

The purpose of this fact sheet is to inform you of your rights.
It does not relieve the insurer or the distributor of their obligations to you.

LET'S TALK INSURANCE!

Name of distributor: Bank of Montreal

Name of insurer: CUMIS General Insurance Company

Name of insurance product: BMO Travel Insurance Multi-Trip Medical Travel Plan



IT'S YOUR CHOICE

You are never required to purchase insurance:

- that is offered by your distributor;
- from a person who is assigned to you; or
- to obtain a better interest rate or any other benefit.

Even if you are required to be insured, **you do not have to** purchase the insurance that is being offered. **You can choose** your insurance product and your insurer.



HOW TO CHOOSE

To choose the insurance product that's right for you, we recommend that you read the summary that describes the insurance product and that must be provided to you.



DISTRIBUTOR REMUNERATION

A portion of the amount you pay for the insurance will be paid to the distributor as remuneration.

The distributor **must** tell you when the remuneration exceeds 30% of that amount.



RIGHT TO CANCEL

The Act allows you to rescind an insurance contract, **at no cost**, within 10 days after the purchase of your insurance. However, the insurer may grant you a longer period of time. After that time, fees may apply if you cancel the insurance. **Ask** your distributor about the period of time granted to cancel it **at no cost**.

If the cost of the insurance is added to the financing amount and you cancel the insurance, your monthly financing payments might not change. Instead, the refund could be used **to shorten the financing period**. **Ask your distributor for details**.

The Autorité des marchés financiers can provide you with unbiased, objective information.
Visit www.lautorite.qc.ca or call the AMF at 1-877-525-0337.

Reserved for use by the insurer:

BMO TRAVEL INSURANCE: MULTI-TRIP MEDICAL TRAVEL PLAN PRODUCT SUMMARY

INSURER	ADMINISTRATOR OPERATIONS CENTRE	DISTRIBUTOR
CUMIS General Insurance Company P.O. Box 5065 151 North Service Road Burlington, Ontario L7R 4C2 1-800-263-9120 www.cumis.com Registered with the Autorité des marchés financiers under client number 2000383675.	Allianz Global Assistance 700 Jamieson Parkway Cambridge, ON N3C 4N6 (519) 342-4947 or 1-877-807-7806 www.allianz-assistance.ca	BMO Bank of Montreal 129 Saint-Jacques Street West, 2nd Floor Montreal, QC H2Y 1L6 1 877 CALL BMO (1 877 225-5266) www.bmo.com

QUEBEC RESIDENTS

The Autorité des marchés financiers can provide information about your rights and the duties of the insurer, administrator and distributor.

Autorité des marchés financiers

Place de la Cité, Tour Cominar
2640, boulevard Laurier, 4e étage
Québec, QC G1V 5C1
1-877-525-0337
lautorite.qc.ca

INTRODUCTION

This Product Summary will provide an overview of the Multi-Trip Medical Travel Plan. This summary will help you determine if this insurance is right for you without the advice of an insurance advisor. This document highlights the benefits, exclusions, limitations and restrictions that apply to this coverage. Refer to the certificate of insurance for the complete terms and conditions. If you have questions about this coverage, contact the Operations Centre.

The certificate of insurance can be found at:

<https://www.cumis.com/en/information/Pages/quebec-guides-and-summaries.aspx>



YOUR RIGHT TO EXAMINE

The Right to Examine period gives you 10 days to review your certificate of insurance and confirm it meets your needs. This 10-day period allows you to return the certificate of insurance for a full refund if you have not left on your trip and have not filed a claim.

PRODUCT DESCRIPTION

The Multi-Trip Medical Travel Plan provides Canadian residents with worldwide coverage for an unlimited number of trips within a year. Options available for purchase are 4 days, 10 days per trip and 23 days per trip. Your choice will be shown on your Declaration of Coverage Letter. If travelling longer than the option you purchase, you may purchase additional days through the Operations Centre.

Your one-year coverage period begins on the effective date and ends on the expiry date. These dates are determined at the time of purchase and can be found on your Declaration of Coverage Letter.

COVERAGE SUMMARY

Benefit	Maximum Limit
Travel Medical	\$5 million



NOTICE

General Exclusions apply to all benefits. Refer to the General Exclusions and Limitations section in the certificate of insurance.

DO YOU QUALIFY FOR THIS COVERAGE? (ELIGIBILITY)

As of the date you apply for this coverage and the date your coverage begins, you must:

- be a resident of Canada;
- be a BMO Financial Group customer;
- be age 74 or younger;
- complete the medical questionnaire and qualify for coverage (if you are age 60 or older);
- be covered by a government health insurance plan;
- pay for the insurance.

TRAVEL MEDICAL COVERAGE

Travel medical covers you up to \$5 million for unexpected medical emergencies that happen while travelling outside your province or territory of residence.

Benefits	Exclusions
<p>If you experience an unexpected sickness (including being diagnosed with an epidemic or pandemic disease such as COVID-19) or injury while travelling, this insurance provides coverage for the following:</p> <ul style="list-style-type: none"> • Emergency hospital, ambulance and medical expenses • Private duty nursing • Emergency air transportation or evacuation • Baggage return • Professional services • Emergency dental expenses • Transportation to bedside • Return of deceased or cremation at place of death • Hotel and meals • Return of vehicle <p><i>Refer to the Out-of-Province/Country Emergency Medical Benefits section of the certificate of insurance.</i></p>	<p>You will not be reimbursed for expenses caused by or related to the following:</p> <ul style="list-style-type: none"> • After medical treatment, the Operations Centre advised you to return to Canada and you did not return. • You delayed or refused medical treatment before you left on the trip. • Surgery, diagnostic procedures and some procedures unless approved in advance. • Emergency air transportation, unless approved in advance. • Prescription refills or medications that do not require a prescription in Canada or are not legally approved in Canada. • Eyeglasses, contact lenses and hearing aids. • Treatment or surgery that can wait until you return home. • Travel for medical reasons. <p><i>Refer to the Exclusions and Limitations for Out-of-Province/Country Emergency Medical Benefits section of the certificate of insurance.</i></p>



IF YOU EXPERIENCE A MEDICAL EMERGENCY

Contact the Operations Centre within 24 hours or as soon as possible.

If you do not contact the Operations Centre the expenses you incur may be reduced or not paid.

Some treatment, services or medical appliances require pre-approval from the Operations Centre.

GENERAL EXCLUSIONS

General Exclusions and Limitations

You will not be paid for expenses that arise from or relate to any of the following:

1. Pre-existing conditions

A sickness, injury or medical condition that is not stable before the stability period found on your Declaration of Coverage Letter.

The stability period that applies to you is based on your age. If over 60, it is based on the answers you give on the medical questionnaire.

2. Some pregnancy situations.
3. Dangerous activities, criminal offences or illegal acts.
4. Mental, nervous or emotional disorders and/or acts of self-harm.
5. Alcohol or drug abuse, or misuse of medication.
6. Professional sports or high-risk activities.
7. Radioactive, biological or chemical contamination.
8. A physician tells you not to travel.
9. A travel supplier stops service or defaults (this does not include travel agents, and brokers).
10. Travel to support someone whose sickness or death causes cancellation or interruption.
11. A travel advisory issued by the Canadian government.
12. An epidemic or pandemic illness, except where referenced and covered under the policy.

Refer to the General Exclusions and Limitations section of the certificate of insurance.

GENERAL PROVISIONS

Additional Insurance - This insurance only pays amounts that are beyond amounts payable from your government health insurance plan (if applicable) or any other insurance plan.

Currency - All amounts in the certificate of insurance are in Canadian currency and reimbursements will be provided in Canadian currency.

Legal Action - Legal action against the insurer must begin within the timeline determined by the Insurance Act or Limitations Act of your home province or territory of residence. For Quebec residents this is in the Quebec Civil Code.

Misinformation - If you provide incorrect information when you apply for this insurance or when you submit a claim, the insurer may choose to void your coverage. Any claim submitted will not be paid.

Third Party Liability - If you incur expenses due to a third party, the insurer may take legal action against the third party at the insurer's expense. You will support the insurer by co-operating with them and supplying any documentation they may need. You agree to do nothing to interfere in the insurer's right to recover funds.

Refer to the General Provisions section of the certificate of insurance for a complete list.

ADDITIONAL INFORMATION

Automatic Extension of Coverage

Coverage is automatically extended during hospitalization and for an additional 3 days after you are discharged. Coverage also extends for an additional 3 days in the event of a common carrier delay, an automobile accident or a medical emergency of another insured person.

Refer to the Out-of-Province/Country Emergency Medical Benefits section of the certificate of insurance.

What if you decide to stay longer?

If you decide to travel longer than the per trip day limit option you purchased, call the Operations Centre before:

- you leave on the trip; or
- the per trip day limit, if you already left on the trip; and
- expiry date shown on your Declaration of Coverage Letter

A trip extension can be purchased if there is no event that will cause a claim at the time of purchasing the additional days.

Refer to the When Coverage Ends section of the certificate of insurance.

Refunds

You may request a refund within 10 days of purchase if you cancel the trip before the departure date.

After this 10-day period this certificate of insurance is non-refundable.

Contact the Operations Centre to request a refund.

Refer to the Your Right to Obtain a Refund section of the certificate of insurance.

Premium Calculations

Premiums are calculated based on:

- your age
- your health
- your trip length
- number of insured persons
- provincial or territorial taxes
- the schedule of premium rates in effect (*subject to change*)

Refer to the How Your Premium is Calculated section of the certificate of insurance.

MAKING A CLAIM

How do I submit a claim?

You must contact the Allianz Global Assistance Operations Centre as soon as reasonably possible to report a claim. Upon receipt of the notice, the Operations Centre will provide you with the appropriate claim forms.

SEND CLAIM FORMS AND SUPPORTING DOCUMENTS TO:

Operations Centre
c/o Allianz Global Assistance, Claims Department
P. O. Box 277
Waterloo, Ontario, Canada N2J 4A4

Toll-free Canada/U.S.A: 1-877-807-7806

Collect worldwide: 1- (519) 342-4947

Online at https://www.allianz-assistance.ca/en_CA/customers/file-a-claim.html

HOW TO FILE A COMPLAINT

If you submit a claim and are not satisfied with the outcome you have the right to file a complaint by following the process below.

1. **Contact Allianz Global Assistance**

Appeals must be submitted in writing describing why the outcome of your claim is incorrect along with any new supporting documentation.

Allianz Global Assistance

Appeals Department

P.O. Box 277

Waterloo, ON N2J 4A4

Email: appeals@allianz-assistance.ca

2. **Contact the Office of Fair Client Practices**

If your complaint remains unresolved after following the appeals process above, you may request additional consideration from the Office of Fair Client Practices.

Office of Fair Client Practices

The Co-operators Group Limited

101 Cooper Drive

Guelph, ON N1C 0A4

Phone: 1-877-720-6733

Email: fairpractices@cooperators.ca

Website: www-cumis.cooperators.ca/en/cumis/compliment-concerns/

3. **External Recourse**

If after submitting an appeal and contacting the insurer's Office of Fair Client Practices you are still unable to resolve your concerns you may contact the General Insurance OmbudService (GIO).

General Insurance OmbudService (GIO)

Phone: 1-877-225-0446

Website: www.giocanada.org

QUEBEC RESIDENTS

You may request in writing that a copy of your file be sent to Autorité des marchés financiers (AMF).

Autorité des marchés financiers (AMF)

Phone: 1-877-525-0337

Email: renseignement-consommateur@lautorite.qc.ca

4. **The Financial Consumer Agency of Canada (FCAC)**

The Financial Consumer Agency of Canada provides consumers with information about Financial Products and your rights and responsibilities. They ensure compliance with federal consumer protection laws that apply to banks and insurance companies.

Website: <https://www.canada.ca/en/financial-consumer-agency.html>

THE ACT RESPECTING THE DISTRIBUTION OF FINANCIAL PRODUCTS AND SERVICES GIVES YOU IMPORTANT RIGHTS.

The Act allows you to rescind an insurance contract, **without penalty**, within 10 days of the date on which it is signed. However, the insurer may grant you a longer period.

To rescind the contract, you must give the insurer notice, within that time, by registered mail or any other means that allows you to obtain an acknowledgement of receipt.

Despite the rescission of the insurance contract, the first contract entered into will remain in force. Caution, it is possible that you may lose advantageous conditions as a result of this insurance contract; contact your distributor or consult your contract.

After the expiry of the applicable time, you may rescind the insurance contract at any time; however, penalties may apply.

For further information, contact the Autorité des marchés financiers at 1-877-525-0337 or visit www.lautorite.qc.ca.

NOTICE OF RESCISSION OF AN INSURANCE CONTRACT

To :

(name of insurer)

(address of insurer)

Date: _____ (date of sending of notice)

Pursuant to section 441 of the Act respecting the distribution of financial products and services, I hereby rescind insurance contract no.: _____ (number of contract, if indicated)

Entered into on: _____ (date of signature of contract)

In: _____ (place of signature of contract)

(name of client)

(signature of client)