically necessary* by the attending *physician*;
- b) Other *hospital* services and supplies;
- c) Medical, surgical or anaesthetic treatment by a licensed *physician*;
- d) X-rays and other diagnostic tests;
- e) Use of an operating room, anesthesia and surgical dressings;
- f) Cost of licensed ground ambulance service;
- g) Outpatient *emergency* room charges;
- h) Prescription drugs or medication prescribed by a *physician* limited to a 30 day supply;
- i) Rental cost of a wheelchair, or the rental or purchase of minor medical appliances such as crutches, braces and other necessary medical appliances.

2. *Air Emergency Transportation or Evacuation* - Covers the cost of the following, when medically required and approved in advance and arranged through the *MEDOC Claims Assistance Centre*:

- a) Air ambulance to the nearest appropriate medical facility or to a Canadian *hospital*;
- b) The cost of a one-way economy airfare transportation by the most effective route to return you to your *province or territory of residence*;
- c) A return economy airfare on a commercial flight and the usual fees and expenses for a qualified medical attendant to accompany you to your *province or territory of residence*;
- d) Expenses for (i) an economy seat, or (ii) the number of economy seats required to accommodate a stretcher to transport you back to your *province or territory of residence* following hospitalization as a result of an *emergency*.

- 3. Private Duty Nursing Expenses** – This benefit covers up to a maximum of \$10,000 per *insured person* for professional private duty nursing services (in a *hospital* only) by a registered graduate *nurse* when *medically necessary*.
- 4. Transportation to the Bedside** - This benefit covers the cost of a round-trip economy class fare by the most effective route (air, bus or train) from Canada to bring one of *your family members* or a close friend to be with *you*;
- a) if *you* have been confined in a *hospital* for at least 3 consecutive days and had been travelling alone;
 - b) if *you* and *your travelling companion* have both been confined in a *hospital* for at least 3 consecutive days;
 - c) if *you* have been confined in a *hospital* and are travelling with children that are under age 21 and are dependent on *you* for support;
 - d) to identify a deceased *insured person* prior to release of the body, where necessary.

For benefits a) to c) above to be payable, *your* attending *physician* must verify in writing that *your* medical situation is serious enough to warrant the visit.

The *MEDOC Claims Assistance Centre* must approve and arrange this benefit in advance.

NOTE: *Your family member* or close friend travelling to be at *your* bedside is not covered under this insurance.

- 5. Return of Minor Dependent Child with Escort** - If a *dependent* under the age of sixteen (16) is travelling with *you* on the same *trip* and is left unattended because *you* are hospitalized for a period of 48 hours or more, or *you* must return to Canada because of a medical *emergency*, this benefit will arrange for and cover:
- a) the extra cost of one-way economy transportation by the most direct route to return *your dependent* to *your province or territory of residence*; or
 - b) the cost of return economy transportation, overnight accommodation expenses plus reasonable expenses for meals and ground transportation for an escort, when the *MEDOC Claims Assistance Centre* deems such escort necessary.
- 6. Repatriation or Burial** - If an event occurs that causes *your* death while on a *trip*, this benefit covers up to a maximum of \$5,000 per *insured person* for:
- a) the cost of preparation of *your* remains (including cremation), and/or
 - b) transportation of *your* remains to *your province or territory of residence*, or
 - c) the cost of burial at the place of death.

This benefit does not cover the cost of a burial coffin or urn.

- 7. Vehicle Return Benefit** – This benefit covers up to a maximum of \$3,000 for eligible and actual expenses incurred by *you* for the return of a *vehicle* if the *MEDOC Claims Assistance Centre*'s medical advisors in consultation with *your* attending *physician* (where applicable), determine that neither *you* nor *your travelling companion* is able to operate *your* owned or rental *vehicle*, due to *your illness, injury* or death while travelling outside *your province or territory of residence*.

Eligible expenses for reimbursement are: a) the cost of the return of *vehicle* performed by a commercial rental agency to *your province or territory of residence* within 30 days of *your* return to Canada; or b) the following necessary and reasonable expenses incurred by an individual returning the *vehicle* on *your* behalf: fuel, meals, overnight accommodation, one-way economy airfare transportation. This benefit does not cover expenses incurred by anyone travelling with the person returning the *vehicle*. To be covered these expenses must be supported by original receipts. Any other expenses including mileage reimbursement are not covered. Benefits will only be payable when pre-approved and/or arranged by the *MEDOC Claims Assistance Centre*.

8. Pet Return Benefit - This benefit covers up to a maximum of \$500 for the actual cost of a one-way transportation *you* incur for the return of *your pet(s)* to *your province or territory of residence* if *you* must interrupt *your trip* and are eligible for (post departure) *Trip Interruption & Delay Insurance* coverage. Any other charges related to the return of the *pet(s)* are *your* responsibility.

The *Pet Return Benefit* is also available if *you* are returned to Canada as described under Benefit # 2, *Air Emergency Transportation or Evacuation Benefit*.

9. Physiotherapy and Other Professional Services - When prescribed by a physician and approved in advance by the MEDOC Claims Assistance Centre, this benefit covers up to a maximum of \$300 per profession per *insured person* for professional services of an osteopath, podiatrist, physiotherapist, chiropractor, or chiroprapist while on *your trip*.

10. Emergency Dental Expenses - This benefit covers up to a maximum of \$5,000 per *insured person* for the cost of repair or replacement of natural teeth (including capped or crowned teeth) or permanently attached artificial teeth required as the result of an accidental *injury* to the mouth (caused by an external accidental blow to the mouth). Chewing accidents are not covered. Services must be performed by a licensed *dentist* or *dental surgeon*.

To be eligible for payment, expenses for *emergency* dental services must commence within 30 days after the date of the *injury*. If treatment cannot be rendered within 30 days due to the nature of the *emergency*, it must be provided within 365 days of the date of that *injury*.

Along with the appropriate claim forms, *you* must submit one or more of the following: a) an official police or accident report; b) a licensed *dentist*, *dental surgeon* or a *physician's* report; and/or c) a *hospital* or medical facility report.

11. Emergency Relief of Dental Pain - This benefit covers up to a maximum of \$300 per *insured person* for the cost of palliative *emergency treatment* to relieve dental pain. This benefit does not cover charges for routine dental care or treatment, root canal and other procedures unless approved by the *MEDOC Claims Assistance Centre* and must be performed by a licensed *dentist* or *dental surgeon*.

12. Incidental Hospital Expenses - This benefit covers up to a maximum of \$250 per *insured person* for incidental expenses, such as television rental and/or telephone rental provided *you* have been hospitalized for 48 hours or more.

13. Additional Hotel and Meal Expenses - This benefit covers \$150 per day and up to a maximum of \$1,500 per *insured person* for the cost of necessary meals and hotel accommodation when submitting a claim for:

- a) Transportation to the Bedside;
- b) Return of Minor *Dependent* Child with Escort;
- c) *Trip Interruption & Delay Insurance* coverage; and/or
- d) Delay beyond *your* (scheduled) *day of return* due to a medical *emergency*.

TRIP CANCELLATION, INTERRUPTION & DELAY INSURANCE

Trip Cancellation, Interruption & Delay Insurance is subject to the Exclusions and Limitations as outlined on pages 10 - 13.

If you make a deposit or full payment for travel arrangements for a *trip* taking place in the following *policy year*, your MEDOC Plan must be renewed at the *renewal date* for that *trip* to be covered under this insurance.

Points Program redemptions of any type and points used to purchase travel arrangements are not an eligible expense under this insurance. Please contact your Points Program supplier.

Trip Cancellation Insurance – (Before Day of Departure)

For *Trip Cancellation Insurance* to be in effect, the MEDOC Plan must be purchased within 5 business days of booking your *trip* or prior to any cancellation penalties being charged for that *trip*.

If you are unable to travel due to a covered event listed below and must cancel your *trip* before the *day of departure*, this insurance will reimburse you for the non-refundable and non-transferable portion of your pre-paid travel arrangements as indicated on your travel arrangements, up to a maximum of \$4,000 per *insured person* per *trip*. Only the sums that are non-refundable and non-transferable on the day the covered event occurs shall be considered for the purpose of the claim.

In order to submit a claim for *trip* cancellation before your *day of departure* it is required that:

- a) You must cancel your *trip* with the travel agent or the *common carrier* immediately, but no later than 24 hours or next business day following the cause of cancellation and advise the *MEDOC Claims Assistance Centre* at the same time;
- b) If you are uncertain whether an event or situation may require you to cancel your *trip*, you must contact the *MEDOC Claims Assistance Centre* for clarification immediately, but no later than 24 hours or next business day following the event;
- c) Any issued travel ticket(s) must be surrendered to the *MEDOC Claims Assistance Centre* along with proof from the travel agency or *common carrier* of the non-refundable and non-transferable portion of your pre-paid travel arrangements; and
- d) In the case of a tour, a copy of the terms and conditions of the tour company or cruise lines will be required at time of claim.

Trip Interruption & Delay Insurance – (After Day of Departure)

If you are unable to travel and must interrupt or delay your *day of return* due to a covered event listed below, this insurance will reimburse you for the extra cost of a one-way economy airfare to your *province or territory of residence* or your next destination point and any unused non-refundable and non-transferable land arrangements up to a maximum of \$4,000 per *insured person* per *trip*. This benefit does not reimburse the unused portion of any travel ticket.

In order to submit a claim for *trip* interruption after your *day of departure* it is required that:

- a) you must contact the *MEDOC Claims Assistance Centre* within 24 hours of the event; and
- b) any interrupted or delayed *trip* (a delayed *trip* must be no more than 10 days beyond your *day of return*) must be upon the recommendation of the attending *physician*; or if you, a *family member*, *travelling companion*, or *close business associate* are confined to a *hospital* for at least 72 consecutive hours within that 10-day period.

Covered events under *Trip Cancellation, Interruption & Delay Insurance*.

Benefits under *Trip Cancellation, Interruption & Delay Insurance* are payable should any of the following covered events occur preventing *you* from departing on or returning from *your trip* as scheduled:

1. Death, *injury* or *illness* to *you*, *your family member*, *close business associate*, *caregiver*, *travelling companion*, or *your travelling companion's family member*.
2. *You* are under medical quarantine for a communicable disease diagnosed by a *physician*.
3. Death, quarantine or admission to *hospital* for at least 48 hours arising from an emergency, of *your* host at *your* destination.
4. Cancellation of a planned business meeting due to death or admission to *hospital* of the person with whom *you* are to meet, or cancellation of a conference (for which *you* had paid registration fees) due to circumstances beyond *your* control. Benefits are only payable to *you* if attending the meeting. Proof of registration will be required in the event of a claim.
5. Delay of *your common carrier* or a private automobile resulting from the mechanical failure of that carrier, a traffic accident, an emergency police-directed road closure, weather conditions or flight delay, causing *you* to miss a connection or resulting in the interruption of *your trip* arrangements.
6. A transfer by *you* or *your spouse's* employer for which notice was received from the respective employer subsequent to *your booking date* and before *your day of departure*, if the date of transfer coincides with or precedes *your day of departure*, and requires the relocation of *your* principal residence.
7. Damage to *your* principal residence by a disaster, making it uninhabitable.
8. A written formal notice issued by the Department of Foreign Affairs and International Trade of the Canadian government after the purchase of *your* insurance, advising Canadians not to travel to a country, region or city originally ticketed for a period that includes the dates of *your trip*.
9. A natural disaster at *your* place of destination.
10. A pregnancy diagnosed after paying for *your* insured *trip* if *you* or *your spouse* accompanying *you* on the insured *trip* is pregnant and the expected date of delivery is in the nine weeks before or after the contracted departure date of *your* covered *trip*.
11. Legal adoption of a child by *you* when, after paying for *your* insured *trip*, *you* receive notice that the actual date of adoption is scheduled to take place during *your* insured *trip*.
12. The involuntary loss of *your* or *your spouse's* permanent employment (not contract employment) due to lay-off or dismissal without just cause.
13. The non-issuance of *your* travel visa (not an immigration or employment visa) for reasons beyond *your* control.
14. *You* are called to service by government with respect to reservists, military, police or fire personnel.
15. *You* are: a) called for jury duty, b) subpoenaed as a witness, or c) required to appear as a defendant in a civil suit, while on a *trip*.

An Upgrade Cost or Single Supplement Benefit is payable in the event that *your travelling companion's* cruise is cancelled due to any of the covered events listed above. This benefit will cover the cost incurred to adjust *your* prepaid accommodation to a single occupancy amount and may be applied as an alternative to the Trip Cancellation benefit.

Eligible and incurred expenses will be reimbursed for *Trip Cancellation, Interruption & Delay Insurance* when *you* provide the following applicable documentation and original receipts, at the request of the *MEDOC Claims Assistance Centre*:

- a) a statement completed by the attending *physician* in the locality where the *injury* or *illness* occurred stating the diagnosis and the complete reason for the necessity of the cancellation, interruption or delay of *your trip*;
- b) documentary evidence of the emergency situation which caused the delay;
- c) proof that a portion of the travel arrangement costs is non-refundable and non-transferable;
- d) any original unused transportation tickets;
- e) any original invoices or receipts for land arrangements and out-of-pocket expenses; and/or
- f) any original tickets or receipts for any extra transportation cost incurred.

IV. EXCLUSIONS & LIMITATIONS

EXCLUSIONS & LIMITATIONS

Pre-existing *Medical Condition Stability Clause*

This exclusion applies to *you* if *you* are insured under this insurance.

This insurance does not cover any expenses for *Emergency Medical Insurance* and *Trip Cancellation, Interruption & Delay Insurance*, incurred directly or indirectly as a result of:

1. A *medical condition* or related condition, if in the 90 days before *your day of departure* or *day of booking*, that *medical condition* or related condition was not *stable*.
2. A heart condition, if in the 90 days before *your day of departure* or *day of booking*:
 - a) any heart condition has not been *stable*; or
 - b) *you* have taken nitroglycerin more than once per week specifically for the relief of angina pain for any heart condition
3. A lung condition, if in the 90 days before *your day of departure* or *day of booking*:
 - a) any lung condition has not been *stable*; or
 - b) *you* have been treated with home oxygen or taken oral steroids (prednisone or prednisolone) for any lung condition.

Your day of departure applies to:

- *Emergency Medical Insurance* coverage; and
- *Interruption & Delay Insurance* coverage.

Your day of booking applies to:

- *Trip Cancellation Insurance*.

EXCLUSIONS & LIMITATIONS

Additional Exclusions and Limitations:

All Exclusions and Limitations apply to *you* under this insurance regardless of plan type.

The “*” indicates which type of benefit(s) are excluded or limited.

This insurance does not cover any expenses incurred directly or indirectly as a result of the following:

	Medical	Trip Interruption/Delay	Trip Cancellation
1. Any treatment that is not <i>emergency treatment</i> .	*	*	*
2. An <i>emergency</i> and/or event which requires <i>you</i> to submit a claim while the coverage is not in force.	*	*	*
3. Any portion of the benefits that require prior authorization and arrangement by the <i>MEDOC Claims Assistance Centre</i> if the <i>MEDOC Claims Assistance Centre</i> has not pre-authorized and arranged them.	*	*	*
4. The continued treatment, recurrence, investigation or complications of a <i>medical condition</i> following <i>emergency treatment</i> for that <i>medical condition</i> during <i>your trip</i> if the medical advisors of the <i>MEDOC Claims Assistance Centre</i> determine <i>you</i> were medically able to return to <i>your province or territory of residence</i> and <i>you</i> chose not to. After receiving <i>emergency treatment</i> for a <i>medical condition</i> , this insurance will not cover <i>you</i> for that <i>medical condition</i> , or related condition, for any other <i>trips</i> within the 90 days following <i>your emergency treatment</i> .	*	*	
5. Treatment of any heart or lung condition following <i>emergency treatment</i> for any related or unrelated heart or lung condition during <i>your trip</i> , if the medical advisors of the <i>MEDOC Claims Assistance Centre</i> determine <i>you</i> were medically able to return to <i>your province of residence</i> and <i>you</i> chose not to. After receiving <i>emergency treatment</i> for any heart or lung condition, this insurance will not cover <i>you</i> for any heart or lung condition for any other <i>trips</i> within the 90 days following <i>your emergency treatment</i> .	*	*	
6. Any <i>medical condition</i> for which, prior to <i>your day of departure</i> : <ul style="list-style-type: none"> ◆ <i>You</i> were awaiting the outcome of medical tests, the results of which show any irregularities or abnormalities; ◆ Future investigation, consultation with any <i>physician</i>, treatment or surgery (except routine monitoring) recommended by a <i>physician</i> or planned before <i>your trip</i>. 	*	*	

	Medical	Trip Interruption/Delay	Trip Cancellation
7. The following: <ul style="list-style-type: none"> ◆ Routine pre-natal care; ◆ Any medical treatment, relating to <i>your</i> pregnancy or childbirth, occurring within 9 weeks before or after the expected date of delivery; ◆ Childbirth occurring within 9 weeks before or after the expected date of delivery; or ◆ Any child born during the <i>trip</i>. 	*	*	*
8. Invasive testing or surgery (including cardiac catheterization, angioplasty, and MRI) unless pre-approved and arranged by the <i>MEDOC Claims Assistance Centre</i> .	*	*	
9. Any <i>emergency</i> transplants including but not limited to organ transplants and bone marrow transplants.	*	*	
10. <i>Your</i> participation as a professional in sports, participation as a professional in underwater activities, scuba diving as an amateur unless <i>you</i> hold a basic scuba designation from a certified school or other licensing body, participation in a motorized race or motorized speed contest, bungee jumping, parachuting, rock climbing, mountain climbing, hang-gliding or skydiving.	*	*	
11. <i>Your</i> committing or attempting to commit a criminal offence.	*	*	*
12. <i>Your</i> intentional self-injury, suicide or attempted suicide (whether sane or insane).	*	*	*
13. <i>Your</i> substance abuse including medication, drug or alcohol, or <i>your</i> deliberate non-compliance with prescribed medical therapy or treatment.	*	*	*
14. <i>Your</i> chronic use of alcohol or alcoholism.	*	*	*
15. <i>Your</i> mental or emotional disorders, other than acute psychoses, unless admitted to <i>hospital</i> .	*	*	*
16. <i>You</i> being aware, on the <i>effective date</i> of insurance and/or on the <i>day of booking</i> , of any reason that might reasonably prevent <i>you</i> from travelling on <i>your trip</i> as booked.		*	*

	Medical	Trip Interruption/Delay	Trip Cancellation
17. Any <i>medical condition</i> or related condition that arises during a <i>trip</i> you undertake with the knowledge acquired before <i>your day of departure</i> , that you will require or seek treatment or surgery for that <i>medical condition</i> or related condition, whether or not recommended by <i>your physician</i> .	*	*	*
18. Treatment or surgery for a specific <i>medical condition</i> , or a related condition, which caused a <i>physician</i> to advise you not to travel.	*	*	
19. Eye glasses, contact lenses, hearing aids or prescriptions for the same.	*		
20. Air travel, other than as a passenger in a commercial aircraft licensed to carry passengers for hire.	*	*	
21. When riding as a passenger on a <i>common carrier</i> which is not licensed for the transportation of passengers for compensation or hire.	*	*	
22. <i>Your</i> active participation in and/or voluntary exposure to any risk from: war or act of war, whether declared or undeclared; invasion or act of foreign enemy; declared or undeclared hostilities; civil war, riot, rebellion; revolution or insurrection; act of military power, or any service in the armed forces.	*	*	*
23. <i>Illness, injury</i> or <i>medical condition</i> you suffer or contract in a specific country, region or area for which the Department of Foreign Affairs and International Trade of the Canadian Government has issued a <i>travel advisory</i> or formal notice, before <i>your day of departure</i> advising Canadians not to travel to a specific country, region or area. If the Canadian Government issues a <i>travel advisory</i> or formal notice to leave that specific country, region or area, after <i>your date of departure</i> , <i>your</i> coverage for <i>illness, injury</i> or <i>medical condition</i> is limited to a period of 10 days from the date the advisory was issued, or to a period that is reasonably necessary to safely evacuate the country, region or area. In this exclusion, “ <i>illness, injury</i> or <i>medical condition</i> ” means any <i>illness, injury</i> or <i>medical condition</i> that is attributable to the reason for which the <i>travel advisory</i> or formal notice was issued or any complications arising there from.	*	*	*
24. Loss arising as a result of the bankruptcy or insolvency of a travel agent, agency, broker or <i>Travel Supplier</i>		*	*

V. DEFINITIONS

Italicized words or expressions have a specific meaning as follows:

Administrator means Johnson Inc.

Applicant(s) means any person who: a) has applied for coverage under this insurance; b) is actively at work; c) is under age 65; d) is a Canadian resident and permanently residing in Canada; and, e) is insured under their *Provincial and/or Territorial Health Insurance Plan*.

Caregiver means the permanent, full-time person entrusted with the well-being of *your dependent(s)* and whose absence cannot reasonably be replaced.

Close Business Associate means a person whose absence requires *you* to return to *your* workplace to ensure no business or material deterioration in customer service or products, or impairment in the services provided.

Common Carrier means any land, air or water conveyance, which is licensed to carry passengers for compensation or hire.

Company means Royal & Sun Alliance Insurance Company of Canada.

Confirmation of Coverage means any letter or document(s) sent to *you* by the *Administrator* describing or confirming *your* insurance coverage, plan options and/or *trip* dates.

Day of Departure means the calendar day that *you* leave *your province or territory of residence*. If during an insured *trip*, *you* return to *your province or territory of residence* for a period of 24 hours or more, *your day of departure* means the most recent calendar day that *you* left *your province or territory of residence*.

Day of Return means the calendar day *you* are scheduled to return to *your province or territory of residence*.

Day of Booking means the day *you* book and make the initial deposit for *your* prepaid travel arrangements.

Dentist, Dental Surgeon means a person other than *you* or a *family member*, who is legally qualified and licensed to practice as a *dentist* or *dental surgeon* in the jurisdiction where the services are rendered.

Dependent(s) means any of *your* unmarried children (natural, foster child, legally adopted or living with the adopting parents during period of probation, step-child for whom *you* are the legal guardian), who is:

- a) under the age of 21;
- b) age 25 or less and a full-time student attending college or university and who is dependent on *you* for their sole means of support. While attending a college or university outside *your province or territory of residence* or Canada, a *dependent* is covered while traveling 500 kilometres or more away from their college or university residence;
- c) of any age, if mentally or physically handicapped and dependent on *you* for sole financial support; or
- d) *your* grandchild, niece or nephew for the purpose of the Return of Minor *Dependent* Child with Escort benefit only.

Effective Date means the date the *Administrator* receives *your* completed and signed Application for Insurance form and pre-authorized chequing authorization before *your day of departure* or *your renewal date*.

Eligible Expenses means any *reasonable and customary* expenses arising from a medical *emergency*, incurred while on an insured *trip* outside *your province or territory of residence* that are in excess of any medical expenses payable by *your Provincial and/or Territorial Health Insurance Plan*, or any other insurance plan, for *emergency treatment* medically required while on a *trip*.

Emergency means any sudden and unforeseen *illness* or *injury* that occurs while on a *trip* and makes it necessary to receive immediate medical treatment from a licensed *physician, dentist* or *dental surgeon* or to be hospitalized.

An *emergency* ends when the *illness* and/or *injury* has been treated such that *your condition* becomes *stable*, as determined by *your attending physician*, and the *emergency* has ended.

Emergency Treatment means any medication, medical treatment or surgery for an *emergency* that is received for the immediate relief of an acute symptom or upon the advice of a *physician* and cannot be delayed until *you* return to Canada. The *emergency treatment* must be received during *your trip* because *your medical condition* prevents *you* from returning to *your province or territory of residence*.

Emergency treatment or surgery during *your trip* must be:

- a) ordered by a licensed *physician*;
- b) received in a *hospital*; or
- c) received from a licensed physiotherapist, chiropractor, chiropodist, podiatrist or osteopath as a result of an *emergency*.

Family Member means *spouse*, child, parent, guardian, step-parent, grandparent, grandchild, great-grandchild, parent-in-law, daughter-in-law, son-in-law, step-child, brother, sister, step-brother, step-sister, aunt, uncle, nephew, niece, brother-in-law or sister-in-law.

Hospital means an establishment legally licensed as a *hospital*, which provides facilities for diagnosis, major surgery and the care and treatment of a person suffering from *illness* or *injury*, on an in-patient or outpatient basis, with 24 hour service by Registered Nurses and *physicians*. This includes legally licensed *hospitals* providing specialized treatment for mental illness, cancer, arthritis and convalescing or chronically ill persons when approved by the *MEDOC Claims Assistance Centre*. *Hospital* does not include nursing homes, homes for the aged, rest homes, health spas or other places providing similar care.

Illness means sickness or disease which results in a covered loss while this insurance is in effect and is serious enough for a reasonable person to seek *emergency treatment* from a *physician, dentist* or *dental surgeon* while on a *trip*.

Injury means any accidental bodily harm caused solely by external, violent and accidental means and independently of any *illness* or other causes which occurs during a *trip* resulting in a covered loss while this insurance is in effect and which is serious enough for a reasonable person to seek *emergency treatment* from a *physician, dentist* or *dental surgeon*.

Insured Person means *you, your spouse* or *dependent(s)* who are covered under this insurance and for whom the required premium has been paid.

Medical Condition means an *illness* or *injury* (or a condition relating to that *illness* or *injury*), including disease, acute psychoses and complications of pregnancy occurring within the first 31 days of pregnancy.

Medically Necessary means an *emergency treatment* or service, which is considered by the medical profession as appropriate and effective in treating an *injury, illness* or disease.

MEDOC Claims Assistance Centre means the travel assistance provider, Global Excel Management Inc., appointed as the provider of all assistance and claims services under this insurance.

Member means a person in good standing in accordance with the Sponsoring Organization or Group's guidelines.

Networks mean the *hospitals, physicians* and other medical service providers recognized by the *MEDOC Claims Assistance Centre* at the time of an *emergency*.

Nurse means a person, other than *you* or a *family member* who is licensed and qualified to perform nursing services within the scope of their license including a Registered Nurse (R.N.) / Registered Practical Nurse (R.P.N.) / Licensed Practical Nurse (L.P.N.) / Registered Nursing Assistant (R.N.A.) / Certified Nursing Assistant (C.N.A.).

Nurse Practitioner means a person, other than *you* or a *family member* who is a registered *nurse* (RN) certified (NP) with additional education in health assessment, diagnosis and management of illnesses and injuries, including prescribing drugs.

Pet means specifically *your* domestic dog or cat.

Physician means a person, other than *you* or a *family member*, who is legally qualified and licensed to practice medicine and / or surgery in the jurisdiction where the services are rendered. Where permitted by law, the *MEDOC Claims Assistance Centre* may approve the services of a *Nurse Practitioner* in substitution for appropriate and corresponding *physician* services.

Policy Year means September 1 to August 31.

Province or Territory of Residence means *your* province or territory of permanent residence in Canada.

Provincial and/or Territorial Health Insurance Plan means the health insurance coverage that Canadian provincial and territorial governments provide for their residents.

Reasonable and Customary means eligible costs, approved by the *MEDOC Claims Assistance Centre*, that do not exceed the charges for the costs made by other providers for the same services and level of expertise in the area where treatment was incurred.

Renewal Date means September 1.

Spouse means a person who is legally married to *you* or if not legally married, has been living in a conjugal relationship (including a same-sex person) with *you* for a continuous period of at least 12 months and who resides in the same household as *you*.

Stable means any *medical condition* or related condition (including any heart condition and/or lung condition) for which all of the following statements are true:

- there has been no new treatment or new prescribed medication;
there has been no change in treatment or change in prescribed medication (including the amount of medication to be taken, how often it is to be taken, the type of medication or changes in treatment frequency or type); Exception: i) the routine adjustment of Coumadin or Warfarin, insulin or oral medications to control diabetes, (as long as it is not newly prescribed or stopped); or ii) a change from a brand name medication to a generic brand medication (provided the dosage is not modified);
- there has been no new symptom, more frequent symptom or more severe symptom experienced;
- there has been no test result showing a deterioration;
- there has been no hospitalization or referral to a specialist (made or recommended) and there is no further investigation for which results are pending.

Travel Advisory means a formal notice issued by the Department of Foreign Affairs and International Trade of the Canadian government advising travellers not to enter a foreign country or a given region in that country. *Travel Advisory* includes travel information reports.

Travel Supplier means a licensed or registered company in the business of providing transportation and/or accommodation to the public, including, but not limited to: tour operator, travel wholesaler, airline, cruiseline, provider of ground transportation or provider of commercial accommodation to the insured.

Travelling Companion means a person who accompanies *you* and shares prepaid accommodations and/or transportation arrangements with *you* while on a *trip* and is not an *insured person* under this insurance.

Trip Termination Date means the earliest of:

- a) the date *you* return to *your province or territory of residence*; or
- b) the *day of return* shown on *your* completed, signed application form or *confirmation of coverage*.

Trip(s) means a defined period of travel outside *your province or territory of residence* while this insurance is in effect.

Vehicle means a private automobile, motorcycle, van, trailer, or motor home *you* own or have rented.

You, your or yourself means an *insured person* under this insurance for whom the required premium has been paid.

VI. TRAVEL ASSISTANCE SERVICES

When should you call the *MEDOC Claims Assistance Centre*?

At the first onset of symptoms of an *emergency* and before you seek medical attention, you must contact the *MEDOC Claims Assistance Centre*. If you are unable to call because you are medically incapacitated, someone else must contact the *MEDOC Claims Assistance Centre* on your behalf as soon as is reasonably possible.

The *MEDOC Claims Assistance Centre* is available to you 24 hours a day, 365 days a year to answer your claims questions, and provide help for you if you have a medical *emergency* or wish to claim for *trip* cancellation, interruption and delay.

If you do not call the *MEDOC Claims Assistance Centre* when the *emergency* arises or for a referral, or if you choose not to receive treatment from the networks recommended by the *MEDOC Claims Assistance Centre*, eligible expenses will be reimbursed at 70%.

What assistance services are available?

Under this insurance, the following assistance services are available to you:

1. Medical Assistance and Consultation

When you have a medical *emergency* and you call the *MEDOC Claims Assistance Centre*, you will be directed to one or more recommended medical service providers near you. In addition, the *MEDOC Claims Assistance Centre* will:

- a) provide confirmation of coverage;
- b) pay your *eligible expenses* directly to the recommended medical service provider, wherever possible;
- c) consult with your *physician* to monitor your care;
- d) monitor appropriateness, necessity and reasonableness of that care to ensure your resulting *eligible expenses* will be covered by this insurance.

2. Payment Assistance

Wherever possible, the payment of the medical services you receive will be coordinated through the *MEDOC Claims Assistance Centre*, communicating with your medical provider. There are certain countries where, due to local conditions or *travel advisories* from the Canadian government, assistance services are not available and you may be required to pay for medical treatment directly. If you are required to make payment yourself, you must obtain detailed and itemized original bills for claims submission and call the *MEDOC Claims Assistance Centre* on your return to your province or territory of residence.

3. Emergency Message Centre

In case of an *emergency*, the *MEDOC Claims Assistance Centre* will help relay important messages to or from your family, business or *physician*.

4. Lost Document and Ticket Replacement

The *MEDOC Claims Assistance Centre* will help you replace lost or stolen travel documents. The cost of obtaining replacement documents is your responsibility.

5. Legal Assistance

The *MEDOC Claims Assistance Centre* can direct you to a local lawyer or assist you to arrange for bail or for payment of legal fees. The cost of these services is your responsibility.

6. Pre-Trip Planning Assistance

The *MEDOC Claims Assistance Centre* can provide information on inoculation and visa requirements when you call 1-800-709-3420.

VII. HOW TO MAKE A CLAIM

1. To make a claim for benefits under this insurance

You must submit notice of the claim to the *MEDOC Claims Assistance Centre* within thirty (30) days after the medical *emergency* occurs, or as soon as is reasonably possible thereafter. A telephone call to the *MEDOC Claims Assistance Centre* to report the claim will be considered “Notice of Claim” under the terms of the insurance.

2. Written proof of claim

Within 90 days after the date of the medical *emergency*, but not more than 12 months after the date of the medical *emergency* you must submit written proof of claim, which includes:

- a) completion of any claim forms furnished by the *MEDOC Claims Assistance Centre*;
- b) original itemized receipts which include the *physician’s* name and credentials, the attending *physician’s* report or statement, and any other form of documented evidence requested by the *MEDOC Claims Assistance Centre*.

If the claim is reported by telephone to the *MEDOC Claims Assistance Centre*, and the medical service provider agrees to bill the *MEDOC Claims Assistance Centre* directly for the *eligible expenses*, the *MEDOC Claims Assistance Centre* will, where possible, obtain the documentation necessary to process the claim. Incomplete or incorrect claim forms will be returned and may delay the claim processing. If, for any reason, you arrange treatment and pay the *eligible expenses*, you must provide supporting documentation as indicated above.

You are responsible for any expenses incurred for any necessary documents required for the purpose of adjudicating a claim.

3. Proof of Day of Departure

If you have a claim, you will be required to provide proof of the *day of departure* from your *province or territory of residence*. Proof of *your day of departure* includes: a border crossing receipt; duty free receipt; airline ticket or boarding pass; stamped passport; credit card receipt; signed and dated bank or financial institution documents; or, any signed and dated document that proves you were in your *province or territory of residence* the day before your scheduled *day of departure*.

4. Returning any sick or injured insured person to their province or territory of residence:

The *Company*, through the *MEDOC Claims Assistance Centre*, in consultation with the attending *physician*, reserves the right to return any sick or injured *insured person* to his or her *province or territory of residence*.

If a sick or injured *insured person* is able to return to his or her *province or territory of residence* following the *emergency* medical treatment and/or diagnosis of a *medical condition* which requires continuing medical care, treatment or surgery and elects to have the treatment or surgery performed outside his or her *province or territory of residence*, no benefits shall be payable with respect to such continuing treatment or surgery. The immediate availability of treatment or surgery upon returning the *insured person* to his or her *province or territory of residence* is not the responsibility of the *Company*, the *MEDOC Claims Assistance Centre* or the *Administrator*.

5. Co-ordination of Benefits With Other Plans:

This insurance is a second payor plan. For any loss or damage payable under any other liability, group or individual basic or extended health insurance plan, or contracts including any private, provincial, or territorial auto insurance plan providing hospital, medical, or therapeutic coverage, or any other insurance concurrently herewith, amounts payable hereunder are limited to those covered benefits incurred outside the province or territory of residence that are in excess of the amounts for which an *insured person* is insured under such coverage.

All coordination with employee related plans follows Canadian Life and Health Insurance Association Inc. guidelines.

Unless otherwise indicated on *your confirmation of coverage*, if *your* current or former employer provides *you* with an extended health insurance plan with a lifetime maximum coverage of:

- \$50,000 or less, this insurance will not co-ordinate payment with such coverage; or
- more than \$50,000, this insurance will co-ordinate payment with such coverage only in excess of \$50,000.

- 6. Right to Recover Payments:** If any benefit paid to *you* or on *your* behalf is in excess of the amount allowed under the provisions of this insurance, or if payment is made due to a clerical or administrative error, the *Company* and/or the *MEDOC Claims Assistance Centre* reserve the right to recover the amount of such payment from any *insured person*, institution, insurer or organization to whom payment was made.
- 7. Subrogation from a Third Party:** If an insured person suffers a loss covered under this policy, the *Company* and/or the *MEDOC Claims Assistance Centre* has the right to proceed in the name of any *insured person* against third parties who may be responsible for giving rise to a claim. *You* will execute and deliver such documents, and fully co-operate with the *Company* and/or the *MEDOC Claims Assistance Centre*, so as to allow the *Company* and/or the *MEDOC Claims Assistance Centre* to fully assert its rights of subrogation. *You* will not do anything after the loss to prejudice such rights.

Additionally, if No Fault benefits or other collateral sources of payment of expenses are available to the insured person, regardless of fault, the Insurer is granted the right to make a demand for, and recover those benefits. If the insured person institutes a demand or action for a covered loss he shall immediately notify the insurer so that it may safeguard its rights.

- 8. Authorization to obtain all pertinent records or information:** As a condition precedent to the payment of benefits, the *Company* and/or the *MEDOC Claims Assistance Centre* shall have the authority to obtain all pertinent records or information from any *physician, dentist, dental surgeon, practitioner, hospital, clinic, insurer, individual or institution* to assess the validity of a claim submitted by or on behalf of any *insured person*.

In the event of *your* death, the *Company* and/or the *MEDOC Claims Assistance Centre* may request an examination of *your* body, for identification purposes, subject to any law of the applicable jurisdiction relating to such examinations.

- 9. Assignment of Benefits:** Where the *Company* and/or the *MEDOC Claims Assistance Centre* pay medical and/or *hospital* expenses directly, this insurance allows the *Company* and/or the *MEDOC Claims Assistance Centre* to recover eligible benefits from *your Provincial and/or Territorial Health Insurance Plan*, and any other coverage *you* may have, monies that the *Company* and/or the *MEDOC Claims Assistance Centre* have advanced to others on *your* behalf. This insurance also allows the *Company* and/or the *MEDOC Claims Assistance Centre* to receive in *your* name, and endorse and negotiate on *your* behalf these eligible payments. When *your Provincial and/or Territorial Health Insurance Plan* and other insurer payments have been made, this releases *your Provincial and/or Territorial Health Insurance Plan* and other insurers from any further liability in respect of that eligible claim.
- 10. Limitation of Action:** In the event of a claims dispute, *you* must begin any legal action or proceeding against the *Company* within 12 months of the *date of return to your province or territory of residence*. All legal actions or proceedings must be brought in the Canadian province or territory in which *you* permanently reside.
- 11. Other Conditions:** If *you* are insured and eligible for more than one of the same benefits under this insurance, the total amount payable for all the benefits cannot exceed the actual expense incurred. The maximum amount payable is the largest amount specified for any one benefit.

VIII. GENERAL PROVISIONS

Notwithstanding any other provisions herein contained, this policy, where applicable, is subject to the statutory conditions or policy conditions in the Insurance Act respecting contracts of accident and sickness insurance in *your province or territory of residence*.

CONTRACT

The Application for Insurance form, *health option questionnaire*, *confirmation of coverage*, this policy, any endorsement, or rider attached to this policy when issued, and any amendment to the contract after the policy is issued, constitute the entire contract, and no agent has the authority to change the contract or waive any of its provisions.

1. Premium Level

The initial premium payable shall be determined according to the most current Premium Rate Table published by the *Company*. Premiums are subject to change: a) upon the *renewal date*; or b) if there is any change to the coverage under the *Provincial and/or Territorial Health Insurance Plan*. The *Company* reserves the right to alter premiums, and the right to alter future coverage with 30 days advance notification.

2. Incontestability

No statement made by *you* in *your* application for insurance, except for fraudulent statements and omissions shall be used by the *Company* to contest a claim after *your* insurance has been in force for a period of 24 months following the *effective date* or *renewal date*.

3. Applicable Law

Any provision of this insurance, which is in conflict with any federal, provincial or territorial law in which this policy was issued, is amended to comply with the minimum requirements of that law. All other provisions shall remain in full force and effect.

4. Non-waiver Provisions

Failure by the *Company* or *Administrator* to enforce any provision of this policy in a given circumstance shall not constitute a waiver of the right to enforce the provision at any other time. No one other than the *Company* has the authority to change or waive any provision of this insurance.

5. Limitation of Liability

The *Company*, *Administrator* or the *MEDOC Claims Assistance Centre* are not responsible for the availability, quality or results of any medical treatment or transportation, or the failure by *you* to obtain medical treatment.

6. Termination of Policy

The *Administrator* reserves the right to terminate *your* policy if:

- a) two or more monthly premium payments are in default in a 12-month period because of insufficient funds or other cause;
- b) pre-authorized payments have been declined for any reason; or
- c) proof of payment cannot be established to the satisfaction of the *Administrator*.

7. Termination at Renewal

Termination of this policy shall not require the consent or notice to any *insured person* or other person having a beneficial interest in this policy.

IX. YOUR PRIVACY

YOUR PRIVACY MATTERS TO US

Royal & Sun Alliance Insurance Company of Canada ("RSA"), Johnson Inc. ("Johnson") and the *MEDOC Claims Assistance Centre*, collectively ("we", "us" or "our") work together to provide *you* and any co-insured with *your* MEDOC Travel Health Insurance Plan coverage and related services ("MEDOC Plan"). We are committed to protecting *your* privacy. We respect *your* privacy and want *you* to understand how we safeguard *your* personal information.

HOW WE COLLECT YOUR INFORMATION

We collect and keep personal information about *you* required to provide the MEDOC Plan coverage to *you* by arrangement with *your* sponsor group. This personal information is collected from *you*, either directly or through our representatives. We may also need to collect information about *you* from sources such as *hospitals*, doctors and other health care providers, the government (including *Provincial and/or Territorial Health Insurance Plans*) and governmental agencies, other insurance companies, *travel* agents and *suppliers*, law enforcement representatives, private investigators, *your* family and friends, *your* sponsor group and any references *you* provide.

In addition, the *MEDOC Claims Assistance Centre*, in connection with administering the MEDOC Plan claims, collect information from various other sources including: a co-insured, references provided by *you* or by a co-insured, *hospitals* and health practitioners, *Provincial and/or Territorial Health Insurance Plans*, other insurers, government agencies or offices and embassies and other individuals, groups or companies from whom collection is necessary to administer or otherwise provide to *you* or a co-insured the coverage and services requested.

HOW WE USE YOUR INFORMATION

We use *your* personal information to provide the MEDOC Plan, which includes using it to evaluate insurance risk, manage and co-ordinate claims, re-price medical expenses, and negotiate payment of expenses to third parties. We may also share *your* information with others who work for us or with third parties, when it is necessary for MEDOC Plan services. Third parties may include other insurance or reinsurance companies, health organizations and the government (including *Provincial and/or Territorial Health Insurance Plans*) and governmental agencies.

We may use *your* information internally, to prepare statistical reports that help us understand the needs of our clients, to inform *your* sponsor group regarding the overall MEDOC Plan program, and help us understand and manage our business.

OTHER WAYS WE MAY USE YOUR INFORMATION

In addition, RSA and Johnson may, but only with *your* sponsor group authorization, use *your* personal information to promote to *you* or to a co-insured the services of RSA or Johnson and selected third parties. As required, and only with *your* sponsor group authorization, RSA or Johnson may also share *your* personal information with selected third parties so that they may provide/offer services to *you* or to a co-insured.

***You* or a co-insured may instruct RSA and Johnson to stop using *your* personal information as described here, under "Other ways we may use *your* information" at any time by calling toll-free – see "Important Telephone Numbers".**

YOUR RIGHT TO ACCESS YOUR INFORMATION

You have a right to access the personal information that we have about *you* in *your* file. If we have information that is not correct, *you* can have it corrected.

For more information on privacy, please see www.rsagroup.ca, or call RSA at 1 800 716-4339.

X. IMPORTANT TELEPHONE NUMBERS

Johnson Inc. – Plan Benefits Administration

Richmond Hill, Ontario

1595 16th Avenue, Suite 700

Richmond Hill, Ontario L4B 3S5

Phone: 905.764.4884

or toll free at 1.800.461.4597

Fax: 905.764.4163

IN THE EVENT OF A MEDICAL *EMERGENCY*

You must contact the MEDOC Claims Assistance Centre directly when a medical emergency arises, at their 24-hour Emergency Helpline. The MEDOC Claims Assistance Centre will direct you to the nearest appropriate medical facility. The MEDOC Claims Assistance Centre will pay hospitals and other medical providers directly, wherever possible, except when you choose to pay the expenses or when the medical care provider refuses to accept payment directly from the MEDOC Claims Assistance Centre.

In Canada / U.S.A. call: 1.800.709.3420

Elsewhere call collect: 819.566.1002

Toll-free fax in Canada/USA: 1.877.566.8723

Outside Canada/USA fax: 1.819.566.8723

Underwritten by Royal & Sun Alliance Insurance Company of Canada

Administered by Johnson Inc.



President and Chief Executive Officer

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