

CUMIS Travel Insurance Program Certificate

Travel Insurance Plans

Certificate of Insurance

CUMIS[®]

This **certificate** describes:

1. The Emergency Hospital & Medical, Accidental Death & Dismemberment and Flight Accident benefits underwritten by CUMIS General Insurance Company and provided under a Group Policy issued to **your** credit union. **Your** confirmation of coverage shows **your** credit union's name and associated Group Policy number.
2. The Trip Cancellation & Interruption, Trip Interruption and Baggage benefits underwritten by CUMIS General Insurance Company and provided to you under an individual policy.

This **certificate** is administered by Allianz Global Assistance. Allianz Global Assistance is a registered business name of AZGA Service Canada Inc. and AZGA Insurance Agency Canada Ltd. In accordance with applicable legislation, upon your request, Allianz Global Assistance on behalf of the **insurer** will provide directly to **you** a copy of **your** application form (or other information that was required to apply) and the Group Policy issued by the **insurer**.

This **certificate** must be accompanied by a confirmation of coverage. **Your** confirmation of coverage will tell **you** which plan **you** have purchased and which benefits apply to **you**. Not all benefits necessarily apply to **you**. **You** must read **your** confirmation of coverage with this certificate to determine the details of **your** coverage and the benefits **you** have selected.

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

Right to Examine

Please review this **certificate** when **you** receive it to ensure it meets **your** needs.

You have 10 days after purchase to return this **certificate** for a full refund, provided **you** have not departed on **your trip** and a claim has not been incurred.

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Important Notice

Please read *your certificate* carefully when *you* receive it.

- Travel insurance doesn't cover everything, it is designed to cover losses arising from sudden and unforeseeable circumstances due to an *emergency*. It is important that *you* read and understand *your certificate* before *you* travel as *your coverage* may be subject to certain limitations or exclusions.
- *Your* insurance contains pre-existing condition exclusions for travellers of any age. These exclusions apply to medical conditions and/or *signs or symptoms* that existed on or before *your* departure date or *effective date*. Failure to disclose a pre-existing condition when asked may result in the denial of a claim for a non-related condition. Check to see how this applies in *your* coverage and how it relates to *your* departure date, purchase date and *effective date*.
- In the event of an *accident, injury or sickness, your prior medical history may be reviewed when a claim is reported*.
- In the event of a medical *emergency, you* or someone on *your* behalf must notify the administrator, Allianz Global Assistance (toll-free 1-800-995-1662 or worldwide collect 416-340-0049) within 24 hours of admission to a *hospital* and before any surgery is performed. Also notify Allianz Global Assistance if *you* must cancel, interrupt or delay *your trip*, or *you* experience any *emergency*. Failure to notify Allianz Global Assistance as required will delay the processing and payment of *your* claim and may limit the amount of *your* claim payment.
- *You* must meet the eligibility requirements of this *certificate* at the time of application and each departure date. If *you* are ineligible for coverage, the *insurer's* only liability will be to refund any premium paid. Please check *your* confirmation of coverage to ensure *you* have the coverage options *you* require. Payment will be limited to the coverage options *you* selected and paid for at the time of application. *You* will be responsible for any expenses that are not payable by the *insurer*.

To help *you* better understand *your certificate*

Key terms in this *certificate* are printed in *bold italics* and are defined in the Definitions section on page 38.

What am I covered for?

To find out what *your* coverage is, please refer to *your* Confirmation of Coverage and read the section titled Benefits under the name of the plan(s) *you* have purchased.

What is not covered?

Travel insurance does not cover everything. **Your certificate** has exclusions, conditions and limitations. **You** should read **your certificate** carefully when **you** receive it, so that **you** are aware of, and understand, the limits of **your** coverage.

Are the costs of my trip arrangements covered?

The costs of **your** travel arrangements are covered when **you** purchase coverage under the Trip Cancellation & Interruption plan. Details of **your** coverage are shown in **your** confirmation of coverage.

The benefits payable under this **certificate** are limited to the travel costs that are non-refundable and/or non-transferable, to a maximum of the sum insured as indicated on **your** confirmation of coverage. **You** may ask **your travel supplier** or agent for details about **your** non-refundable travel costs.

The non-refundable amount will be assessed on the date the Insured Risk (reason for cancellation) occurred, regardless of the date **you** actually cancelled **your trip** with **your travel supplier** or travel insurance representative.

How do I make a claim?

Notify Allianz Global Assistance as soon as possible in the event of an **emergency**.

Where possible, Allianz Global Assistance will arrange to pay the provider directly for approved eligible Emergency Hospital & Medical expenses. To submit a claim under this **certificate**, **you** will need to send a completed claim form (with all original bills and receipts from commercial organizations attached) to Allianz Global Assistance. Please take care in filling out the form, as any missing information may cause delay. See Claims Procedures on page 50 for details.

What if my travel plans change?

You must contact **your** insurance representative or Allianz Global Assistance (during business hours) to make any changes to **your** insurance.

I want to stay longer. Can I extend my coverage?

Yes, **you** can, subject to **certificate** terms and conditions. Just call **your** insurance representative or Allianz Global Assistance (during business hours) before coverage under **your** current **certificate** expires.

See Extending Your Trip on page 46 for details.

Travel Assistance

Allianz Global Assistance will use its best efforts to provide assistance for a medical **emergency** arising anywhere in the world. However, Allianz Global Assistance, the **insurer**, and their agents will not be responsible for the availability, quantity, quality, or results of any medical **treatment** received, or for the failure of any person to provide or obtain medical services.

Extended Absence from Canada

The provincial and territorial government health insurance plans limit the time a person can be out of Canada and still remain eligible for coverage. Check **your** province or territory’s health plan for details.

Insuring Agreement

In consideration of the application for insurance and payment of the appropriate premium, and subject to the terms, conditions, limitations, exclusions and other provisions of this **certificate**, the **insurer** will pay the **reasonable and customary** costs for eligible expenses incurred during the **period of coverage**, up to the amounts specified in this **certificate**, in excess of any **deductible** and the amount allowed and/or paid for by any other insurance plan(s).

Payment is limited to the amounts specified under each coverage option. Some benefits are subject to advance approval by Allianz Global Assistance.

You will be responsible for any expenses that are not payable by the **insurer**.

Summary of Benefits

LIMITS

Emergency Hospital & Medical Insurance Plan

Coverage includes:

Emergency Hospital & Medical Insurance.....\$10 million

Included in the overall maximum:

Hospital confinement and

Medical Services..... up to overall maximum

Chiropractor, osteopath, chiropodist, podiatrist,

acupuncturist or physiotherapist\$500 per profession

Ambulance Services up to overall maximum

Prescription Medication.....up to a 30-day supply, to a maximum of \$1,000, except during hospitalization

Out-of-Pocket Expenses\$3,500

Transportation of Family or Friend\$3,000

Return of Vehicle or Watercraft\$4,000

Return of Deceased\$15,000

Cremation at place of death\$4,000

Accidental Dental.....\$4,000

Dental Emergency.....\$500

Emergency Transportation..... up to overall maximum

Attendant/Return of

Travelling Companion..... up to overall maximum

Pet Return.....\$500

Return to Original Trip Destination.....\$5,000

Trip-Break for Single-Trip Plans.....up to 15 consecutive days

Identity Fraud Recovery.....\$5,000

Multi-trip Basic Plan

Coverage includes:

Emergency Hospital & Medical Insurance \$10 million

Refer to page 8 for details of coverage.

All-inclusive Package Plan

Coverage includes:

Emergency Hospital & Medical Insurance \$10 million

Refer to page 6 for details of coverage.

Trip Cancellation & Interruption..... Select Plan

Refer to page 22 for details of coverage.

Accidental Death & Dismemberment \$10,000

Refer to page 17 for details of coverage.

Flight Accident \$50,000

Refer to page 19 for details of coverage.

Baggage..... \$500

Refer to page 35 for details of coverage.

Accidental Death & Dismemberment Plan

For losses other than as a result of a Flight Accident.

Sum insured..... indicated on confirmation of coverage

Flight Accident Plan

For losses as a result of a Flight Accident.

Sum insured..... indicated on confirmation of coverage

Trip Cancellation & Interruption

Basic Plan

Prior to Departure.....sum insured

After Departure..... unlimited

Default Protection.....\$3,500 (*aggregate limit* applies)

Return of Deceased \$15,000

Cremation at Place of Death..... \$4,000

Out of Pocket Allowance \$600

Select Plan

Coverage includes all benefits listed under Basic Plan plus:

Meals and Accomodation.....\$1,000

Delayed Baggage \$200

Tour Operator.....\$1,000

Accidental Death & Dismemberment \$10,000

Refer to page 17 for details of coverage.

Flight Accident \$50,000

Refer to page 19 for details of coverage.

Baggage..... \$500

Refer to page 35 for details of coverage.

Trip Interruption

Emergency Return Home up to sum insured



Emergency Hospital & Medical Insurance

ELIGIBILITY

To be eligible for coverage **you** must, as of the date **you** apply for coverage and the **effective date**:

- a) be a **member** of a credit union; and
- b) be at least 15 days old and no more than 89 years old; and
- c) be insured for benefits under a Canadian government health insurance plan during the entire **period of coverage**; and
- d) not have been diagnosed with a **terminal** illness; or
- e) not have been diagnosed with stage 3 or 4 cancer; or have received **treatment** for any cancer (other than basal or squamous cell cancer or breast cancer treated only with hormone therapy) in the last 3 months; or
- f) not require assistance with **activities of daily living** as the result of a medical condition or state of health.

If you are age 60 or over, in addition to the preceding requirements, you are NOT eligible for coverage if, as of the date **you** apply for coverage and the **effective date, you**:

- a) have been prescribed or used home oxygen for a **lung/respiratory condition** during the previous 12 months; or
- b) had **your** most recent **heart surgery** more than 12 years ago or less than 6 months ago; or
- c) have a diagnosed unrepaired aneurysm of 4 centimetres or greater, measured in either length or diameter; or
- d) have received or are awaiting a bone marrow or **major organ** transplant; or
- e) have been diagnosed with or received **treatment** for a kidney disease requiring dialysis; or
- f) have ever been diagnosed with an **auto-immune disorder**; or
- g) have ever been diagnosed with congestive heart failure.

Start of Coverage

Coverage starts on the later of:

- a) the date and time the completed application is accepted by Allianz Global Assistance or its representative; or
- b) the date indicated as the effective date on your** confirmation of coverage; or
- c) the date and time **you** exit **your** province or territory of residence for a **trip**.

Waiting Period

If **you** purchase **your certificate** after **you** have exited **your** province or territory of residence, any **sickness** that manifests itself during the first 48 hours after the **effective date** is not covered even if related expenses are incurred after the 48-hour waiting period.

End of Coverage

Coverage ends on the earlier of:

- a) the date and time **you** return to **your** province or territory of residence (other than as described under the Trip-Break for Single-trip Plans); or
- b) the date indicated as the expiry date on **your** confirmation of coverage; or
- c) for Multi-trip Plans, the date **you** reach the maximum number of days permitted for each **trip**, as selected and paid for at the time **you** applied for coverage.

DESCRIPTION OF COVERAGE

1. Subject to the **certificate** terms and conditions, the **insurer** agrees to pay up to \$10 million for **reasonable and customary** costs **you** incur unexpectedly during the **period of coverage**. Costs are paid for acute **emergency hospital, emergency** medical, or other covered costs incurred during the **period of coverage** up to the maximum amounts provided in the Benefits section, due to **sickness** or **injury** occurring during the **period of coverage**.
2. This coverage may be purchased on a Single-trip or Multi-trip basis. Refer to **your** confirmation of coverage for the coverage **you** have selected.
3. If **you** selected the Non-USA Plan, as indicated on **your** confirmation of coverage, coverage is world-wide other than in **your** province or territory of residence, however coverage within the USA is limited to 5 days while in transit.
4. If **you** selected the USA Plan, as indicated on **your** confirmation of coverage, coverage is world-wide other than in **your** province or territory of residence.

Limits on Coverage

5. Amounts payable under this plan are in excess of any amounts available or collectible under the government health insurance plan of the province or territory in which **you** are covered, or would be covered, or those amounts payable or collectible under any other insurance policy or plan. Refer to General Provisions on page 44.
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MULTI-TRIP PLANS

For Multi-trip Plans, coverage for each separate *trip* commences and becomes effective immediately upon *your* departure from *your* province or territory of residence and expires when *you* return to *your* province or territory of residence.

If *you* incur a claim, *you* will need to provide proof of *your* date of departure from and return to *your* province or territory of residence.

The maximum number of days for each *trip* outside Canada under a Multi-trip Plan is as shown on *your* confirmation of coverage and will be counted starting the day you exit Canada. *Trips* within Canada are limited only to the maximum number of days allowed by *your* provincial or territorial health insurance plan.

BENEFITS

1. Emergency Hospital

The *insurer* agrees to pay for *hospital* accommodation, including private or semi-private room, and for *reasonable and customary* services and supplies necessary for *your emergency* care during confinement as a resident in-patient.

2. Emergency Medical

The *insurer* agrees to pay for the following services, supplies or *treatment*, when received during *your trip* and provided by a health practitioner who is not related to *you* by blood or marriage:

- a) The services of a legally licensed *physician*, surgeon, anaesthetist or registered graduate nurse.
- b) The services of the following legally licensed practitioners for *treatment* of a covered *injury*:
 - i. chiropractor;
 - ii. osteopath;
 - iii. chiropodist;
 - iv. podiatrist;
 - v. acupuncturist;
 - vi. physiotherapist.Not to exceed \$500 per profession.
- c) When performed at the time of the initial *emergency*, lab tests and/or X-ray examination as ordered by a *physician* for the purpose of diagnosis.
- d) The use of a licensed local air, land, or sea ambulance (including mountain or sea evacuation), to the nearest *hospital* when reasonable and necessary.
- e) Rental of crutches or hospital-type bed, not exceeding the purchase price; and the cost of splints, trusses, braces or other prosthetic appliances approved in advance by Allianz Global Assistance.

- f) **Emergency** out-patient services provided by a **hospital**.
- g) Drugs or medications that require a **physician's** written prescription, not exceeding a 30-day supply, to a maximum of \$1,000, except during hospitalization as an in-patient.

3. Out-of-Pocket Expenses

The **insurer** agrees to reimburse up to a maximum of \$3,500 for the following expenses incurred by **you** or any person insured under this **certificate** remaining with **you** while **you** are hospitalized as an in-patient during the **period of coverage**:

- a) **commercial accommodation** and meals; and
- b) child care costs for **travelling companions** under age 18 or physically or mentally handicapped and reliant on **you** for assistance; and
- c) essential telephone calls; and
- d) in-hospital television rental and internet usage fees; and
- e) taxi fares.

Expenses must be supported by original receipts from commercial organizations.

4. Transportation of Family or Friend

The **insurer** agrees to reimburse up to a maximum of \$3,000 for the cost to transport up to two bedside companions (**your family member** or close friend) by round-trip economy class (using the most direct route) if:

- a) **you** are hospitalized due to a covered **sickness** or **injury**, and the attending **physician** advises that **your family member** or close friend's attendance is necessary; or
- b) the local authorities legally require the attendance of **your family member** or close friend to identify **your** remains in the event of **your** death due to a covered **sickness** or **injury**.

Benefits are payable only when approved in advance by Allianz Global Assistance.

In addition, the **insurer** agrees to reimburse up to a maximum of \$1,000 for the following expenses incurred by **your family member(s)** or close friend(s) after arrival:

- a) **commercial accommodation** and meals; and
- b) essential telephone calls; and
- c) internet usage fees; and
- d) taxi fares.

Expenses must be supported by original receipts.

5. Return of Vehicle or Watercraft

If, as a result of a covered **sickness** or **injury**, **you** are unable to return to **your** province or territory of residence with the **vehicle** or watercraft used for **your trip**, the **insurer** agrees to reimburse up to a maximum of \$4,000 for the cost of a commercial agency to return the **vehicle** or watercraft:

- a) to **your** province or territory of residence or to the nearest **commercial rental agency**, if **you** were travelling within continental North America; or
- b) the nearest **commercial rental agency** if **you** were travelling outside continental North America.

This benefit is payable only when approved in advance and arranged by Allianz Global Assistance, and applies to one **vehicle** or watercraft per claim.

If travelling outside continental North America, this benefit applies to a rental vehicle only.

Watercraft means a private passenger boat either owned or rented by **you**.

6. Return of Deceased (Repatriation)

In the event of **your** death due to a covered **sickness** or **injury**, the **insurer** agrees to reimburse:

- a) up to \$15,000 for costs incurred to prepare and return **your** remains in a standard transportation container to **your** permanent residence in Canada; or
- b) up to \$4,000 for cremation or burial of **your** remains at the place of death.

The cost of a funeral service, coffin or urn is not covered.

7. Dental

The **insurer** agrees to reimburse:

- a) up to \$4,000 for **emergency treatment** or services to whole or sound natural teeth (including capped or crowned teeth) which are damaged as a result of an **accidental** blow to the face; and
- b) up to \$500 for the immediate relief of acute dental pain caused by other than a direct blow to the face and for which **you** have not previously received **treatment** or advice.

Reimbursement will not exceed the minimum fee specified in the Canadian Dental Association schedule of fees of the province or territory where **you** reside.

Treatment relating to any dental claim must begin within 48 hours from the onset of the **emergency** and must be completed within the **period of coverage** and prior to **your** return to **your** province or territory of residence.

Treatment must be performed by a legally qualified dentist or oral surgeon.

8. Emergency Transportation

The **insurer** agrees to transport **you** to the nearest appropriate medical facility or to a Canadian **hospital** due to a covered **emergency sickness** or **injury**. Any **emergency** transportation such as air ambulance, one-way airfare, stretcher, and/or a medical attendant, must be pre-approved and arranged by Allianz Global Assistance.

9. Attendant / Return of Travelling Companion

If **you** are returned to Canada under the Emergency Transportation benefit, the **insurer** agrees to reimburse:

- a) the cost of an attendant (not related to **you** by blood or marriage) plus the attendant's return economy class airfare, to travel with **your** accompanying **travelling companions** (under age 18, or physically or mentally handicapped and reliant on **you** for assistance) to their province or territory of residence; and
- b) the extra cost of a one-way economy class airfare to return **your travelling companions** (under age 18 or physically or mentally handicapped and reliant on **you** for assistance); and
- c) the extra cost of a one-way economy class airfare to return one of **your** accompanying family members to their province or territory of residence.

Benefits are payable only when approved in advance and arranged by Allianz Global Assistance.

10. Pet Return

If **you** are returned to Canada under the Emergency Transportation benefit, or if **you** are hospitalized due to a covered **sickness** or **injury**, the **insurer** agrees to reimburse up to \$500 for the cost of returning **your** accompanying dog or cat to Canada.

11. Return to Original Trip Destination

If **you** are returned to **your** province or territory of residence under the Emergency Transportation benefit, and the attending **physician** determines that the **treatment** received in Canada resolved the **emergency**, the **insurer** agrees to reimburse up to a maximum of \$5,000 for a one-way economy flight to return **you** and one insured **travelling companion** to the original **trip** destination.

The return must occur during the original **trip** period.

A subsequent recurrence or complication of the condition that resulted in **you** being returned home is excluded under this **certificate**.

Benefits are payable only when approved in advance and arranged by Allianz Global Assistance.

12. Trip-Break for Single-trip Plans

For Single-trip Plans only, during the **period of coverage** **you** may return **once** to **your** province or territory of residence for up to 15 consecutive days without terminating this **certificate**. There is no coverage under this plan in **your** province or territory of residence. Refunds are not payable for any days **you** spend in **your** province or territory of residence during the Trip-Break. **You** must meet the eligibility requirements of this **certificate** when **you** exit **your** province or territory of residence in order to continue **your** coverage.

13. Automatic Extension of Coverage

- a) **Delay of Conveyance.** Coverage will be automatically extended for up to 72 hours in the event of a delay, due to circumstances beyond **your** control, of the conveyance in which **you** are riding or are scheduled to ride as a passenger. The delay must occur prior to the coverage **expiry date** and the conveyance must be due to arrive prior to the coverage **expiry date**.
Conveyance means a vehicle, airline, bus, train, or government-operated ferry system.
- b) **Medically unfit to travel.** Coverage will be automatically extended for up to 5 days if medical evidence supports that you are medically unfit to travel due to a covered **sickness** or **injury** on or before the coverage **expiry date**. Any fees associated with changes to **your** travel plans are **your** responsibility.
- c) **Hospitalization.** Coverage will be automatically extended during the period of **hospital** confinement, plus 72 hours after release to travel home, if **you** are hospitalized at the end of **your trip** as a result of a covered **injury** or **sickness**. This coverage will be extended to **your travelling companion(s)** remaining with **you** when reasonable and necessary, under their respective Allianz Global Assistance administered policy.

Additional premium will not be required for any automatic extension of coverage.

SPECIFIC CONDITIONS

1. In the event of a medical **emergency**, **you** or someone acting on **your** behalf must notify Allianz Global Assistance within 24 hours of admission to a **hospital** and before any surgery is performed.

Limits on Coverage

If **you** fail to do so without reasonable cause, then the **insurer** will pay 80% of the claim payable. **You** will be responsible for the remaining 20% of the claim payable.

You will be responsible for any expenses that are not payable by the **insurer**.

The **deductible** is shown on **your** confirmation of coverage. **You** are responsible for paying the **deductible**, if applicable.

2. The **insurer** reserves the right, as reasonably required and at its expense, to transfer **you** to any **hospital** or to transport **you** to Canada following an **emergency**.

If **you** refuse to be transferred or transported when declared medically fit to travel, any continuing costs incurred after **your** refusal will not be covered and the payment of such costs becomes **your** sole responsibility.

Coverage ceases upon **your** refusal and no coverage will be provided to **you** for the remainder of the **period of coverage**.

3. General Provisions of this **certificate** apply. Refer to page 44.

EXCLUSIONS

EHM1 Pre-existing Conditions Exclusion

- a) If **you** are age 59 or under, benefits are not payable for costs incurred due to or resulting from **your** medical condition or related condition, other than a **minor ailment**, that was not **stable** at any time during the 90 days immediately before the **effective date**.
- b) If **you** are age 60 or over, depending on **your** answers to the medical questionnaire, benefits are not payable for costs incurred due to or resulting from **your** medical condition or related condition, other than a **minor ailment**:
 - i. that was not **stable** at any time during the 90, 180, or 365 days immediately before the **effective date**, as shown on **your** confirmation of coverage; or
 - ii. for which **you** received **treatment** at any time during the 365 days immediately before the **effective date**; or
 - iii. for which **you** received **treatment** at any time before the **effective date**.

Refer to **your** confirmation of coverage for the pre-existing conditions exclusion that applies to **you**.

EHM2 Benefits are not payable for costs incurred due to any **treatment**, investigation or hospitalization which is a continuation of, or subsequent to, **emergency treatment** of a **sickness** or **injury**.

EHM3 Benefits are not payable for any costs incurred due to any **sickness** for which **signs or symptoms** occurred within 48 hours after the **effective date**, except when applying for coverage:

- a) prior to the date **you** leave **your** province or territory of residence; or
 - b) before the **expiry date** of **your** existing Allianz Global Assistance administered certificate.
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EHM4 Benefits are not payable for costs or losses incurred due to:

- a) **your** emotional or mental disorders resulting from any cause, including but not limited to anxiety or depression; or
- b) **your** suicide or attempted suicide; or
- c) **your** intentional self-inflicted injury.

EHM5 Benefits are not payable for costs incurred due to:

- a) routine pre-natal or post-natal care; or
- b) elective treatment; or
- c) pregnancy, childbirth or complications thereof after the 31st week of pregnancy; or
- d) **high-risk pregnancy**; or
- e) a child born during a **trip**.

EHM6 Benefits are not payable for costs incurred due to loss, death or **injury**, if at the time of the loss, death or **injury**, evidence supports that the medical condition causing the loss was in any way contributed to by:

- a) **your** abuse of alcohol; or
- b) **your** use of prohibited drugs or any other intoxicant; or
- c) **your** non-compliance with prescribed **treatment** or medical therapy before or after the **effective date**; or
- d) **your** use of medication or drugs that have not been approved by the appropriate government authority; or
- e) **your** misuse of medication.

EHM7 Benefits are not payable for costs incurred due to **injury** resulting from training for, competing or participating in:

- a) motorized speed contests; or
- b) stunt activities; or
- c) **professional** sport activities; or
- d) **high-risk activities**.

EHM8 Benefits are not payable for costs incurred due to **sickness** or **injury** resulting from a motor vehicle **accident** where **you** are entitled to receive benefits pursuant to any policy or legislative plan of motor vehicle insurance, except when such benefits are exhausted.

EHM9 Benefits are not payable for costs incurred due to any **sickness**, **injury** or medical condition for which a diagnosis need not have been made when a **trip** is undertaken for the purpose of securing medical **treatment** or advice.

EHM10 Benefits are not payable for costs incurred due to **your** travelling against the advice of a **physician** or any loss resulting from **your sickness** or medical condition that was diagnosed by a **physician** as **terminal** or advice the **effective date**.

EHM11 Benefits are not payable for costs incurred due to any **treatment** which can be reasonably delayed until **you** return to Canada (whether or not **you** intend to return) by the next available means of transportation, unless approved in advance by Allianz Global Assistance.

EHM12 Benefits are not payable for costs incurred due to a recurrence or complication of the **sickness, injury** or medical condition that resulted in **you** being returned home if **you** elect to resume **your trip** after being returned to Canada.

EHM13 Benefits are not payable for costs incurred due to any **medical consultation** that is non-**emergency**, elective or the consequence of a prior elective procedure.

EHM14 Benefits are not payable for costs incurred due to any rehabilitation or convalescent care.

EHM15 Benefits are not payable for costs incurred due to dental or cosmetic surgery, except as specifically provided under Dental.

EHM16 Benefits are not payable for costs incurred due to naturopathic or holistic **treatment**.

EHM17 Benefits are not payable for costs that exceed the **reasonable and customary** rate for the area where the **treatment** or services are being performed.

EHM18 Benefits are not payable for costs incurred due to **treatment** or services that contravene, or are prohibited by, legislation under a provincial or territorial hospital/ medical plan.

EHM19 Benefits are not payable for costs incurred due to any **lung/respiratory condition** if **you** have been prescribed or used home oxygen or prednisone for a **lung/respiratory condition** in the 12 months before the **effective date**.

EHM20 Benefits are not payable for costs incurred due to any **heart condition** if **you** were diagnosed with or had an episode of congestive heart failure before the **effective date**.

EHM21 Benefits are not payable for costs incurred due to any **heart condition** if **your** most recent **heart surgery** was more than 12 years or less than 6 months before the **effective date**.

EHM22 Benefits are not payable for costs incurred due to any **heart condition** if **you** have been prescribed or used nitroglycerine in any form for a **heart condition** in the 12 months before the **effective date**.

EHM23 Benefits are not payable for costs incurred due to any **auto-immune disorder** which was diagnosed before the **effective date**.

EHM24 Benefits are not payable for costs incurred due to any kidney disease requiring dialysis before the **effective date**.

EHM25 Benefits are not payable for costs incurred due to an unrepaired aneurysm 4 cm or greater, measured in either length or diameter, which was diagnosed before the **effective date**.

EHM26 Benefits are not payable for any *sickness* related to or due to any bone marrow or *major organ* transplant, or the need thereof.

EHM27 Benefits are not payable for costs incurred due to any cancer (other than basal or squamous cell skin cancer or breast cancer treated only with hormone therapy) for which *you* received *treatment* in the 3 months before the *effective date*.

EHM28 Benefits are not payable for costs incurred due to any *sickness* or *injury* when such *sickness* or *injury* occurs in a city, region, or country for which Global Affairs Canada issued a written warning prior to the *effective date* to avoid all travel, or to avoid non-essential travel, to that city, region, or country, and such *sickness* or *injury* is related to or due to the reason for the warning.

EHM29 Benefits are not payable for costs incurred due to any fraudulent, dishonest or criminal act by *you*, or any person acting with *you*, or *your* authorized representative, whether acting alone or in collusion with others.

EHM30 Benefits are not payable for costs incurred due to any:

- a) *act of war*; or
- b) kidnapping; or
- c) *act of terrorism* caused directly or indirectly by *nuclear, chemical or biological* means; or
- d) riot, strike or civil commotion; or
- e) unlawful visit in any country.

EHM31 Benefits are not payable for costs incurred due to any nuclear occurrence, however caused.

EHM32 Benefits are not payable for costs incurred due to the participation by *you*, a *family member* or *travelling companion* in:

- a) protests; or
- b) armed forces activities; or
- c) a commercial sexual transaction; or
- d) the commission or attempted commission of any criminal offence; or
- e) the contravention of any statutory law or regulation in the area where the loss occurred.

EHM33 Benefits are not payable for costs incurred due to air travel other than as a passenger in a commercial aircraft licensed to carry passengers for hire, except while being transported under the terms of the Emergency Transportation benefit.

Accidental Death & Dismemberment

ELIGIBILITY

To be eligible for coverage **you** must:

- a) be a **member** of a credit union; and
- b) be at least 15 days old and no more than 89 years old as of the **effective date**; and
- c) be travelling on a **trip** to, from, or within Canada.

Start of Coverage

Coverage starts on the later of:

- a) the date and time the completed application is accepted by Allianz Global Assistance or its representative; or
- b)** the date indicated as the effective date on **your** confirmation of coverage; or
- c) the date **you** depart from **your** province or territory of residence.

End of Coverage

Coverage ends on the earlier of:

- a) the date and time **you** arrive in **your** province or territory of residence; or
- b)** the date indicated as the **expiry date on your** confirmation of coverage.

DESCRIPTION OF COVERAGE

Subject to the **certificate** terms and conditions, the **insurer** agrees to pay up to a maximum of the sum insured indicated on **your** confirmation of coverage, for loss of life, limb or sight resulting directly from **accidental injury**, occurring during the **period of coverage**, except while boarding, riding in, or alighting from an aircraft.

Limits on Coverage

The total **aggregate limit** for all losses under Accidental Death & Dismemberment is \$10 million.

BENEFITS

Benefits are payable according to the following schedule:

- a) 100% of sum insured resulting from the same **accidental injury** for loss of:
 - i. life; or
 - ii. entire sight of both eyes; or
 - iii. both hands; or
 - iv. both feet; or
 - v. one hand and entire sight of one eye; or
 - vi. one foot and entire sight of one eye.

- b) 50% of sum insured resulting from the same **accidental injury** for loss of:
 - i. entire sight of one eye; or
 - ii. one hand; or
 - iii. one foot.

Loss of hand or hands, or foot or feet means severance through or above the wrist joint or ankle joint, respectively.

Loss of eye or eyes means total and irrecoverable loss of the entire sight.

Only one amount is payable (the largest) if **you** suffer more than one of these losses.

Exposure and Disappearance

If **you** are exposed to the elements or disappear as a result of an **accident**, a loss will be covered if:

- a) as a result of such exposure, **you** suffer one of the losses specified in the schedule of losses above; or
- b) **your** body has not been found within 52 weeks from the date of the **accident**. It will be presumed, subject to evidence to the contrary, that **you** suffered loss of life.

EXCLUSIONS

ADD1 Benefits are not payable for losses while sane or insane due to:

- a) **your** emotional or mental disorders resulting from any cause, including but not limited to anxiety or depression; or
- b) **your** suicide or attempted suicide; or
- c) **your** intentional self-inflicted injury.

ADD2 Benefits are not payable for losses due to any:

- a) **act of war**; or
- b) kidnapping; or
- c) **act of terrorism** caused directly or indirectly by **nuclear, chemical or biological** means; or
- d) riot, strike or civil commotion; or
- e) unlawful visit in any country.

ADD3 Benefits are not payable for costs incurred due to the participation by **you**, a **family member** or **travelling companion** in:

- a) protests; or
- b) armed forces activities; or
- c) a commercial sexual transaction; or
- d) the commission or attempted commission of any criminal offence; or
- e) the contravention of any statutory law or regulation in the area where the loss occurred.

ADD4 Benefits are not payable for loss, death or *injury*, if at the time of the loss, death or *injury*, evidence supports that *you* were affected by, or the medical condition causing the loss was in any way contributed to by:

- a) *your* abuse of alcohol; or
- b) *your* use of prohibited drugs or any other intoxicant; or
- c) *your* non-compliance with a prescribed *treatment* or medical therapy; or
- d) *your* misuse of medication.

ADD5 Benefits are not payable for losses due to *injury* resulting from training for, competing or participating in:

- a) motorized speed contests; or
- b) stunt activities; or
- c) *professional* sport activities; or
- d) *high-risk activities*.

ADD6 Benefits are not payable for losses incurred while being the occupant of an aircraft, either as passenger or crew, or while boarding or alighting from an aircraft.

ADD7 Benefits are not payable for losses due to any nuclear occurrence, however caused.

Flight Accident

ELIGIBILITY

To be eligible for this coverage *you* must:

- a) be a *member* of a credit union; and
- b) be at least 15 days old and no more than 89 years old as of the *effective date*; and
- c) be travelling on a *trip* to, from, or within Canada.

Start of Coverage

Coverage starts on the later of:

- a) the date and time the completed application is accepted by Allianz Global Assistance or its representative; or
- b)** the date indicated as the effective date on *your* confirmation of coverage; or
- c) the date and time *you* commence travel as described under the Insured Risks section of this coverage.

End of Coverage

Coverage ends on the earlier of:

- a)** the date indicated as the expiry date on *your* confirmation of coverage; or
 - b) the date and time *you* cease travel as described under the Insured Risks section of this coverage.
-

DESCRIPTION OF COVERAGE

Subject to the *certificate* terms and conditions, the *insurer* agrees to pay up to a maximum of the sum insured indicated on *your* confirmation of coverage, for loss of life, limb or sight directly resulting from *accidental injury* due to an Insured Risk occurring worldwide during the *period of coverage*.

Coverage is for eligible flights ticketed and arranged prior to the *effective date*.

Limits on Coverage

The total *aggregate limit* for *accidental injury* resulting from a risk insured under the Flight Accident benefit is \$10 million.

BENEFITS

Benefits are payable according to the following schedule:

- a) 100% of sum insured resulting from the same *accidental injury* for loss of:
 - i. life; or
 - ii. entire sight of both eyes; or
 - iii. both hands; or
 - iv. both feet; or
 - v. one hand and entire sight of one eye; or
 - vi. one foot and entire sight of one eye.
- b) 50% of sum insured resulting from the same *accidental injury* for loss of:
 - i. entire sight of one eye; or
 - ii. one hand; or
 - iii. one foot.

Loss of hand or hands, or foot or feet means severance through or above the wrist joint or ankle joint, respectively.

Loss of eye or eyes means total and irrecoverable loss of the entire sight.

Only one amount is payable (the largest) if *you* suffer more than one of these losses.

Exposure and Disappearance

If *you* are exposed to the elements or disappear as a result of a flight accident, a loss will be covered if:

- a) as a result of such exposure, *you* suffer one of the losses specified in the schedule of losses above; or
- b) *your* body has not been found within 52 weeks from the date of the flight accident. It will be presumed, subject to evidence to the contrary, that *you* suffered loss of life.

INSURED RISKS

Benefits are limited to payment for losses occurring during the **period of coverage** while **you** are:

- a) Riding solely as a ticketed passenger in, or boarding or alighting from, a certified multi-engine transportation-type aircraft or passenger aircraft provided by a regularly scheduled airline on any regularly scheduled trip operated between licensed airports.
- b) On airport premises immediately before boarding or immediately after alighting from an aircraft.
- c) While riding as a passenger in an airport limousine or bus, or surface vehicle provided, and arranged for, by the airline or airport authority, when going to or after being at an airport for the purpose of boarding an aircraft or alighting from an aircraft.

EXCLUSIONS

FAC1 Benefits are not payable for losses due to:

- a) **your** emotional or mental disorders resulting from any cause, including but not limited to anxiety or depression; or
- b) **your** suicide or attempted suicide; or
- c) **your** intentional self-inflicted injury.

FAC2 Benefits are not payable for losses due to any:

- a) **act of war**; or
- b) kidnapping; or
- c) **act of terrorism** caused directly or indirectly by **nuclear, chemical or biological** means; or
- d) riot, strike or civil commotion; or
- e) unlawful visit in any country.

FAC3 Benefits are not payable for losses due to the participation by **you**, a **family member** or **travelling companion** in:

- a) protests; or
 - b) armed forces activities; or
 - c) a commercial sexual transaction; or
 - d) the commission or attempted commission of any criminal offence; or
 - e) the contravention of any statutory law or regulation in the area where the loss occurred.
-

FAC4 Benefits are not payable for loss, death or *injury*, if at the time of the loss, death or *injury*, evidence supports that *you* were affected by, or the medical condition causing the loss was in any way contributed to by:

- a) *your* abuse of alcohol; or
- b) *your* use of prohibited drugs or any other intoxicant; or
- c) *your* non-compliance with a prescribed *treatment* or medical therapy; or
- d) *your* misuse of medication.

FAC5 Benefits are not payable for losses due to any nuclear occurrence, however caused.

Trip Cancellation & Interruption

ELIGIBILITY

To be eligible for coverage *you* must:

- a) be a *member* of a credit union; and
- b) be at least 15 days old and no more than 89 years old as of the *effective date*; and
- c) be scheduled to travel on a *trip* to, from, or within Canada; and
- d) purchase this coverage prior to leaving for the trip; and
- e) if purchasing this coverage at the time of, or after the initial trip payment, or after cancellation penalties are applicable, be in good health, and know of no reason to:
 - i. seek medical attention; or
 - ii. cancel the trip; or
 - iii. make any claim.

Start of Coverage

Coverage starts on the later of:

- a) the date and time the completed application is accepted by Allianz Global Assistance or its representative; or
- b)** the date indicated as the effective date on *your* confirmation of coverage.

For After Departure benefits, coverage starts on the date of departure.

End of Coverage

Coverage ends on the earlier of:

- a) the date of occurrence of the Insured Risk which results in the cancellation of *your trip* prior to the scheduled departure date; or

- b) the date and time **you** return to **your** province, territory or country of permanent residence; or
- c) the date indicated as the expiry date on **your** confirmation of coverage.

DESCRIPTION OF COVERAGE

The **insurer** agrees to pay up to the sum insured indicated on **your** confirmation of coverage, for losses resulting from an Insured Risk occurring during the **period of coverage**. Coverage is provided worldwide for **trips** to, from, or within Canada. Benefits are limited to the non-refundable amounts for travel arrangements purchased prior to the **effective date** assessed by the **travel supplier** as of the date of occurrence of the Insured Risk, **injury** or the diagnosis of a **sickness** that was the cause of the cancellation, regardless of the date the **trip** is cancelled.

Limits on Coverage

Benefits payable to you as a result of the **default** of a **travel supplier** are limited to \$3,500 as described in Insured Risks. The total **aggregate limit** for all losses resulting from the **default** of one **travel supplier** is \$1 million. The total **aggregate limit** for all losses resulting from all **defaults** of all **travel suppliers** during any one calendar year is \$3 million.

BENEFITS For Basic Plan and Select Plan

a) Trip Cancellation (Prior to Departure)

- i. Benefits are payable for the non-refundable, non-recoverable portion of pre-paid airfare and/or pre-paid travel arrangements.
- ii. Benefits are payable for the single supplement charged as the result of a **travelling companion** or accompanying **family member** who is unable to travel due to an Insured Risk.

b) Trip Interruption (After Departure)

- i. Benefits are payable for the extra cost of economy transportation by the most direct route to continue with the insured **trip** if **you** miss a portion of **your trip** due to **your sickness or injury**, or the **sickness** or **injury** of a **travelling companion** or accompanying **family member**.
 - ii. Benefits are payable for the non-refundable portion of unused, pre-paid, insured travel arrangements for the **trip** (excluding partially used airline tickets) purchased prior to the **effective date**, up to a maximum of the sum insured indicated on **your** confirmation of coverage, and the extra cost of economy airfare by the most direct route, to return to the point of departure.
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- iii. In the event of **your** death due to a covered **sickness** or **injury**, up to \$15,000 will be payable for costs incurred for the return of **your** remains in a standard transportation container to **your** permanent residence in Canada, or up to \$4,000 for the cremation or burial of **your** remains at the place of death, when **you** are not covered under any other insurance policy or plan.

c) Missed Connection (Prior To or After Departure)

In the event that a delay of the connecting carrier or automobile at the departure point causes a missed connection, provided the connecting carrier or automobile was scheduled to arrive not less than two hours prior to the scheduled connection time, due to:

- weather conditions, volcanic eruptions, natural disaster, or mechanical failure of the connecting carrier (airline, bus, train or government-operated ferry system); or
- traffic accident or emergency police road closure (police report required) causing the delay of a private or commercial automobile;

the **insurer** agrees to pay:

- i. the extra cost of economy transportation to the ticketed destination; and
- ii. the unusable pre-paid, insured travel arrangements purchased prior to the **effective date**; and
- iii. an out-of-pocket allowance of up to \$200 per day to a maximum of \$600 for commercial accommodation and meals, essential telephone calls and taxi fares.

ADDITIONAL BENEFITS For Select Plan

Benefits are payable for the following costs:

1. Meals and Accommodation

If **your trip** is interrupted or delayed beyond the expiry date shown in **your** confirmation of coverage, as a result of **your sickness** or **injury**, or the **sickness** or **injury** of a **travelling companion** or an accompanying **family member**, additional commercial accommodation and meals, essential telephone calls and taxi fares will be reimbursed up to \$300 per day to a maximum of \$1,000.

2. Delayed Baggage

If **your** luggage or personal possessions are delayed or lost for 12 hours or more, while en route and before returning to the original point of departure, costs for reasonable and necessary toiletries and clothing will be reimbursed up to a maximum of \$200. Purchases must be made within 36 hours of arrival at **your** destination and prior to receipt of **your** baggage.

3. Tour Operators

In the event that **your** tour is cancelled or rescheduled by the tour operator for any reason other than **default**, up to \$1,000 will be payable for the non-refundable pre-paid travel arrangements that are not a part of the cancelled or rescheduled tour package.

INSURED RISKS

The Benefits listed above are payable if **your trip** is cancelled prior to the scheduled departure date, curtailed prior to the scheduled return date, or delayed after the scheduled return date as the result of:

Health

1. **Sickness, injury** or death of:
 - a) **you**; or
 - b) a **family member**; or
 - c) a **travelling companion** or **travelling companion's family member**; or
 - d) a **key employee**.
2. The death of **your** friend.
3. The death or hospitalization of **your** host at the destination.
4. **Sickness, injury** or death of a person or persons with whom arrangements were made for the care of dependents living in **your** household.

Legal

5. **You** have been called to jury duty, or been subpoenaed as a witness, and the court proceeding is scheduled to be heard during the period of the **trip** (excluding law enforcement officers).
6. **Your** legal adoption of a child during the period of the **trip**, which necessitates cancellation of the **trip**.

External

7. The schedule change of the airline carrier that is providing transportation for a portion of the insured **trip**, causing **you** to miss a connection or resulting in the interruption of the insured travel arrangements.
 8. **Your** failure to obtain a valid travel visa (excluding an immigration, student or employment visa) necessary to enter the country of destination of the **trip**, for reasons beyond **your** control provided **you** are a **Canadian resident** and eligible to apply, and the failure to obtain valid documents is not the result of a late or previously denied application.
 9. **Default** of a Canadian **travel supplier** ceasing operations as a result of bankruptcy.
 10. A disaster which renders **your** principal residence, in **your** province or territory of residence, uninhabitable.
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11. A natural disaster which does not permit **you** to occupy **your** permanent residence or, if **you** are self-employed, does not permit the operation of **your** primary business.
12. A statement made in the Travel Report issued by Global Affairs Canada after the **application date**, advising or recommending that Canadians avoid travel to the booked destination for a period that would include **your** scheduled trip.
13. **Your** hijacking or quarantine.
14. Adverse weather, volcanic eruptions, or a natural disaster which would prevent **you** from travelling for a period not less than 30% of the total duration of the insured **trip** when **you** choose not to continue with the **trip** prior to departure from the point of origin.
15. Cancellation prior to departure of a **business meeting** that **you** are required to attend by **your** employment or a conference arranged by **your** professional association, and the cancellation is beyond **your** control, or the control of **your** employer or association.

Business meeting means a meeting scheduled before the **effective date** between companies with unrelated ownership, pertaining directly to **your** full-time employment or professional association, and required by **your** employment.

16. Rescheduling of an examination at an accredited Canadian or American university or college after the **trip** was booked and due to circumstances beyond **your** control. A copy of the original official examination schedule and the notice of rescheduling must accompany any claim submission. The rescheduled examination must occur during the **period of coverage**.

Work

17. A job transfer within 30 days of **your** scheduled departure date, by **your** employer, that requires relocation of **your** principal residence (not applicable to self-employed persons).
18. Unforeseeable, involuntary termination without just cause of **you** or **your travelling companion's** permanent employment, provided **you** or **your travelling companion** was actively employed by the same employer for at least one year; excluding self-employment or contract work.

Other

19. **You** or **your travelling companion** being called to service in the case of reservists, active military, police, essential medical and fire personnel.

SPECIFIC CONDITIONS

1. Upon the occurrence of an Insured Risk that results in cancellation, curtailment or delay of **your trip**, the **travel supplier** or agent must be notified on the same day or next business day when the cause of cancellation, **injury** or diagnosis of **sickness** occurs.
2. Benefits are limited to the non-refundable amounts assessed by the **travel supplier** as of the date of occurrence of the Insured Risk, **injury** or diagnosis of a **sickness**.
3. When **family members** are travelling together, the total **aggregate limit** is \$250,000 for all eligible certificates of insurance issued by the **insurer** and administered by Allianz Global Assistance, including this **certificate**. The amount payable will be prorated among all eligible claimants, so that the total amount paid for all such claims does not exceed \$250,000.
4. When **travelling companions** are travelling together, the total **aggregate limit** is \$100,000 for all eligible certificates of insurance issued by the **insurer** and administered by Allianz Global Assistance, including this **certificate**. The amount payable will be prorated among all eligible claimants, so that the total amount paid for all such claims does not exceed \$100,000.
5. No benefits are payable when **your** return to the point of origin is more than 10 days after the expiry date specified in **your** confirmation of coverage, unless **you** or a **travelling companion** suffering the **sickness or injury** was confined in a **hospital**, or was certified as medically unfit to travel by the attending **physician** at the location **treatment** was provided.
6. Reimbursement of any eligible additional costs are limited to the lesser of:
 - a) the change-fee; or
 - b) a one-way economy class airfare; or
 - c) a return economy class airfare;all by the most direct route.
7. All claims due to **sickness** or **injury** must be supported by documentation from the attending **physician** at the location where **sickness** or **injury** leading to cancellation, interruption or delay occurred.
8. **Act of Terrorism - Limits on Coverage and Aggregate Limit**

When an **act of terrorism** directly or indirectly causes a loss that would otherwise be payable under this plan, subject to all other **certificate** limits, the **aggregate limit** payable will be limited to \$20 million for all eligible certificates of insurance issued by the **insurer** and administered by Allianz Global Assistance, including this **certificate**. Benefits payable will be directly reduced by the value of any alternate or replacement benefits or travel options given or offered to **you** by a **travel supplier** as replacement, even if you decline and do not use the alternative or replacement arrangements.

If the total amount claimed under this and all **certificates** issued by the **insurer** and administered by Allianz Global Assistance as a result of the same terrorist incident or series of terrorist incidents occurring within a 72-hour period exceeds \$20 million, the amount payable will be prorated among all eligible claimants, so that the total amount paid for all such claims does not exceed \$20 million.

9. General Provisions of this **certificate** apply. Refer to page 44.

EXCLUSIONS

CANX1 Pre-existing Conditions Exclusion

If the Trip Cancellation sum insured purchased is \$15,000 or less: Benefits are not payable for costs incurred due to any **pre-existing medical condition** of **you, your** friend, a **family member**, a **travelling companion** or **travelling companion's family member**, or a **key employee**, that was not **stable** within the 90 days immediately preceding the **application date**.

If the Trip Cancellation sum insured purchased is more than \$15,000: Benefits are not payable for costs incurred due to any **pre-existing medical condition** of **you, your** friend, a **family member**, a **travelling companion** or **travelling companion's family member**, or a **key employee**, that was not **stable** within the 180 days immediately preceding the application date.

CANX2 Benefits are not payable for costs or losses incurred due to:

- a) emotional or mental disorders resulting from any cause, including but not limited to anxiety or depression; or
- b) suicide, attempted suicide; or
- c) intentionally self-inflicted injury.

This applies to **you, a family member, a travelling companion, your** friend or **travelling companion's family member, a key employee** or a friend.

CANX3 Benefits are not payable for costs incurred due to any:

- a) **act of war**; or
- b) kidnapping; or
- c) **act of terrorism** caused directly or indirectly by **nuclear, chemical or biological** means; or
- d) riot, strike or civil commotion; or
- e) unlawful visit in any country.

CANX4 Benefits are not payable for costs incurred due to the participation by **you**, a **family member** or **travelling companion** in:

- a) protests; or
- b) armed forces activities; or
- c) a commercial sexual transaction; or
- d) the commission or attempted commission of any criminal offence; or
- e) the contravention of any statutory law or regulation in the area where the loss occurred.

CANX5 Benefits are not payable for costs incurred due to loss, death or **injury**, if at the time of the loss, death or **injury**, evidence supports that **you** were affected by, or the medical condition causing the loss was in any way contributed to by:

- a) use or abuse of alcohol; or
- b) use of prohibited drugs or any other intoxicant; or
- c) non-compliance with a prescribed **treatment** or medical therapy; or
- d) misuse of medication.

This applies to **you**, a **family member**, a **travelling companion** or **travelling companion's family member**, a **key employee** or a friend.

CANX6 Benefits are not payable for costs incurred due to any **sickness**, **injury** or medical condition for which a diagnosis need not have been made, where the **trip** is undertaken for the purpose of securing medical **treatment** or advice.

CANX7 Benefits are not payable for costs incurred due to any **medical consultation** that is non-**emergency** or any procedure or **treatment** that is elective or the consequence of a prior elective procedure.

CANX8 Benefits are not payable for costs incurred due to travelling against the advice of a **physician** or any loss resulting from a **sickness** or medical condition that was diagnosed by a **physician** as **terminal** prior to the **effective date**.

CANX9 Benefits are not payable for costs incurred due to **injury** resulting from training for, competing or participating in:

- a) motorized speed contests; or
- b) stunt activities; or
- c) **professional** sport activities; or
- d) **high-risk activities**.

CANX10 Benefits are not payable for costs incurred due to:

- a) routine pre-natal or post-natal care; or
 - b) elective treatment; or
 - c) pregnancy, childbirth or complications thereof after the 31st week of pregnancy; or
 - d) **high-risk pregnancy**; or
 - e) a child born during a **trip**.
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CANX11 Benefits are not payable for costs incurred due to a **trip** undertaken for the purpose of visiting or attending to an ailing person whose medical condition or ensuing death is the cause of cancellation or curtailment of the insured **trip** or delays **your** return home.

CANX12 Benefits are not payable for costs incurred due to loss for any event prior to departure, which might reasonably have been expected to necessitate **your** immediate return or delay **your** return.

CANX13 Benefits are not payable for costs incurred due to loss for any event which, on the **application date**, could reasonably have been expected to prevent **you** from travelling as booked.

CANX14 Benefits are not payable for costs incurred due to losses recovered or which are recoverable from any other source, including trustees or any government or industry compensation fund.

CANX15 Benefits are not payable for costs incurred due to loss arising as a consequence of the bankruptcy or insolvency of a retail travel agent, agency or broker, whether or not **you** are otherwise entitled to the benefit of this insurance.

CANX16 Benefits are not payable for costs incurred due to losses arising as a result of a **default** of the **travel supplier** if, at the time of booking and/or application, the **travel supplier** is bankrupt, insolvent, in receivership, or has sought protection from creditors under any bankruptcy or related legislation.

CANX17 Benefits are not payable for costs incurred due to losses arising as a result of **default** of an American **travel supplier** if the services to be provided by the American **travel supplier** are not part of a package tour.

CANX18 Benefits are not payable for costs incurred due to losses arising from **default** of a **travel supplier** for travel services you purchased directly from the **travel supplier**.

CANX19 Benefits are not payable for costs incurred due to any amounts assessed by the **travel supplier** that are non-refundable after the date of the occurrence of an Insured Risk, **injury** or diagnosis of a **sickness** that was the cause of the cancellation, regardless of the date the **trip** was cancelled.

CANX20 Benefits are not payable for costs incurred due to any nuclear occurrence, however caused.

Trip Interruption

ELIGIBILITY

To be eligible for coverage **you** must:

- a) be a **member** of a credit union; and
- b) be at least 15 days old and no more than 89 years old as of the **effective date**; and
- c) be scheduled to travel on a **trip** to, from, or within Canada.

This insurance can be purchased only on round-trip tickets.

Start of Coverage

Coverage starts on the later of:

- a) the date and time the completed application is accepted by Allianz Global Assistance or its representative; or
- b)** the date indicated as the effective date on **your** confirmation of coverage; or
- c) the date **you** depart from **your** province or territory of residence.

End of Coverage

Coverage ends on the earlier of:

- a) the date and time **you** return to **your** province or territory of permanent residence; or
- b)** the date indicated as the expiry date on **your** confirmation of coverage; or
- c) the date a **trip** is interrupted as a result of an Insured Risk.

DESCRIPTION OF COVERAGE

Subject to the terms and conditions of this **certificate**, the **insurer** agrees to pay up to a maximum of the sum insured indicated on **your** confirmation of coverage, for loss resulting from an Insured Risk occurring during the **period of coverage** and which necessitates **your** immediate return during the **period of coverage**.

BENEFITS

Trip Interruption benefits are payable for the actual extra cost of one-way economy transportation by the most direct route to the point of departure from Canada.

INSURED RISKS

The benefits indicated above are payable if **your trip** is interrupted prior to the scheduled return date as the result of:

1. **Your sickness, injury** or death.
2. The **sickness, injury** or death of **your family member**, or a **travelling companion**, or a **travelling companion's family member**, or a **key employee**.
3. A disaster which renders **your** principal residence, in **your** country of permanent residence, uninhabitable.
4. **Sickness, injury** or death of a person or persons with whom arrangements were made for the care of **your** dependents.
5. A statement made in the Travel Report issued by Global Affairs Canada after the **application date**, advising or recommending that Canadians avoid travel to the booked destination for a period that would include your scheduled trip.

SPECIFIC CONDITIONS

1. **Your** return to the point of origin must be no later than 10 days following the expiry date specified in **your** confirmation of coverage, unless **you** or a **travelling companion** suffering the **sickness** or **injury** was confined in a **hospital**, or was certified as medically unfit to travel by the attending **physician** at the location **treatment** was provided.
2. Reimbursement of any eligible additional extra costs are limited to the lesser of:
 - a) the change-fee; or
 - b) a one-way economy class airfare; or
 - c) a return economy class airfare;all by the most direct route.
3. All claims due to **sickness** or **injury** must be supported by documentation from the attending **physician** at the location where the **sickness** or **injury** occurred.
4. **Act of Terrorism - Limits on Coverage and Aggregate Limit**

When an **act of terrorism** directly or indirectly causes a loss that would otherwise be payable under this plan, subject to all other **certificate** limits, the **aggregate limit** payable will be limited to \$20 million for all eligible certificates of insurance issued by the **insurer** and administered by Allianz Global Assistance, including this **certificate**. Benefits payable will be directly reduced by the value of any alternate or replacement benefits or travel options given or offered to **you** by a **travel supplier** as replacement, even if **you** decline and do not use the alternative or replacement arrangements.

If the total amount claimed under this and all **certificates** issued by the **insurer** and administered by Allianz Global Assistance as a result of the same terrorist incident or series of terrorist incidents occurring within a 72-hour period exceeds \$20 million, the amount payable will be prorated among all eligible claimants, so that the total amount paid for all such claims does not exceed \$20 million.

5. General Provisions of this **certificate** apply. Refer to page 44.

EXCLUSIONS

TRIP1 Pre-existing Conditions Exclusion

Benefits are not payable for costs incurred due to any **pre-existing medical condition** of **you**, a **family member**, a **travelling companion** or **travelling companion's family member**, or a **key employee**, that was not **stable** within the 90 days immediately preceding the later of the date **you** made the initial non-refundable payment for **your trip** or the date of any change to the sum insured.

TRIP2 Benefits are not payable for costs or losses due to:

- a) emotional or mental disorders resulting from any cause, including but not limited to anxiety or depression; or
- b) suicide or attempted suicide; or
- c) intentional self-inflicted injury.

TRIP3 Benefits are not payable for costs incurred due to any:

- a) **act of war**; or
- b) kidnapping; or
- c) **act of terrorism** caused directly or indirectly by **nuclear, chemical or biological** means; or
- d) riot, strike or civil commotion; or
- e) unlawful visit in any country.

TRIP4 Benefits are not payable for costs incurred due to the participation by **you**, a **family member** or **travelling companion** in:

- a) protests; or
 - b) armed forces activities; or
 - c) a commercial sexual transaction; or
 - d) the commission or attempted commission of any criminal offence; or
 - e) the contravention of any statutory law or regulation in the area where the loss occurred.
-

TRIP5 Benefits are not payable for costs incurred due to loss, death or **injury**, if at the time of the loss, death or **injury**, evidence supports that **you** were affected by, or the medical condition causing the loss was in any way contributed to by:

- a) use or abuse of alcohol;
- b) use of prohibited drugs or any other intoxicant; or
- c) non-compliance with a prescribed **treatment** or medical therapy; or
- d) misuse of medication.

TRIP6 Benefits are not payable for costs incurred due to any **sickness, injury** or medical condition for which a diagnosis need not have been made, where the **trip** is undertaken for the purpose of securing medical **treatment** or advice.

TRIP7 Benefits are not payable for costs incurred due to any **medical consultation** or **treatment** that is non-**emergency**, elective or the consequence of a prior elective procedure.

TRIP8 Benefits are not payable for costs incurred due to travelling against the advice of a **physician** or any loss resulting from a **sickness** or medical condition that was diagnosed by a **physician** as **terminal** prior to the **effective date**.

TRIP9 Benefits are not payable for costs incurred due to **injury** resulting from training for, competing or participating in:

- a) motorized speed contests; or
- b) stunt activities;
- c) **professional** sport activities; or
- d) **high-risk activities**.

TRIP10 Benefits are not payable for costs incurred due to:

- a) routine pre-natal or post-natal care; or
- b) elective treatment; or
- c) pregnancy, childbirth or complications thereof after the 31st week of pregnancy; or
- d) **high-risk pregnancy**; or
- e) a child born during a **trip**.

TRIP11 Benefits are not payable for costs incurred due to a **trip** undertaken for the purpose of visiting or attending to an ailing person whose medical condition or ensuing death is the cause of curtailment of the insured **trip**.

TRIP12 Benefits are not payable for costs incurred due to any event that occurred prior to departure, for which it is reasonable to expect that **you** would have to return early from **your trip**.

TRIP13 Benefits are not payable for costs incurred due to any nuclear occurrence, however caused.

Baggage

ELIGIBILITY

To be eligible for coverage **you** must:

- a) be a **member** of a credit union; and
- b) be travelling on a trip to, from, or within Canada; and
- c) purchase coverage for the entire duration of the trip.

Start of Coverage

Coverage starts on the later of:

- a) the date and time the completed application is accepted by Allianz Global Assistance or its representative; or
- b)** the date indicated as the effective date on **your** confirmation of coverage; or
- c) the date **you** depart from **your** province, territory or country of residence.

End of Coverage

Coverage ends on the earlier of:

- a) the date and time **you** return to **your** province, territory or country of residence; or
- b)** the date indicated as the expiry date on **your** confirmation of coverage.

DESCRIPTION OF COVERAGE

1. The **insurer** agrees to pay up to a maximum of the sum insured as indicated on **your** confirmation of coverage for loss or damage to owned or borrowed baggage and personal effects normally carried by **you**.

Limits on Coverage

2. The amount of loss or damage sustained in each event shall be determined separately, and any benefits payable are in excess of any amounts available under any other insurance or source.
 3. Coverage is subject to a \$50 **deductible** for each insured event causing loss.
 4. The **insurer's** liability shall be limited to \$300 per single article, matched pair or set or group of related articles.
 5. The **insurer** will pay the lesser of the following:
 - a) the actual cash value of the property, with proper deduction for depreciation, at the time of loss or damage; or
 - b) the amount for which the property could be repaired to its condition prior to the damage; or
 - c) the amount for which the property could be replaced with property of like kind and quality.
-

BENEFITS

1. Personal Effects

The **insurer** agrees to reimburse for items for the personal use, adornment or amusement of **you** or any of **your family members** who are travelling with **you**.

2. Personal Currency

The **insurer** agrees to reimburse up to \$100 for loss of personal currency when caused directly by theft or robbery and supported by a police report.

3. Wheelchair

The **insurer** agrees to reimburse up to \$100 for repairs or rental replacement of **your** wheelchair (or standard special features) if the wheelchair is rendered inoperable due to damage resulting during normal usage.

4. Injury of Accompanying Cat or Dog

The **insurer** agrees to reimburse up to \$200 for emergency care due to unexpected **injury** of an accompanying cat or dog.

5. Travel Documents

The **insurer** agrees to reimburse up to \$100 for the replacement cost of any of the following documents: passport, driver's license, birth certificate or travel visa when the loss is caused directly by theft or robbery and supported by a police report.

EXCLUSIONS

BAG1 Benefits are not payable for costs incurred due to any:

- a) **act of war**; or
- b) kidnapping; or
- c) **act of terrorism** caused directly or indirectly by **nuclear, chemical or biological** means; or
- d) riot, strike or civil commotion; or
- e) unlawful visit in any country.

BAG2 Benefits are not payable for costs incurred due to the participation by **you**, a **family member** or **travelling companion** in:

- a) protests; or
- b) armed forces activities; or
- c) a commercial sexual transaction; or
- d) the commission or attempted commission of any criminal offence; or
- e) the contravention of any statutory law or regulation in the area where the loss occurred.

BAG3 Benefits are not payable for costs incurred due to normal wear and tear, deterioration, moths or vermin.

BAG4 Benefits are not payable for loss of or damage to:

- a) contact lenses; or
- b) prescription eye glasses; or
- c) artificial teeth and limbs; or
- d) hearing aids; or
- e) forms of money and currency (except as provided under Personal Currency); or
- f) securities; or
- g) tickets; or
- h) credit cards; or
- i) statuary; or
- j) paintings; or
- k) fragile or brittle objects; or
- l) consumable or perishable goods; or
- m) objects of art or antiques; or
- n) animals (except as specifically provided for cat or dog).

BAG5 Benefits are not payable for costs incurred due to theft from an unattended vehicle unless it was securely locked and there was visible evidence of forced entry.

BAG6 Benefits are not payable for costs incurred due to any nuclear occurrence, however caused.

Definitions

Accident(al) means a sudden, unexpected, unforeseeable, unavoidable external event and excludes disease or infections.

Act of terrorism means an act, including but not limited to the use of force or violence and/or the threat thereof or commission or threat of a dangerous act, of any person or group(s) or government(s), committed for political, religious, ideological, social, economic or similar purposes including the intention to intimidate, coerce or overthrow a government (whether de facto or de jure) or to influence, affect or protest against any government and/or to put the civilian population, or any section of the civilian population, in fear.

Act of war means any loss or damage arising directly or indirectly from, occasioned by, happening through or in the consequence of: war; invasion; acts of foreign enemies; hostilities or warlike operations (whether war is declared or not) by any government or sovereign, using military personnel or other agents; civil war; rebellion; revolution; insurrection; civil commotion assuming the proportions of or amounting to an uprising; military or usurped power.

Activities of daily living means any of the following:

- a) eating;
- b) bathing;
- c) using the toilet;
- d) changing positions (including getting in and out of a bed or chair);
- e) dressing.

Aggregate limit means the total number or the maximum value of insured losses resulting from any one **accident** or event causing loss.

Application date (applicable to Trip Cancellation & Interruption and All-inclusive Package Plans only) means the date **you** apply and pay for this insurance in conjunction with the initial non-refundable costs associated with booking **your trip**.

Auto-immune disorder includes acquired immune deficiency syndrome (AIDS) or human immunodeficiency virus (HIV), Grave's disease, Lou Gehrig's disease, multiple sclerosis, myasthenia gravis, sarcoidosis any location, scleroderma, systematic lupus erythematosus.

Canadian resident means a person legally authorized to reside in Canada and who maintains a permanent residence in Canada to which they will return after their **trip**.

Certificate means this document of insurance, which is a summary of the Emergency Hospital & Medical, Accidental Death and Dismemberment and Flight Accident benefits provided under the Group Policy issued to **your** Credit Union and the Individual Policy for all other benefits issued to **you** by the **insurer**.

Commercial accommodation means an establishment providing short-term accommodation for paying guests, licensed under the law of its jurisdiction, which provides proof of commercial transaction.

Commercial rental agency means a car rental agency or company licensed under the law of the jurisdiction(s) where it conducts business.

Deductible means the dollar amount for which **you** are responsible before any remaining eligible expenses are reimbursed under this insurance. **Your** deductible is indicated on **your** confirmation of coverage and applies to each claim.

Default means a complete cessation of operations as a result of a bankruptcy of a contracted **travel supplier**.

Dependent children means **your** unmarried children who are:

- a) born before the **trip**; and
- b) financially dependent on **you**; and
- c) at least 15 days old and:
 - i. no more than 21 years old; or
 - ii. no more than 26 years old if enrolled at an accredited post-secondary institution as a full-time student; or
 - iii. functionally impaired.

Effective date means the later of:

- a) the date and time the completed application is accepted by Allianz Global Assistance or its representative; or
- b)** the date indicated as the effective date on **your** confirmation of coverage; or
- c) the date **you** exit **your** province or territory of residence for a **trip**.

If **you** purchase a Multi-trip Plan after **you** have exited **your** province or territory of residence, effective date means the date indicated as the effective date on **your** confirmation of coverage.

For Trip Cancellation & Interruption Prior to Departure benefits, effective date means the date **you** make the initial non-refundable payment for **your trip**.

If **you** purchase **your certificate** after **you** have exited **your** province or territory of residence, any **sickness** that manifests itself during the first 48 hours after the **effective date** is not covered even if related expenses are incurred after the 48-hour waiting period.

Emergency means a sudden, unforeseen *sickness* or *injury* occurring during a *trip*, which requires immediate intervention by a *physician* or legally licensed dentist and cannot reasonably be delayed. An emergency is deemed to no longer exist when medical evidence indicates that *you* are able to continue *your trip* or return to *your* place of ordinary residence in Canada.

Expiry date means the earlier of:

- a) the date indicated as the expiry date on *your* confirmation of coverage; or
- b) the date and time *you* return to *your* province or territory of residence (other than as described under the Trip-Break benefit for Single-trip Plans); or
- c) for Multi-trip Plans when travelling outside Canada, the date *you* reach the maximum number of days permitted for each *trip*, as selected and paid for at the time *you* applied for coverage.

Family member means *your spouse*, parent, brother, sister, legal guardian, step-parent, step-child, step-brother, step-sister, aunt, uncle, niece, nephew, grandparent, grandchild, in-law, ward, natural or adopted child.

Heart condition includes angina or chest pain, arrhythmia, arteriosclerosis, atrial fibrillation, congenital heart defect, congestive heart failure, cardiomyopathy, carotid artery occlusion, heart attack (myocardial infarction), heart murmur, irregular heart rate or beat, any other condition relating to the heart or cardiovascular system.

Heart surgery includes ablation, angioplasty, heart bypass operation, implanted defibrillator, implanted pacemaker, valve replacement (repair), valvuloplasty.

High-risk activity(ies) includes any skiing or snowboarding out of bounds, heliskiing, ski jumping, skydiving, sky-surfing, scuba diving (except if certified by internationally recognized and accepted program such as NAUI or PADI, or if diving depth does not exceed 30 meters), white water rafting (except grades 1 to 4), street luge, skeleton activity, *mountaineering*, or participation in any rodeo activity.

High-risk pregnancy means a pregnancy involving a medical condition that puts the mother, the developing fetus or both at a higher than normal risk of developing medical complications during or after the pregnancy and birth. These medical conditions include pre-eclampsia, eclampsia, hypertension, Rh incompatibility, gestational diabetes, or placenta previa.

Hospital means a facility incorporated or licensed as a hospital by the jurisdiction where such services are provided and which has accommodation for resident in-patients, a laboratory, a registered graduate nurse and **physician** always on duty and an operating room where surgical operations are performed by a **physician**. In no event shall this include a convalescent or nursing home, home for the aged, health spa, or an institution for the care of drug addicts, alcoholics or persons suffering from mental or emotional disorders.

Injury means bodily harm, which is directly caused by or resulting from an **accident**, being a sudden and unforeseen event, excluding bodily harm that results from deliberate or voluntary action, and independent of **sickness** and all other causes.

Insurer means CUMIS General Insurance Company, a member of The Co-operators group of companies.

Key employee means **your** business partner or employee whose continued presence is critical to the ongoing affairs of the business during **your** absence.

Lung/respiratory condition includes asbestosis, bronchial asthma, bronchiectasis, chronic asthma, chronic bronchitis, chronic obstructive pulmonary disease (COPD), emphysema, pulmonary embolism, pulmonary fibrosis, sleep apnea, tuberculosis.

Major organ means heart, kidney, liver, or lung.

Medical consultation means any medical services obtained from a licensed medical practitioner for a **sickness, injury** or medical condition, including but not limited to any or all of: history taking, medical examination, investigative testing, advice or **treatment**, and during which a diagnosis of the condition need not have been definitively made. This does not include regular medical check-ups where no medical **signs or symptoms** existed between check-ups or were found during the check-up.

Member means a person having rights through a membership interest in a credit union in accordance with the provisions of the Credit Union Act and the articles or charter by-laws of the credit union.

Minor ailment means a **sickness** or **injury** which ended more than 30 days prior to the **effective date** and which did not require:

- a) **treatment** for a period longer than 15 consecutive days; or
 - b) more than one follow-up visit to a **physician**; or
 - c) hospitalization, surgery, or referral to a specialist.
-

Mountaineering means the ascent or descent of a mountain requiring the use of specified equipment including crampons, pick axes, anchors, bolts, carabiners and lead-rope or top rope anchoring equipment.

Nuclear, chemical or biological means the use of any nuclear weapon or device or the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical agent and/or biological agent, including the resultant contamination where:

- **Nuclear** means any occurrence causing bodily *injury, sickness, disease, or death*, or loss of or damage to property, or for loss of use of property, arising out of or resulting from the radioactive, toxic, explosive, or other hazardous properties of source, special nuclear, or by-product material.
- **Chemical agent** means any compound which, when suitably disseminated, produces incapacitating, damaging or lethal effects on people, animals, plants or material property.
- **Biological agent** means any pathogenic (disease-producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) which cause illness and/or death in humans, animals or plants.

Period of coverage means the period from the *effective date* to the *expiry date* as indicated in this *certificate* and for which premium has been paid.

Physician means a person other than *you*, who is legally qualified and licensed to practice medicine or perform surgery in the location where the services are performed, and is not related to *you* by blood or marriage.

Pre-existing medical condition means a *sickness, injury* or medical condition, whether or not diagnosed by a *physician*:

- a) for which *you* exhibited *signs or symptoms*; or
- b) for which *you* required or received *medical consultation*; and
- c) which existed prior to the *effective date* of *your* coverage.

Professional means *you* are considered professional by the governing body of the sport and are paid for *your* participation whether *you* win or lose.

Reasonable and customary means the services customarily provided or the costs customarily incurred for covered losses, which are not in excess of the standard practice or paid fee in the geographical area where the services are provided or costs are incurred for comparable *treatment*, services or supplies for a similar *sickness* or *injury*.

Sickness means any illness or disease.

Signs or symptoms means any evidence of disease experienced by *you* or recognized through observation.

Spouse means a person who is legally married to **you**, or a person who has been living with **you** in a common-law relationship for a period of at least 12 consecutive months.

Stable describes any medical condition or related condition, including any **heart condition** or **lung/respiratory condition**, for which:

- a) there has been no new **treatment**; and
- b) there has been no change in **treatment** or change in **treatment** frequency or type; and
- c) there have been no **signs or symptoms** or new diagnosis; and
- d) there have been no test results showing deterioration; and
- e) there has been no hospitalization; and
- f) there has been no referral to a specialist (made or recommended) and **you** are not awaiting the results of further investigations performed by any medical professional.

The following are also considered stable:

- a) Routine (not prescribed by a **physician**) adjustment of insulin to control diabetes provided the insulin was not first prescribed during the time period specified in the Pre-Existing Conditions Exclusion shown on **your** confirmation of coverage.
- b) Change from a brand name medication to a generic medication provided the medication was not first prescribed during the time period specified in the Pre-Existing Conditions Exclusion shown on **your** confirmation of coverage and there is no increase or decrease in dosage.
- c) The routine adjustment of Coumadin or Warfarin provided the Coumadin or Warfarin was not first prescribed during the time period specified in the Pre-Existing Conditions Exclusion shown on **your** confirmation of coverage.
- d) A **minor ailment**.

Terminal applies to a medical condition for which a **physician** gave a prognosis of eventual death or for which palliative care was received prior to the **effective date**.

Travel supplier means a tour operator, travel wholesaler, airline, cruise line, provider of ground transportation or provider of commercial accommodation to **you** that is contracted to provide travel services to **you** and that is licensed, registered or otherwise legally authorized to operate and provide travel services.

Travelling companion means a person who has prepaid shared accommodation or transportation with **you**. (Maximum of 5 persons including **you**.)

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

Trip means a period during which **you** are travelling outside of **your** province or territory of residence and for which coverage is in effect.

Vehicle means a private passenger automobile, station wagon, pickup truck or minivan that is used exclusively for the transportation of passengers; and is either owned or rented by **you**.

For the Return of Vehicle benefit under Emergency Hospital & Medical Insurance, vehicle also means a motorhome or a camper unit that is either owned or rented by **you** where:

- a) motorhome means a self-propelled vehicle containing living quarters that are an integral part of the vehicle and are not removable; and
- b) camper unit means a specifically constructed unit for living purposes mounted on and removable from a vehicle.

You or **Your** means an eligible person named on the application, who has been accepted by Allianz Global Assistance or its authorized representative, and has paid the required premium for a specific plan of insurance.

General Provisions

Assignment

Any benefits payable or which may become payable under this **certificate** cannot be assigned by **you**, and the **insurer** is not responsible for and will not be bound by any assignment entered into by **you**.

Benefit Payments

Unless otherwise stated, all provisions in this **certificate** apply to **you** during the **period of coverage**. Benefits are only payable to **you** under one policy during the **period of coverage**. If more than one Allianz Global Assistance administered **certificate** issued by the **insurer** is in effect at the same time, benefits will only be paid under one insurance **certificate**, the one with the greatest sum insured. Benefits are only payable for the plans and the specific sum insured selected, paid for and accepted by Allianz Global Assistance at the time of application, and indicated on **your** confirmation of coverage.

Any benefits payable do not include interest charges. Benefits payable as a result of **your** death will be payable to **your** named beneficiary or to **your** Estate.

Claim Submission

You or the claimant, if other than you, shall be responsible for providing Allianz Global Assistance with the following:

1. receipts from commercial organizations for all medical costs incurred and itemized accounts of all medical services which have been provided; and

2. any payment made by any other insurance plan or contract, including a government hospital/medical plan; and
3. substantiating medical documentation, at the request of Allianz Global Assistance.

Failure to provide substantiating documents shall invalidate all claims under this insurance.

Conformity With Law

Any **certificate** provision in conflict with any law to which this **certificate** is subject is hereby deemed to be amended to conform thereto.

Contract

The application, completed medical questionnaire, confirmation of coverage, this **certificate**, any document attached to this **certificate** when issued, and any amendment to the **certificate** agreed upon in writing after it is issued, constitute the entire contract. Each **certificate** or term of coverage is considered a separate contract.

Allianz Global Assistance reserves the right to decline any application or any request for extensions of coverage.

No condition of this **certificate** shall be deemed to have been waived, either in whole or in part, unless the waiver is clearly expressed in writing and signed by Allianz Global Assistance.

Coordination of Benefits

Amounts payable under this plan are in excess of any amounts available or collectible under any existing coverage concurrently in force held by or available to **you**.

Other coverage includes but is not limited to:

- homeowners insurance;
- tenants insurance;
- multi-risk insurance;
- any credit card, third-party liability, group or individual basic or extended health insurance;
- any private or legislative plan of motor vehicle insurance providing hospital, medical or therapeutic coverage.

Allianz Global Assistance, on behalf of the **insurer**, will coordinate all benefits in accordance with the Canadian Life and Health Insurance Association guidelines.

Reimbursement will not be made for any costs, services or supplies that are payable to **you** under a motor vehicle insurance policy or legislative plan pursuant to the no-fault benefits schedule under any Insurance Act, or for which **you** receive benefits from any other party pursuant to any policy or legislative plan of motor vehicle insurance, until such benefits are exhausted.

You may not claim or receive in total more than 100% of the loss caused by the insured event.

If **you** are retired with an extended health plan provided by a former employer, with a lifetime limit of up to \$100,000, Allianz Global Assistance on behalf of the **insurer** will not coordinate benefits with that provider, except in the event of **your** death.

Currency

All amounts stated in the **certificate**, including premium, are in Canadian dollars. At the option of Allianz Global Assistance, benefits may be paid in the currency of the country where the loss occurred. If currency conversion is necessary, the exchange rate on the date the service was rendered to **you** will be used.

Extending Your Trip

If **you** decide to apply for additional coverage before **you** have left **your** province or territory of residence, contact the agent where coverage was originally purchased.

If **you** decide to apply for additional coverage after **you** have left **your** province or territory of residence, **you** may apply for a new term of coverage if **you**:

- a) purchase additional coverage prior to the **expiry date**; and
- b) are in good health; and
- c) have no reason to seek **medical consultation** during the new term of coverage.

If **you** have incurred a claim, Allianz Global Assistance will review **your** file before deciding on granting an extension.

Each **certificate** or term of coverage is considered a separate contract.

Allianz Global Assistance reserves the right to decline any request for new terms of coverage.

General Terms

Insurance terms and conditions are subject to change with each new **certificate** purchased, without prior notice, to reflect actual experience in the marketplace.

Governing Law

This **certificate** will be governed by the laws of the Canadian province or territory in which **you** normally reside.

Language

The parties request that the **certificate** and all related documentation be drawn in English. Les parties demandent que le présent certificat ainsi que toute documentation pertinente soient rédigées en anglais.

Limit on Liability

It is a condition precedent to liability under this **certificate** that at the time of application and on the **effective date**, **you** are in good health and know of no reason to seek medical attention.

Limitation of Action

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act (for actions or proceedings governed by the laws of Alberta and British Columbia), The Insurance Act (for actions or proceedings governed by the laws of Manitoba), the Limitations Act, 2002 (for actions or proceedings governed by the laws of Ontario), or other applicable legislation. For those actions or proceedings governed by the laws of Quebec, the prescriptive period is set out in the Quebec Civil Code.

Misrepresentation or Nondisclosure

Your failure to disclose or misrepresentation of any material fact, or fraud, either at the time of application or at the time of claim, shall render the entire contract null and void at the option of the **insurer**, and any claim submitted thereunder shall not be payable.

Where there is an error as to **your** age, provided that **your** age is within the insurable limits of this **certificate**, the premiums will be adjusted according to **your** correct age.

Premiums

The total premium amount is due and payable at the time of application. The premium is calculated using the most current rates for **your** age on the effective date of this **certificate** as indicated on **your** confirmation of coverage.

A family rate is available for Emergency Hospital & Medical Single-trip and Multi-trip Plans. Family includes the applicant, age 59 and under, no more than one additional adult **family member** age 59 and under, and **dependent children**. The premium for family coverage is calculated at two and a half (2.5) times the premium for the eldest adult age 59 and under.

Rights of Examination

The claimant shall provide the **insurer** with the opportunity to examine **you** when and so often as it reasonably requires while a claim is pending. In the case of **your** death, the **insurer** may require an autopsy, subject to any laws of the applicable jurisdiction relating to autopsies.

Right to be Reimbursed (Subrogation)

As a condition to receiving benefits under the **certificate**, **you** agree to:

- a) reimburse the **insurer** for all **emergency** medical and **hospital** costs paid under the **certificate** from any amounts **you** receive from a third party responsible (in whole or in part) for **your injury** or **sickness** whether such amounts are paid under a judgment or settlement agreement;
 - b) whenever reasonable, initiate a legal action against the third party to recover **your** damages, which include **emergency** medical and **hospital** costs paid under the **certificate**;
-

- c) include all **emergency** medical and **hospital** costs paid under the **certificate** in any settlement agreement **you** reach with the third party;
- d) act reasonably to preserve the **insurer's** right to be reimbursed for any **emergency** medical or **hospital** costs paid under the **certificate**;
- e) keep the **insurer** informed of the status of any legal action against the third party; and
- f) advise **your** counsel of the **insurer's** right to reimbursement under the **certificate**.

Your obligations under this section of the **certificate** in no way restricts the **insurer's** right to bring a subrogated claim in **your** name against the third party and **you** agree to cooperate with **the insurer** fully should the **insurer** choose to exercise its right of subrogation.

Sanctions

Benefits are not payable under this **certificate** for any losses or expenses incurred due to or as a result of **your** travel to a sanctioned country for any business or a activity that would violate any Canadian or any other applicable national economic or trade sanction law or regulation.

Time

Expiry time of coverage is the time within the time zone where **you** were residing when the application was made.

Premium Refunds

A full refund will be provided for policies which are returned within 10 days of purchase, provided **you** have not departed on **your** trip and a claim has not been incurred, as described in the section titled Right To Examine Policy.

Emergency Hospital & Medical Multi-trip Plans are not refundable after the **effective date**.

Refunds for Emergency Hospital & Medical Single-trip Plans are payable when a claim has not been incurred and:

- a) the entire **trip** is cancelled prior to the **effective date**; or
- b) **you** return to **your** province or territory of residence prior to the **expiry date** (partial cancellation).

Refunds for Trip Cancellation & Interruption and All-inclusive Package Plans are payable prior to the date of departure only when:

- a) **you** are unable to travel following cancellation of the insured **trip** by the **travel supplier**, provided all penalties are waived; or
- b) **you** are unable to travel following rescheduling of an insured **trip** by the **travel supplier**, provided all penalties are waived; or
- c) **you** cancel the **trip** before any penalties come into effect.

Refunds for the following Plans:

- Baggage;
- Accidental Death & Dismemberment;
- Flight Accident;
- Trip Interruption;

are payable when the entire **trip** is cancelled prior to the **effective date**.

When submitting your premium refund request, please include:

1. a fully completed and signed Refund Request Form; and
2. a copy of **your** confirmation of coverage; and
3. any other documentation to support **your** refund request.

Important Note

Premium refunds, regardless of method of payment, must be obtained from the representative where coverage was originally purchased unless purchased directly from Allianz Global Assistance.

There will be no refund of premium if a claim has been made.

For package plans, no refund will be payable for any portion of the premium if a claim has been made against any benefit included in the package.

Refunds for partial cancellations will be calculated by multiplying the daily premium by the actual number of days the **insured** was out of province; if this amount is less than the minimum premium required for the plan purchased, the minimum premium will be used. This amount is then subtracted from the total premium paid.

The refund will be calculated based on the date the refund request is received by Allianz Global Assistance. Refund amounts less than \$20 will not be issued.

Claims Procedures

Claims forms are available by calling Allianz Global Assistance's Claims Department.

SEND YOUR CLAIMS TO:

Allianz Global Assistance Claims Department

P.O. Box 277
Waterloo, Ontario N2J 4A4
Canada

Collect worldwide: 416-340-8809
Toll-free Canada/USA: 1-800-869-6747

1. **Notice of Claim.** Claims must be reported within 30 days of occurrence.
2. **Proof of Claim.** Written proof of claim must be submitted within 90 days of occurrence.
3. Any costs incurred for documentation or required reports are **your** or the claimant's responsibility.
4. To submit **your** claim, fill out the claim form completely and include all original bills. Incomplete information will cause delay.
5. All eligible claims must be supported by original receipts from commercial organizations.

When submitting **your** Emergency Hospital & Medical claim, please include:

1. A fully completed and signed claim form with all original bills and receipts from commercial organizations.
2. Medical records including an emergency room report and diagnosis from the medical facility or a Medical Certificate completed by the treating **physician**. Any fee for completing the certificate is not a benefit under this insurance.
3. Completed appropriate provincial government health insurance plan forms; see claim form for details.
4. For Multi-trip Plans, proof of original departure from and return to **your** province or territory of residence.

5. Any other documentation that may be required and/or requested by Allianz Global Assistance.

Important Note

In the event of a medical **emergency**, Allianz Global Assistance must be notified within 24 hours of admission to **hospital** and before any surgery is performed.

Limits on Coverage

If **you** or someone acting on **your** behalf fails to notify Allianz Global Assistance without reasonable cause, then the **insurer** will pay 80% of the claim payable. **You** will be responsible for the remaining 20% of the claim payable.

You will be responsible for any expenses that are not payable by the **insurer**.

When submitting your Accidental Death & Dismemberment claim, please include:

1. A fully completed and signed claim form by either **you**, or in the case of **your** death, by the appointed executor/executrix.
2. The police report including any witness statements.
3. The coroner's report.
4. The death certificate (in the event of death).
5. The Medical Certificate completed by the attending **physician** or **hospital** medical records.
6. Any other documents requested by Allianz Global Assistance after initial review of the claim.

When submitting your Flight Accident claim, please include:

1. A fully completed and signed claim form (completed by either **you**, or in the case of death, by the appointed executor/executrix).
2. A copy of flight itinerary.
3. A copy of incident report from airline or airport.
4. The Medical Certificate completed by the attending **physician** or hospital medical records.
5. The death certificate.

When submitting your Trip Cancellation & Interruption claim, please include:

a) Trip Cancellation, Interruption and Delay

- i. A fully completed and signed claim form. Incomplete forms will be returned and will delay processing of **your** claim.
Both **you** and the claimant (if other than **you**) must sign the Authorization and Certification.
 - ii. A Medical Certificate completed by the treating **physician**. A copy of the patient's/deceased's medical records may be required.
-

- iii. If cancellation is due to death, copy of death certificate.
- iv. If cancellation is due to any reason other than **sickness, injury** or death, please contact the Claims Department for detailed claims requirements.

b) Prior to Departure (in addition to the requirements for item a) above)

- i. Itemized copy of the invoice confirming the amount paid for **your trip**, including the cost of airfare, hotel, taxes, service fees and any other expenses.
- ii. Proof of payment such as: a credit card statement, a copy of a cancelled cheque, or a copy of the official receipt issued by the travel agency.
- iii. Statement of refund from the **travel supplier** or agent if applicable.
- iv. Original unused airline tickets and any other original travel documentation (if **you** did not get a refund from any other source).

c) After Departure (in addition to the requirements for item a) above)

- i. Original unused airline ticket and passenger coupon of the new replacement ticket purchased to return home.
- ii. If only a change-fee was charged, receipt showing the amount charged.
- iii. For an unused tour, a copy of the original invoice, breakdown of unused tour cost, and a copy of the travel itinerary.
- iv. Any original receipts for out-of-pocket expenses incurred due to interruption or delayed return.
- v. Any other documentation to support **your** claim.

Important Note

If an insured **trip** must be cancelled, the **travel supplier** or agent must be notified on the day (or the next business day) that the cause of cancellation occurs. Benefits are limited to the amounts that are non-refundable at the occurrence date of the Insured Risk that was the cause for cancellation, regardless of the date the **trip** is cancelled.

When submitting your Trip Interruption claim, please include:

1. The Authorization and Certification signed by both the claimant and **you** (if **you** are not the claimant).
2. The original unused ticket (if applicable) and the passenger coupon of the new ticket purchased to return home, along with a receipt or credit card slip showing the amount paid.

In addition to the above:

If the loss is due to *sickness* or *injury*, include a Medical Certificate completed by the treating *physician*. A copy of the patient's/deceased's medical records may be required.

If cancellation is due to death, include a copy of the death certificate.

If the loss is due to disaster rendering *your* principal residence uninhabitable, please include a copy of police report, fire department incident report or insurance investigative report.

When submitting *your* Baggage claim, please include:

1. A completed and signed claim form with a brief explanation of the incident leading to the loss.
2. An itemized list detailing the value of all lost or stolen items, together with proof of ownership such as receipts, photos, credit card statements, owners manuals, etc.
3. Copy of correspondence from any other source which may cover this loss, confirming payment or denying liability.
4. Copy of airline tickets and itinerary confirming departure and return dates.
5. Any other documents to support *your* claim.

Important Note

Immediately notify the airline, bus, railroad, hotel or other authorities where the theft occurred and obtain an official report. A police report is required in the event of stolen baggage or personal effects.

Privacy Information Notice

CUMIS General Insurance Company (the “insurer”) and the insurer’s insurance administrator, Allianz Global Assistance, and the insurer’s agents, representatives and reinsurers (for the purpose of this Personal Information Notice collectively “we” “us” and “our”) require personal information including:

- details about you including your name, date of birth, address, telephone numbers, e-mail address, employer, and other identification;
- medical records and information about you;
- records that reflect your business dealings with and through us.

This personal information is collected for the following insurance purposes when offering and providing insurance and related services:

- to identify and communicate with you;
- to consider any application for insurance;
- if approved, to issue a Policy or Certificate of insurance;
- to administer insurance and related benefits;
- to evaluate insurance risk, manage and coordinate claims, re-price medical expenses and negotiate payment of claims expenses;
- to investigate claims and to determine eligibility for insurance benefits;
- to provide assistance services;
- for fraud prevention and debt collection purposes;
- as required or permitted by law.

We only collect personal information necessary for insurance purposes from individuals who apply for insurance, from Certificate or Policy holders, insureds and claimants. In some cases we also collect personal information from members of a Certificate or Policy holder’s, insured’s or claimant’s family or their friends when they are unable, for medical or other reasons, to communicate directly with us. We also collect and disclose information for the insurance purposes from, to and with, third parties such as, but not necessarily limited to, health care practitioners and facilities in Canada and abroad, government and private health insurers and family members and friends of the insured, Certificate or Policy holder or claimant. We may also use and disclose information from our existing files for the insurance purposes. Our employees who require this information for the purposes of their duties will have access to this file.

Upon your request and authorization, we may also disclose this information to other persons.

From time to time, and if permitted by applicable law, we may also collect, use or disclose personal information in order to offer additional or upgraded products and services (the “optional purposes”).

When an individual applies for, purchases, or is covered by one of our insurance policies or submits a claim for insurance benefits, he or she is presumed to consent to the personal information practices described in this notice. If an individual does not wish to have their personal information used for the optional purposes they need only notify Allianz Global Assistance. A person may decline to have their information collected, used or disclosed for the insurance purposes but in that instance we will likely be unable to provide insurance and related services.

Personal information is maintained in the Policy or Policy holder's, insured's or claimant's file that we establish and maintain in the offices of Allianz Global Assistance. In some instances we may additionally maintain or communicate or transfer information to health care and other service providers located outside of Canada. As a result, personal information may be accessible to regulatory authorities in accordance with the law of these other jurisdictions. For information about how to obtain access to written information about our policies and procedures with respect to service providers outside of Canada, please contact the Privacy Officer at privacy@allianz-assistance.ca.

We will retain the personal information we collect for a specified period of time and in a storage method appropriate with legal and our internal corporate requirements. Personal information will be securely destroyed following the expiration of the appropriate retention period. Individuals have a right to request to access or correct personal information we have on file by contacting the Privacy Officer at privacy@allianz-assistance.ca or by writing to:

Privacy Officer
Allianz Global Assistance 700
Jamieson Parkway
Cambridge, Ontario N3C 4N6
Canada

For a complete copy of our Privacy Policy please visit www.allianz-assistance.ca

Questions?

If you have any questions or concerns about our products or services, or your certificate or claim please feel free to contact Allianz Global Assistance anytime:

Toll Free: 1-800-670-4426

Collect: (416)-340-1980

Statutory Conditions

Despite any other provision contained in the contract, this contract is subject to the statutory conditions in the Insurance Act respecting contracts of accident and sickness insurance. For Québec residents, notwithstanding any other provisions herein contained, this contract is subject to the mandatory provisions of the Civil Code of Québec respecting contracts of Accident and Sickness Insurance.

Administered by:

**AZGA Service Canada Inc. o/a
Allianz Global Assistance**

700 Jamieson Parkway
Cambridge, Ontario N3C 4N6
Canada

Underwritten by:

CUMIS General Insurance Company

P.O. Box 5065, 151 North Service Road
Burlington, Ontario L7R 4C2
Canada

Emergency Procedures

In the event of a medical **emergency**, **you** or someone acting on **your** behalf must notify Allianz Global Assistance within 24 hours of admission to a **hospital** and before any surgery is performed.

Limits on Coverage

If **you** fail to notify Allianz Global Assistance without reasonable cause, then the **insurer** will pay 80% of the claim payable. **You** will be responsible for the remaining 20% of the claim payable.

You will be responsible for any expenses that are not payable by the **insurer**.

Allianz Global Assistance is here to help with service available 24 hours a day, 7 days a week. Allianz Global Assistance also provides support and recommendations for non-medical emergencies, providing **you** with access to resources to help resolve any unexpected difficulties **you** encounter during **your trip**.

For 24/7 emergency assistance call Allianz Global Assistance

Toll-free Canada/USA: 1-800-995-1662

Toll-free worldwide: 00-800-842-08420 or
Country code + 800-842-08420

If unable to contact us through the toll-free numbers call collect: 416-340-0049. International operator assistance is required. Please confirm how to call collect to Canada from **your** destination prior to departure.

Underwritten by CUMIS General Insurance Company, a member of The Co-operators group of companies, and administered by Allianz Global Assistance.

Why Buy Travel Insurance

When travelling outside of your home province, territory or country, your government health care plans don't travel with you. Travel insurance bridges that gap in coverage to help you stay protected during a medical emergency. Be sure to carry travel insurance to safeguard your finances and enjoy a worry-free trip.

About Us

Whether you are still in school, well into retirement, a world traveller or off on a quick weekend escape, the CUMIS Travel Insurance Program provides many travel insurance options to fit your lifestyle.

Our travel insurance team has over 50 years' experience in the travel health insurance market and is 100% focused on helping members stay protected while away from home.

Wherever you go, we will be there 24/7 to deliver caring, knowledgeable, multi-lingual service and assistance in travel emergencies.