

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: Your distributor is required to provide you with this information

Name of insurer: CUMIS General Insurance Company

Name of insurance product: Comprehensive Package – Post departure

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:

This fact sheet cannot be modified

COMPREHENSIVE PACKAGE – POST DEPARTURE PRODUCT SUMMARY

INSURER	ADMINISTRATOR	DISTRIBUTOR
CUMIS General Insurance Company 151 North Service Road Burlington, ON L7R 4C2 1-800-263-9120 Registered with the Autorité des marchés financiers under client number 2000383675.	Allianz Global Assistance 700 Jamieson Parkway Cambridge, ON N3C 4N6 1-800-670-4426	Your distributor is required to provide you with this information. Name: Address: Phone:

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
Toll-free: 1-877-525-0337
Website: lautorite.qc.ca

INTRODUCTION

This Product Summary will provide an overview of the Comprehensive Package – Post departure. It 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 policy for the complete terms and conditions. If you have questions about this coverage, contact your insurance representative.

The policy can be found at:

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



YOUR RIGHT TO CANCEL

If you are not completely satisfied with this policy, you may cancel it within 10 days of purchase for a full premium refund as long as you have not left on your trip and have not experienced an event that would cause you to submit a claim before you have left for your trip. To cancel your policy, please contact your insurance representative.

PRODUCT DESCRIPTION

The Comprehensive Package – Post departure provides emergency medical coverage for Canadian residents while travelling outside their home province or territory of residence. This package will also help keep their travel plans safe with coverage for delays, along with medical monitoring and assistance should an unexpected emergency happen.

The Autorité des marchés financiers classifies the Comprehensive Package – Post departure as Travel Insurance.

Coverage 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 the Confirmation of Coverage.

COVERAGE SUMMARY PER PERSON

Coverage	Maximum Limit (\$CAD)
Emergency Medical	\$10 million
Trip Interruption	Return air ticket to primary residence
	Additional accommodation and transportation expenses - \$350 per day up to \$1,500 per policy
Travel Delay	\$350 per day up to \$1,500; Minimum delay - 6 hours
Baggage Loss	\$1,000
Baggage Delay	\$400; Minimum delay - 12 hours
Travel Accident	\$100,000



NOTE

If a specific benefit is limited to a lower maximum (a sublimit), this will be identified in the benefit descriptions under each coverage.

DO YOU QUALIFY FOR THIS INSURANCE? (ELIGIBILITY)

To be eligible for coverage, you must:

- be a Canadian resident and be covered by a Canadian government health insurance plan during the entire Coverage Period
 - not have been advised against travel by a physician
 - not be travelling to receive medical treatment
- In the two (2) years prior to the effective date, not have been diagnosed with or received treatment for a terminal condition
- If you are age 65 or older on the effective date, you must not require assistance with activities of daily living



IMPORTANT NOTE ABOUT CHANGES IN YOUR HEALTH

If your health changes in any way before you travel, contact your insurance representative to see how this may affect your coverage.

COST OF INSURANCE AND PREMIUM

There are no additional charges, fees or expenses for the insurance policy outlined in this document since all costs are automatically included in the calculation of the premium, save and except applicable taxes.

Your premium for this insurance policy is fixed for the period of your coverage.

EMERGENCY MEDICAL

Emergency Medical covers you up to \$10 million for unexpected sickness or injury that happens during your trip.

Benefits	Exclusions
<p>If you experience a medical emergency while travelling this insurance provides coverage for the following:</p> <ul style="list-style-type: none">• Emergency hospital and medical expenses• Dental accident or emergency• Emergency transportation• Baggage return• Return of travelling companion• Return to trip destination• Transportation of family or friend• Pet return• Return of vehicle and watercraft• Return of deceased	<p>You will not be paid for expenses that arise from, or relate to the following:</p> <ul style="list-style-type: none">• Pre-existing medical condition that is not stable before the effective date. The stability period varies based on your age, If you are 64 years old or younger: 90 days If you are 65 years old or older: 150 days• Unrepaired aneurysm 4 cm or greater• Heart conditions if diagnosed with, received treatment for, or had an episode of congestive heart failure in the two (2) years before the effective date• Complications after 31st week of pregnancy, and high-risk pregnancy• Elective or experimental treatment

*Refer to the Emergency Medical & General Exclusions sections of the policy for a complete list of what **is** and what **is not** covered.*



WARNING

If you do not notify Allianz Global Assistance prior to seeking treatment without reasonable cause, we will only pay 80% of the eligible medical expenses. You will be responsible for paying the remaining 20% of eligible expenses.

TRIP INTERRUPTION

If you have to interrupt your trip or end it early, you will receive payment for necessary transportation expenses to continue your trip or return to your primary residence less available refunds. If the interruption causes you to stay longer, you will receive reimbursement for additional accommodation and transportation expenses of \$350 per day up to a maximum of \$1,500 per policy.

Covered Reasons	Exclusions
<p>Covered Reasons include but are not limited to the following:</p> <ul style="list-style-type: none"> • Sickness or injury • Death • Traffic accident • Legal Proceeding (example: jury duty) • Schedule change of the airline carrier • Default of a Canadian travel supplier ceasing operations • Canadian government issues a travel advisory after the effective date 	<p>You will not be paid for expenses that arise from, or relate to the following:</p> <ul style="list-style-type: none"> • Pre-existing medical condition that is not stable before the effective date. The stability period varies based on your age, If you are 64 years old or younger: 90 days If you are 65 years old or older: 150 days • Normal complication-free pregnancy or childbirth • Canadian government issues a travel advisory before the effective date

Refer to the *Trip Interruption & General Exclusions* sections of the policy for a complete list of what **is** and what **is not** covered.

TRAVEL DELAY

If your trip is delayed, you will receive payment for lost prepaid trip expenses and additional expenses for meals, accommodation, communication and transportation. You will be covered for up to \$350 per day with a maximum of \$1,500, less available refunds. This benefit is subject to a Minimum Required Delay of 6 hours.

Covered Reasons	Exclusions
<p>Covered Reasons include but are not limited to the following:</p> <ul style="list-style-type: none"> • Travel carrier delay • Lost or stolen travel documents • Traffic accident • Travel carrier denies boarding 	<p>Travel Delay coverage is subject to the General Exclusions.</p>

Refer to the *Travel Delay & General Exclusions* sections of the policy for a complete list of what **is** and what **is not** covered.

BAGGAGE

Baggage Coverage provides payment of up to \$1,000, less available refunds for loss or damage to your baggage or if your baggage is stolen when you are on your trip.

Benefits	Exclusions
Baggage coverage provides payment for the lesser of the following: <ul style="list-style-type: none">• Cost to repair the damage• Cost to replace the damaged baggage• Reimburse original purchase price less depreciation	You will not be paid for expenses that arise from, or relate to the following: <ul style="list-style-type: none">• Suppliers restrictions on any baggage, including medical supplies and equipment• Ordinary wear and tear or defective materials or workmanship

*Refer to the Baggage Coverage & General Exclusions sections of the policy for a complete list of what **is** and what **is not** covered.*

BAGGAGE DELAY

Baggage Delay provides payment of up to \$400 if a travel supplier delays your baggage during your trip. This benefit is subject to a Minimum Required Delay of 12 hours and is only available for outbound travel.

Benefits	Exclusions
Baggage delay provides payment for the following: <ul style="list-style-type: none">• essential items you need for your trip until your baggage arrives	You will not be paid for expenses that arise from, or relate to the following: <ul style="list-style-type: none">• Suppliers restrictions on any baggage, including medical supplies and equipment• Ordinary wear and tear or defective materials or workmanship

*Refer to the Baggage Delay & General Exclusions sections of the policy for a complete list of what **is** and what **is not** covered.*

TRAVEL ACCIDENT

Travel Accident Coverage provides coverage up to \$100,000 in the event of an accidental injury or accidental death during your trip.

Benefits	Exclusions
<p>You will be paid up to the maximum sum insured if you experience accidental loss of one of the following:</p> <ul style="list-style-type: none">• Life• Sight or Hearing• Hand or hands• Foot or feet	<p>Travel Accident coverage is subject to the General Exclusions.</p>

*Refer to the Travel Accident & General Exclusions sections of the policy for a complete list of what **is** and what **is not** covered.*



LIMITATION

If you suffer more than one (1) of the life-altering losses described above, only the largest insured loss is payable.



AGGREGATE LIMIT

The total aggregate limit for all Travel Accident claims is \$10 million.

GENERAL EXCLUSIONS

The following general exclusions apply to all benefits:

1. Any loss, condition, or event that was known, or expected when your policy was purchased.
2. Acts of self-harm.
3. Acts committed to cause loss.
4. Abuse of alcohol or drugs.
5. Participating in extreme, high-risk sports and activities.
6. Participating in professional sporting competition.
7. Illegal acts.
8. Epidemic or pandemic, except when covered under the policy.
9. Acts of war and terrorism or any nuclear occurrence.
10. Cyber risk.
11. Act of negligence.
12. Travel against the orders of any government or public authority.

Refer to the General Exclusions section of the policy for the full list of General Exclusions.

LEGAL INFORMATION

Benefit Payment - This insurance only pays amounts that are beyond amounts payable from your government health insurance plan (if applicable), and any other insurance plan or source.

Currency - All amounts in the policy are in Canadian currency and reimbursements will be provided in Canadian currency.

Misrepresentation and Nondisclosure - If you provide incorrect or incomplete information when you make a claim, or at any time before you make a claim, the insurer may choose to void your coverage and refuse to pay your claim.

Limitation of Action – A proceeding 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.

Right to be Reimbursed (Subrogation) – You agree to reimburse the insurer any amounts from a third party (in whole or in part) that is paid under a judgement or settlement agreement.

If you incur expenses due to a third party, the insurer may take legal action against the third party and you agree to cooperate fully with the insurer's right to recover funds.

Refer to the Legal Information section of the policy for details.

COVERAGE CONDITIONS

Automatic Extension of Coverage

Automatic Extension of Coverage applies to Emergency Medical and Trip Interruption coverages only.

Your coverage may be automatically extended beyond the expiry date stated on your Confirmation of Coverage for the following reasons:

Medically unfit to travel: Coverage automatically extends during hospitalization until you are deemed fit to travel, if medical evidence shows you are medically unfit to travel due to a covered sickness. Plus, an additional 5 days to travel to your province or territory of residence when deemed fit to travel.

Transportation Delay: If you are delayed due to a mechanical breakdown or accident of your travel carrier, coverage automatically extends for up to 72 hours.

Refer to Automatic Extension of Coverage in the Coverage conditions section of the policy for details.

MAKING CHANGES TO YOUR COVERAGE

What if you decide to stay longer?

Before you leave on the trip: Contact your insurance representative.

After you leave on the trip: Contact your insurance representative before the expiry of your existing coverage. You can apply if you are in good health and have no reason to seek medical attention or submit a claim during the new coverage period.

Refunds

A full refund will only be given within 10 days of purchase or partial refund after 10 days of purchase if:

- you have not departed on a trip; and
- you have no reason to submit a claim.



IMPORTANT

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.

HOW TO FILE A CLAIM

If you require medical care, please contact Allianz Global Assistance before seeking treatment. If you are experiencing a medical emergency, please have a family member or friend contact Allianz Global Assistance on your behalf within 24 hours of hospital admission and before any surgery is performed.

In Canada or USA

Toll Free: 1-800-995-1662

Outside Canada or USA

Toll Free: 00-800-842- 08420

Country code + 800-842-08420

Collect: 416-340-0049

If you need to submit a claim because your trip was interrupted or delayed, please notify Allianz Global Assistance as soon as possible.

Claims for out-of-pocket expenses can be submitted through the secure Allianz Global Assistance claims Portal: <https://www.allianzassistanceclaims.ca> for the most efficient claims experience.

Notice of Claim: Claims should be reported as soon as reasonably possible, within 30 days of occurrence, and no later than one (1) year after the date of occurrence.

Proof of Loss: Written proof of loss should be submitted as soon as reasonably possible, within 90 days of occurrence, and in no later than one (1) year after the date of occurrence.

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: <https://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)