

CAA Away From Home Emergency Travel & Medical Insurance is underwritten by Royal & Sun Alliance Insurance Company of Canada (hereinafter called “the Insurer”) and administered by Expert Travel Financial Security (E.T.F.S.) Inc. and is offered through the CAA.

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- Away From Home is a trademark owned by, and its use granted by the Canadian Automobile Association.

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IMPORTANT NOTICE - Please read carefully.

- Throughout this policy, words in italics have a specific meaning and are defined in Part X.
- Travel insurance is designed to cover losses arising from sudden and unforeseeable circumstances. It is important that *you* read and understand *your* policy before *you* travel, as *your* coverage may be subject to certain limitations and exclusions.
- A pre-existing medical condition exclusion may apply to medical conditions and/or symptoms that existed prior to *your trip*. Check to see how this applies in *your* policy and how it relates to *your departure date*, date of purchase or effective date.

- In the event of an *accident, injury* or *sickness*, *your* prior medical history will be reviewed after a claim has been reported.
- You* are required to contact *CAA Medical Assistance* as soon as reasonably possible for approval of treatment. This policy may limit benefits should *you* fail to do so (see Part V - Limitations and Restrictions).
- All amounts are in Canadian currency, unless indicated otherwise.
Please read this policy carefully before *you* travel.

IN THE EVENT OF AN *EMERGENCY*,
YOU MUST CALL *CAA MEDICAL ASSISTANCE* IMMEDIATELY:

1-800-827-9842 in the U.S. and Canada / + 819-566-6365 collect from anywhere
Mexico 001-800-514-3566 / Australia 1-800-002-551 / Dominican Republic 1-888-751-4336

PART I - ELIGIBILITY

The masculine gender in this section is used for the sole purpose of lightening the text. The Insurer reserves the right to decline an application, any request for top up coverage or an extension of coverage.

- Insurance coverage is available if:
 - the applicant is a Canadian resident or a landed immigrant; and
 - the applicant is insured under a provincial or territorial government health insurance plan (GHIP). If the applicant is **not** insured under GHIP, he is eligible for limited coverage only. Please refer to Part V - Limitations and Restrictions, Section 2. for the applicable coverage restrictions.
- Change in health prior to departure/effective date:*** The applicant must meet the Plan Qualification and Eligibility Requirements on the date the applicant departs Canada, his province or territory of residence. **If the applicant's health *changes*** between the date of application and his departure/effective date, the applicant must contact CAA and he must then review the Plan Qualification and Eligibility Requirements to ensure that he continues to be eligible for the plan for which he qualified. If the applicant does not meet the Plan Qualification and Eligibility Requirements for this insurance on his *departure date* or effective

date, in the event of a claim, the Insurer will declare his policy void, the premium he paid will be refunded and his incurred medical expenses will be his responsibility.

- Change in health after the effective date (Annual Plan only):*** If the applicant's health ***changes*** after the effective date, his policy will continue to be valid. However, **any *changes* in his health** will be subject to the exclusion for pre-existing medical conditions during subsequent *trips*.

- The applicant must NOT have used or been prescribed home oxygen during the 12 months prior to his *departure date*.
- The applicant must NOT have a kidney disease requiring dialysis.
- The applicant must never have been diagnosed with AIDS (acquired immune deficiency syndrome) or HIV (Human Immunodeficiency Virus).
- The applicant must NOT be travelling against the advice of a *physician* and/or have been diagnosed with a *terminal illness* or metastatic cancer.

PART II - PLANS OFFERED

CAA Emergency Travel and Medical Insurance offers coverage to a maximum of \$5 million per *insured*, per *trip*.

1. DAILY/TOP UP PLAN

- Provides coverage for a single *trip* outside *your* province or territory of residence.
- May be acquired as a top up to commence on the expiry of *your* Annual Plan or another insurer's plan. It is *your* responsibility to ensure that *your* initial travel insurance contract allows a top up of its insurance coverage.
- The maximum period of coverage under this plan, including any extension(s), is 182 *days* (212 *days* for Ontario residents) unless sufficient documentation is received showing that *your* GHIP has been extended beyond 182 *days* (or 212 *days* for Ontario residents).

CANADA PLAN

- Provides coverage for a single *trip* of up to 182 days outside *your* province or territory of residence but within Canada.
- You* must be travelling outside *your* province or territory of residence but within Canada for the entire duration of *your* trip.
- An optional extension of coverage is available (see Voluntary Extension Procedures in Part 3, Extension of Coverage).

Effective Date — Coverage begins on the later of the date *you* leave *your* province or territory of residence or Canada, or the *departure date* shown on the confirmation of coverage document. Unless *you* are topping up another insurer's plan, the insurance must be purchased for the total duration of the *trip*.

Expiry Date — *Your* coverage under this plan terminates on the earlier of the date *you* return to *your* province or territory of residence or Canada, or the date indicated on *your* confirmation of coverage document. Under the Canada Plan, coverage terminates on the date *you* either return to *your* province or territory of residence or the date *you* leave Canada.

However, if *you* return to *your* province or territory of residence for an unexpected temporary visit prior to *your* expiry date, provided *you* have not incurred a claim, *your* coverage may resume with no additional premium once *you* leave *your* province or territory of residence to resume *your trip*. The number of *days* of *your* temporary return will not be refunded or reissued. If, during *your* temporary visit *you* are *treated* or *you* receive *medical treatment* for a medical condition (other than a *minor ailment*), *your* policy will terminate and *you* may be eligible for a refund (see Part III - Insurance Agreement - b) Refunds - Daily/Top Up Plan).

2. ANNUAL PLAN/ COMMERCIAL VEHICLE DRIVER PLAN

- Provides coverage between the effective date and expiry date for any number of *trips* of:
 - up to 30 consecutive *days*, as indicated on *your* confirmation of coverage document, during the policy year for travel outside Canada;
 - Individual *trips* must be separated by a return to Canada.
- Unlimited travel within Canada (excluding *your* province or territory of residence).
- You* are not required to provide advance notice of the *departure date* and return date of each *trip*. However, *you* may be required to provide evidence of *your departure date* and return date when filing a claim (e.g. airline tickets, customs or immigration stamp).

Effective Date — Coverage under the Annual Plan begins on the date as indicated on *your* confirmation of coverage document issued by CAA. Coverage for each *trip* under the Annual Plan begins on *your departure date* from *your* province or territory of residence.

PART III - INSURANCE AGREEMENT

1. Payment of Premium

- Payment by Cash, Cheque or Credit Card** — Coverage is conditional on the payment of *your* premium. Insurance premiums paid by cash, cheque or credit card are payable in full on or before the effective date of coverage. Insurance must be purchased before *you* leave *your* province or territory of residence or Canada, and the policy will not become effective unless the full payment is received by CAA.

If the premium is insufficient for the period of coverage selected, *we* will:

- charge and collect any underpayment; or
- shorten the policy period by a written endorsement if an underpayment in premium cannot be collected.

We will refund any overpayment of premium.

- Refunds - Daily/Top Up Plan** — Full refunds must be requested in writing

before the effective date. Partial refunds must be requested in writing before the expiry date with proof of early return (e.g. customs or immigration stamp, gas receipts). The refund is calculated from the postmarked date of *your* request, provided no claim has been made at any time during *your trip*.

- Refunds - Annual Plan** — The premium paid is nonrefundable after the effective date of coverage.

2. Coverage Offered

This insurance provides payment for the *reasonable and customary costs* incurred by *you* in case of an *emergency* occurring while *you* are travelling outside *your* province or territory of residence, for the benefits set out in Part IV. The Insurer will pay such eligible expenses, to a maximum of \$5 million per *insured*, per *trip*, only in excess of those reimbursable under any group, individual, private or public plan or contract of insurance, including any auto insurance plan and the government health insurance plan in *your* province or territory of residence.

- Private duty nursing (other than by an *immediate family member*) during *hospitalization* when ordered by the attending *physician* and approved in advance by *CAA Medical Assistance*.

- Local, licensed ground ambulance service to the nearest *hospital, physician* or medical service provider in the event of an *emergency* (also covers local taxi fare in lieu of local ground ambulance service where an ambulance is *medically necessary*).

- Drugs requiring a prescription by a *physician*, limited to a 30-day supply per prescription unless *you* are *hospitalized*. This benefit does not cover drugs necessary for the continued stabilization of a chronic medical condition.

PART IV - BENEFITS (Continued)

To file a claim, you must provide original receipts issued by the pharmacist, physician or hospital, indicating the total cost, prescription number, name of medication, quantity, date and name of the prescribing physician.

- g) Casts, splints, trusses, braces, crutches, rental of wheelchair or other minor medical appliances when prescribed by a physician and approved in advance by CAA Medical Assistance.
 - h) When approved in advance by CAA Medical Assistance, up to five visits for medical treatment by a chiropodist, chiropractor, osteopath, physiotherapist, or podiatrist (other than an immediate family member), including x-rays.
2. **Emergency Dental Expenses** — Reimbursement of:
- a) emergency dental treatment at trip destination to repair or replace sound natural teeth or permanently attached artificial teeth injured as the result of an accidental blow to the face (excluding root canal treatment and crowns), provided you consult a physician or dentist immediately following the injury;
 - b) necessary emergency treatment (described in a) above) that must be continued upon return to your province or territory of residence (excluding root canal treatment and crowns), provided treatment is completed within 90 days from the date of the accident, to a maximum of \$1,500; and
 - c) other emergency dental treatment at trip destination (excluding root canal treatment, crowns and routine dental care) to a maximum of \$350.

To file a claim under a) or b) above, you must provide an accident report from the physician or dentist.

3. **Hospital Allowance** — You are entitled to a hospital allowance of up to \$50 per day to a maximum of \$2,000 for your out-of-pocket expenses (long distance calls, television rental) while hospitalized for at least 48 hours. This benefit will be paid as a lump sum after your release from the hospital and upon approval of your claim.
4. **Return of Vehicle** — When approved in advance by CAA Medical Assistance:
- a) reasonable expenses, if neither you, nor someone travelling with you, is able to operate your owned or rented vehicle during your trip due to sickness or injury. Arrangements and payment will be made for the return of the vehicle to your home in your province or territory of residence or the nearest appropriate rental agency. Benefits will only be payable for one person to return the vehicle when approved and arranged in advance by Global Excel. This benefit does not cover wages lost by the person driving your vehicle. Original receipts are required; or
 - b) repatriation of the insured if the private vehicle is stolen or inoperative due to an accident.
5. **Family Transportation** — When approved in advance by CAA Medical Assistance, a return economy airfare for a person of your choice to attend your bedside (upon the recommendation of the attending physician) provided the hospitalization lasts at least seven days and you are travelling alone. This benefit is provided automatically if you are 25 years of age or younger or you are of any age and have a permanent physical impairment or a permanent mental deficiency and you are dependent for support on the visiting immediate family member.
- The person attending your bedside will be covered under the same terms and conditions of your CAA insurance. Reasonable out-of-pocket expenses incurred for commercial accommodation and meals, essential taxis and telephone calls by the attending person, will be reimbursed to a maximum of \$1,500, subject to a limit of \$150 per day. To file a claim, you must supply original receipts from commercial organizations.
6. **Subsistence Allowance** — When approved in advance by CAA Medical Assistance and in the event that:
- a) your scheduled return is delayed due to sickness or injury of you, an accompanying family member or travel companion; or
 - b) an accompanying family member or travel companion must be relocated for the purpose of obtaining medical treatment due to sickness or injury, you and/or your family member or travel companion are eligible for a subsistence allowance of \$350 per day after the original scheduled return date or relocation date to a maximum of \$3,500 for commercial accommodation and meals, laundry, essential taxis and telephone calls. To file a claim, you must supply original receipts from commercial organizations. If sickness or injury delays your return more than 10 days beyond the scheduled date, the subsistence allowance as outlined above will only be paid upon submission of proof that the accompanying family member or travel companion was hospitalized for at least 72 hours within the 10-day period.
7. **Medical Repatriation** — When approved in advance and arranged by CAA Medical Assistance for the purpose of obtaining immediate medical treatment:
- a) up to the cost of a one-way economy airfare to your province or territory of residence; or
 - b) the fare for additional airline seats to accommodate a stretcher to return you to your province or territory of residence; or
 - c) when medically necessary, medical air evacuation (paid in advance) to the nearest appropriate hospital or to a hospital in your province or territory of residence; when the attending physician or CAA Medical Assistance recommends that you be transported for the purpose of obtaining immediate medical treatment. (Please refer to Part V - Limitations and Restrictions, Section 7.)
8. **Qualified Medical Attendant** — Fees for a qualified medical attendant (other than an immediate family member) to accompany you to your province or territory of residence when recommended by the attending physician and approved in advance and arranged by CAA Medical Assistance. This includes return economy airfare and overnight lodging and meals (when necessary).

PART V - LIMITATIONS AND RESTRICTIONS

1. **Duplication of Benefits** — If any one of the above benefits is duplicated under a similar benefit or under another insurance coverage in this policy or another of our policies, the maximum you are entitled to is the largest amount specified under any one benefit or insurance coverage. The total amount paid to you from all sources cannot exceed the actual expenses you incur.
2. **Benefits Limited to \$20,000** — Only Canadian citizens and landed immigrants covered under a Canadian government health insurance plan are eligible for the complete coverage maximum of \$5 million. If you are a Canadian citizen or landed immigrant with no coverage under a Canadian government health insurance plan, or if you lose such coverage during your trip then this insurance is limited to a total of \$20,000 for all eligible expenses.
3. **Airfares** — Where not specified, airfares are one-way and economy class.
4. **Failure to Contact CAA Medical Assistance** — You must contact CAA Medical Assistance prior to seeking medical treatment. If it is not reasonably possible for you to contact CAA Medical Assistance prior to seeking medical treatment due to the nature of your emergency, you must have someone else call on your behalf or you must call as soon as medically possible. Failure to contact CAA Medical Assistance will limit the benefits payable to:
- a) in the event of hospitalization, 80% of eligible expenses based on reasonable and customary costs to a maximum of \$25,000; and
 - b) in the event of an outpatient medical consultation, a maximum of one visit per sickness or injury.
- You will be responsible for payment of any remaining charges.
5. **Benefits Limited to Reasonable and Customary Costs** — If you pay eligible expenses directly to a health service provider without prior approval by CAA Medical Assistance, these services will be reimbursed to you on the basis of the reasonable and customary costs that would have been paid directly to such provider by the Insurer. Medical charges that you pay may be higher than this amount, therefore you will be responsible for any difference between the amount you paid and the reasonable and customary costs reimbursed by the Insurer.
6. **Approval of Procedures** — CAA Medical Assistance must approve in advance any surgery or invasive procedure (including, but not limited to, cardiac

9. **Escort of Insured Children:**
- When approved in advance by CAA Medical Assistance:
- a) organization, escort and payment up to the cost of a one-way economy airfare for the return of your insured children or grandchildren, provided they are 25 years of age or under, or they are of any age and have a permanent physical impairment or a permanent mental deficiency; or
 - b) reimbursement of up to \$1,000 for the services of a caregiver (other than an immediate family member) contracted by you for your insured children or grandchildren, provided they are 25 years of age or under or they are of any age and have a permanent physical impairment or a permanent mental deficiency, in the event an insured parent or legal guardian (on the trip) must be medically repatriated or hospitalized. Provision of an attendant will be arranged by CAA Medical Assistance.
10. **Remote Emergency Evacuation** — Your emergency evacuation from a mountainous area, the sea, or other such remote location to the nearest most reasonably accessible medical facility or hospital to a maximum of \$5,000.
11. **Return to Trip Destination** — When approved in advance by CAA Medical Assistance, a one-way economy airfare for you to be returned to your scheduled trip destination after you are returned to your province or territory of residence for immediate medical treatment provided your attending physician determines that you require no further medical treatment for your emergency. Once you return to your trip destination, a recurrence of the sickness or injury which caused the initial emergency, or any problems or complications related thereto, will not be covered. Under the Daily/Top Up Plan, you will also need to verify if your policy is still in force or if you need to purchase additional insurance prior to returning to your trip destination as your coverage may terminate once you return to Canada.
12. **Preparation and Return of Deceased** — Reimbursement of:
- a) the actual cost incurred for return of the deceased insured in the common carrier's standard transportation container to the scheduled point of departure, plus a maximum of \$5,000 for the preparation of the remains and the cost of the common carrier's standard transportation container; or
 - b) the actual cost incurred for return of the deceased insured's remains to the scheduled point of departure, plus a maximum of \$3,000 for the cremation of remains or burial at the place of death (excluding the cost of the casket or urn). If the cost of the repatriation of the body exceeds the stated limits, payment will be made on your behalf with the condition that funds will be reimbursed within 30 days by your family or your estate to Global Excel; and
 - c) subject to prior approval by CAA Medical Assistance, return transportation for an immediate family member or close friend to identify the insured's remains. The person identifying the remains will be covered under the same terms and conditions of your CAA insurance (but for no longer than three days).
- Reasonable out-of-pocket expenses incurred for commercial accommodation and meals, essential taxis and telephone calls by the attending immediate family member or close friend will be reimbursed to a maximum of \$500, subject to a limit of \$150 per day. To file a claim, you or the immediate family member or close friend, must supply original receipts.
13. **Return of Travel Companion** — If you are returned to your province or territory of residence under the Medical Repatriation or the Preparation and Return of Deceased benefit, the Insurer will reimburse the cost of a single one-way economy airfare for a travel companion to return to Canada, when approved in advance by CAA Medical Assistance.
- Up to \$450 subsistence allowance, subject to a limit of \$150 per day, will also be provided for commercial accommodation and meals, essential taxis and telephone calls. To file a claim, you must supply original receipts from commercial organizations.
14. **Pet Return** — The return to Canada of your accompanying cat or dog, in the event that you are hospitalized during a covered emergency, to a maximum of \$500.
15. **Eyewear and Dentures** — Up to \$300 towards the cost of repair or replacement of prescription eyewear and/or dentures as a result of an accidental blow to the face or mouth, provided you consulted a dentist of optometrist immediately following the accident.
16. **Lost Prescription** — In the event that your prescription medication is lost, by reason of theft, burglary, fire or transportation hazards, the Insurer will reimburse up to the lesser of \$100 or the amount of medication to replace the lost prescription (maximum 30-day supply). To file a claim, you must supply a report from the police or either the hotel manager or transportation authorities in whose custody the prescription was at the time of loss.
17. **Prescription Assistance** — Assistance to provide contact information for the replacement of lost or stolen prescription eyeglasses, lost or stolen essential prescription medication (excluding birth control pills or other non-vital prescription medication). Replacement costs will be your responsibility.
18. **Message Centre** — Leave urgent messages with CAA Medical Assistance in the event that awkward time zones or telephone difficulties prevent you from contacting home. Leave urgent messages as a contact point for travel companions if you lose touch with one another. Call 1-800-827-9842 within USA & Canada, Mexico 001-800-514-3566, Australia 1-800-002-551, the Dominican Republic 1-888-751-4336 or collect from anywhere in the world at 819-566-6365.
19. **Urgent Messages** — Transmission of urgent messages to family and/or employer by multilingual CAA Medical Assistance co-ordinators.

catheterization), prior to the insured undergoing such procedure. It remains your responsibility to advise your attending physician to call CAA Medical Assistance for approval, except in extreme circumstances where such action would delay surgery required to resolve a life-threatening medical crisis.

7. **Transfer or Medical Repatriation** — During an emergency (whether prior to admission, during a covered hospitalization or after your release from hospital) the Insurer reserves the right to:
- a) transfer you to one of its preferred health care providers; and/or
 - b) return you to your province or territory of residence, for the medical treatment of your sickness or injury without danger to your life or health. If you choose to decline the transfer or return when declared medically stable by CAA Medical Assistance, the Insurer will be released from any liability for expenses incurred for such sickness or injury after the proposed date of transfer or return. CAA Medical Assistance will make every provision for your medical condition when choosing and arranging the mode of your transfer or return and, in the case of a transfer, when choosing the hospital.
8. **Limitation of Benefits** — Once you are deemed medically stable to return to your province or territory of residence (with or without a medical escort) either in the opinion of CAA Medical Assistance or by virtue of discharge from the hospital, your emergency is considered to have ended, whereupon any further consultation, medical treatment, recurrence or complication related to the emergency will no longer be eligible for coverage.
9. **Availability and Quality of Care** — The Insurer, CAA Medical Assistance and Global Excel shall not be held responsible for the availability, quality or results of any medical treatment or transportation, or the insured's failure to obtain medical treatment or hospitalization.
10. **Coverage in Certain Areas or Countries** — Coverage is applicable worldwide, except in countries at war or countries where political instability or hostility renders the area inaccessible by CAA Medical Assistance services. You should contact CAA Medical Assistance prior to your departure date to confirm coverage for your destination.

PART VI - EXCLUSIONS

A. Pre-existing Medical Condition Exclusions		
EMERGENCY TRAVEL MEDICAL INSURANCE (Daily/Top Up/Annual Plans)	EXCLUSION	STABILITY PERIOD
WITHOUT A MEDICAL DECLARATION Under <i>age</i> 60	1 and 2 a)	90 days prior to each <i>departure date</i>
<i>Age</i> 60 or over	1 and 2	365 days prior to each <i>departure date</i>
CANADA PLAN All <i>Ages</i>	Not applicable	Not applicable
WITH A MEDICAL DECLARATION Plan A	1	90 days prior to each <i>departure date</i>
Plan B	1	90 days prior to each <i>departure date</i>
Plan C	1	270 days prior to each <i>departure date</i> (90 days for high blood pressure and 180 days for cancer)
Plan D	1	365 days prior to each <i>departure date</i> (90 days for high blood pressure and 180 days for cancer)
Plan C Secure	1	180 days prior to each departure date (90 days for high blood pressure)
Plan D Secure	1	180 days prior to each departure date (90 days for high blood pressure)

The following exclusions are applicable to any medical condition *you* have including any medical condition *you* have disclosed on the Medical Declaration (if applicable). If *you* have any medical condition that was not *stable* during the stability period required by the plan *you* qualified for, that condition will not be covered.

This insurance does not cover losses or expenses caused directly or indirectly, in whole or in part, by:

- Any *sickness, injury* or medical condition (other than a *minor ailment*) for which *you*:
 - were *hospitalized*;
 - had a medical procedure or intervention;
 - had a *change in medication* or a *change* in treatment;
 - experienced new or more frequent symptoms; or
 - required investigation (other than a routine check-up or for a *minor ailment*), during the stability period required by *your* plan.
- A **lung condition** if *you* required treatment with home oxygen or with Prednisone during the stability period required by *your* plan.
 - A **heart condition** if *you* underwent a coronary artery bypass graft operation more than 10 years ago. (Use the date of *your* most recent bypass.)
 - A **heart condition** if:
 - you* were prescribed or taking THREE or more medications for *your* heart (other than Aspirin/Entrophen and cholesterol medication);
 - you* were diagnosed or *treated* for ALL THREE of the following: any heart condition, diabetes and high blood pressure; or
 - you* were prescribed or taking medication for congestive heart failure (causing water on *your* lungs or swelling in *your* legs), during the stability period required by *your* plan.

B. General Exclusions

This insurance does not cover losses or expenses caused directly or indirectly, in whole or in part, by:

- Sickness or injury* which first appeared, was diagnosed or received treatment after the scheduled *departure date* and prior to the effective date of the insurance extension or the top up.
- Treatment, surgery, medication, services or supplies that are not required for the immediate relief of acute pain or suffering, or that *you* elect to have provided outside *your* province or territory of residence when medical evidence indicates that *you* could return to *your* province or territory of residence to receive such treatment. The delay to receive treatment in *your* province or territory of residence has no bearing on the application of this exclusion.
- Treatment or surgery during a *trip* when the *trip* is undertaken for the purpose of securing or with the intent of receiving medical or *hospital* services, whether or not such *trip* is taken on the advice of a *physician*.
- Cardiac catheterization, angioplasty and/or cardiovascular surgery including any associated diagnostic test(s) or charges unless approved by *CAA Medical Assistance* prior to being performed, except in extreme circumstances where such surgery is performed on an *emergency* basis immediately upon admission to a *hospital*.

PART VII - HOW TO FILE A CLAIM

- PLEASE PROVIDE THE FOLLOWING WITHIN 90 DAYS OF RECEIVING SERVICES:**
 - A completed *Emergency* Medical Expenses Claim Form (provided by *CAA Medical Assistance* upon notification of claim).
 - Original itemized bills from the licensed medical provider(s) stating the patient’s name, diagnosis, date and type of *medical treatment*, and the name, address and telephone number of the provider, as well as the original transaction documents proving that payment was made to the provider.
 - Original prescription drug receipts from the pharmacist, *physician* or *hospital* indicating the name of the prescribing *physician*, prescription number, name of preparation, date, quantity and total cost.
 - For out-of-pocket expenses: an explanation of expenses accompanied by the original receipts.
- Payment of Benefits** — All payments are payable to *you* or on *your* behalf. Benefit payment(s) for loss of life are made to *your* estate unless another beneficiary is designated in writing to CAA and the Insurer. Any claims paid to *you* will be payable in Canadian funds. Where claims are payable in foreign currency, the rate of exchange is based on the rate effective on the date when the claim is paid to *you*. No sum payable shall bear interest.

PART VIII - GENERAL TERMS OF AGREEMENT

Enrolment and premium collection are handled by CAA and Global Excel Management Inc. *Global Excel* is the sole provider of all claims services.

- Rights of Subrogation** — If an *insured* person suffers a loss covered under this policy, the Insurer is granted the right from the *insured* person to take action to enforce all the rights, powers, privileges and remedies of the *insured* person upon making payment or accepting the claim to the extent of the incurred losses, against any person, legal person or entity which caused such loss. Additionally, if No Fault benefits or other collateral sources of payment of expenses are available to the *insured* person, regardless of fault, the Insurer is granted the right to make a demand for, and recover those benefits. If the Insurer institutes an action, the Insurer may do so at its own expense, in the *insured* person’s name, and the *insured* person will attend at the place of loss to assist in the action. If the *insured* person institutes a demand or action for a covered loss he/she shall immediately notify the Insurer so that it may safeguard its rights.
The *insured* person shall take no action after a loss that will impair the rights of the Insurer set forth in this paragraph and shall do such things as are necessary to secure the Insurer’s rights.
- Other Insurance** — This insurance is a second payor plan. For any loss or damage insured by, or for any claim payable under any other liability, group or individual basic or extended health insurance plan, or contracts including any private or provincial or territorial auto insurance plan providing *hospital*, medical, or therapeutic coverage, or any other insurance in force concurrently herewith, amounts payable hereunder are limited to those covered benefits incurred outside the province or territory of residence that are in excess of the amounts for which an *insured* person is insured under such other coverage.

- Magnetic resonance imaging (MRI), computerized axial tomography (CAT) scans, sonograms or ultrasounds and biopsies unless such services are authorized in advance by *CAA Medical Assistance*.
- Hospitalization* or services rendered in connection with general health examinations for “check-up” purposes, treatment of an ongoing condition, regular care of a chronic condition, home health care, investigative testing, rehabilitation or ongoing care or treatment in connection with drugs, alcohol or any other substance abuse.
- Noncompliance with any prescribed medical therapy treatment (as determined by *CAA Medical Assistance*) or failure to carry out a *physician’s* instructions.
- Treatment of an acute *sickness or injury* after the initial *emergency* has ended (as determined by *CAA Medical Assistance*).
- A disorder, disease, condition or symptom that is emotional, psychological or mental in nature unless *you* are *hospitalized*.
- Emergency* air transportation and/or car rental unless approved and arranged in advance by *CAA Medical Assistance*.
- Treatment or *hospitalization* of mother or *child(ren)* as a result of pregnancy, miscarriage, childbirth or complications of any of these conditions occurring in the nine weeks before and/or after the expected delivery date.
- Your* participation in and/or voluntary exposure to any risk from; war or act of war, whether declared or undeclared; invasion or act of foreign enemy; declared or undeclared hostilities; civil war, riot, rebellion, revolution or insurrection; act of military power; or any service in the armed forces.
- Sickness, injury or medical condition *you* suffer or contract in a specific country, region or area for which the Department of Foreign Affairs and International Trade of the Canadian Government has issued a travel advisory or formal notice, before *your departure date*, advising Canadians not to travel to that specific country, region or area. If the Canadian Government issues a travel advisory or formal notice to leave that specific country, region or area, after *your departure date*, *your* coverage for sickness, injury or medical condition is limited to a period of 10 *days* from the date the advisory was issued, or to a period that is reasonably necessary to safely evacuate the country, region or area. In this exclusion “sickness, injury or medical condition” means any sickness, injury or medical condition that is attributable to the reason for which the travel advisory or formal notice was issued or complications arising therefrom.
- Committing or attempting to commit an illegal act or a criminal act.
- Medication, drugs or toxic substance abuse or overdose (whether or not *you* are sane); alcohol abuse, alcoholism or an *accident* while being impaired by drugs or alcohol or having an alcohol concentration that exceeds 80 milligrams in 100 millilitres of blood.
- Expenses incurred as a result of symptomatic or asymptomatic HIV infection or HIV-related conditions and AIDS (acquired immune deficiency syndrome), including any associated diagnostic tests or charges.
- Participation in:
 - any sports as a professional athlete (person who engages in an activity as one’s main paid occupation);
 - any competitive motorized sporting events, racing or speed contests.
- The purchase or replacement cost (prescribed or not), loss or damage to hearing devices, eyeglasses, sunglasses, contact lenses, or prosthetic teeth, limbs or devices and prescription resulting therefrom except as specified in Part IV, Benefit 15.
- Services provided by an optometrist or for cataract surgery.
- The replacement of an existing prescription, whether by reason of loss, renewal or inadequate supply, or the purchase of drugs and medications (including vitamins) which are commonly available without a prescription or which are not legally registered and approved in Canada or which are not required as a result of an *emergency* except as specified in Part IV, Benefit 16.
- Upgrading charges and cancellation penalties for airline tickets, unless approved in advance by *CAA Medical Assistance*.
- Expenses for which no charge would normally be made in the absence of insurance.
- Suicide (including any attempt thereat) or self-inflicted *injury* whether or not *you* are sane.
- Crowns and root canals.
- A *trip* outside *your* province or territory of residence on a commercial vehicle for the purpose of delivering goods or carrying a load unless *you* have purchased the Commercial Vehicle Driver Plan.
This exclusion applies to the driver, the operator, a co-driver, a crew member and any other passenger of the commercial vehicle.

3. Send all pertinent documents to:

GLOBAL EXCEL MANAGEMENT INC.

P.O. Box 10
Beebe Plain, Vermont
05823 USA

GLOBAL EXCEL MANAGEMENT INC.

73 Queen Street
Sherbrooke, Quebec
J1M 0C9 CANADA



Please indicate *your* certificate/policy number on all correspondence.

• 1-800-827-9842 in the U.S. and Canada • + 819-566-6365 collect from anywhere

• Mexico 001-800-514-3566 • Australia 1-800-002-551

• Dominican Republic 1-888-751-4336

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All coordination with employee related plans follows Canadian Life and Health Insurance Association Inc. guidelines. In no case will the Insurer seek to recover against employment related plans if the lifetime maximum for all in-country and out-of-country benefits is **\$75,000** or less.

- Misrepresentation and Non-disclosure** — The completed and signed application is essential to the appraisal of the risk by the Insurer and is the basis of and forms part of *your* contract. Any erroneous responses thereon constitute material misrepresentation or concealment relating to an essential component of the contract which renders *your* insurance void. Consequently and following a loss, no claim shall be payable by the Insurer and *you* shall be solely responsible for all expenses relating to *your* claim, including repatriation costs.
The entire coverage under this policy shall be void if the Insurer determines, whether before or after loss, *you* have concealed, misrepresented or failed to disclose any material fact or circumstance concerning *your* policy or *your* interest therein, or if *you* refuse to disclose information or permit the use of such information, pertaining to any of the *insured* persons under this contract of insurance.
- Arbitration** — Notwithstanding any clause in the present policy, the parties hereto undertake to submit to an arbitration procedure, to the exclusion of the courts, any present or future dispute relating to a claim. The arbitration proceedings shall be governed by arbitration laws in force in the Canadian province or territory of residence of the *insured* person. The parties agree that any action will be referred to arbitration.

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PART VIII - GENERAL TERMS OF AGREEMENT (Continued)

5. **Applicable Law** — This contract of insurance is governed by the laws of the Canadian province or territory of residence of the *insured* person. Any legal proceeding by *you*, *your* heirs or assigns shall be brought in the courts of the Canadian province or territory of residence of the *insured* person.
6. **Safeguarding Your Privacy** — The *Insurer* places great importance on the protection of *your* privacy. The *Insurer* collects *your* personal information when *you* apply for this insurance and in the event of a claim, to provide *you* with insurance services and to analyze *your* claim. This information remains confidential, as is

PART IX - STATUTORY CONDITIONS

1. **The Contract** - The application, this policy, the confirmation of coverage, any document attached to this policy when issued, and any amendment to the contract agreed upon in writing by the Insurer after the policy is issued, constitute the entire contract, and no agent has authority to change the contract or waive any of its provisions.
2. **Waiver** - The Insurer shall be deemed not to have waived any condition of this contract, either in whole or in part, unless the waiver is clearly expressed in writing signed by the Insurer.
3. **Copy of Application** - The Insurer shall, upon request, furnish to the *insured* or to a claimant under the contract a copy of the application.
4. **Material Facts** - No statement made by *you* at the time of application for this contract shall be used in defence of a claim under or to avoid this contract unless it is contained in the application or any other written statements or answers furnished as evidence of insurability.
5. **Notice and Proof of Claim** - *You* or a beneficiary entitled to make a claim, or the agent of any of *you*, shall:
- a) give written notice of claim to *Global Excel* by delivery thereof or by sending it by registered mail to *Global Excel* not later than 30 days from the date the claim arises under the contract on account of an *accident* or *sickness*;
 - b) within 90 days from the date a claim arises under the contract on account of an *accident* or *sickness*, furnish to *Global Excel* such proof of claim as is reasonably possible in the circumstances of the happening of the *accident* or the commencement of the *sickness*, and the loss occasioned thereby, the right of the claimant to receive payment, his or her *age*, and the *age* of the beneficiary if relevant; and
 - c) if so required by *Global Excel* or the Insurer, furnish a satisfactory certificate as to the cause or nature of the *accident* or *sickness* for which claim may be made under the contract.
6. **Failure to Give Notice or Proof** - Failure to give notice of claim or furnish proof of claim within the time prescribed by this statutory condition does not invalidate

PART X - DEFINITIONS

THROUGHOUT THIS POLICY, DEFINED WORDS ARE IN ITALICS.

- Accident** means a fortuitous, sudden, unforeseen and unintentional event exclusively attributable to an external cause resulting in bodily *injury*.
- Age** refers to *your* age on the date of insurance application/declaration or date of claim.
- CAA Medical Assistance** means the *emergency* medical assistance service which has been appointed by the Insurer to perform all assistance services (other than claims services).
- Change** means *you* have experienced an increase in symptoms, developed new symptoms or had a new diagnosis, required investigation, required a *change in medication* frequency or dosage, required a change in treatment, been *hospitalized*, required medical consultation (other than a routine examination), or had a deterioration of an existing condition.
- Change in medication** means the medication dosage or frequency has been reduced, increased, stopped and/or new medications have been prescribed. Exceptions: the routine adjustment of Coumadin, Warfarin, insulin or oral medication to control diabetes (as long as they are not newly prescribed or stopped) and a *change* from a brand name medication to a generic brand medication (provided that the dosage is not modified).
- Child(ren)** means a dependent and unmarried child(ren) of the *insured* or his/her spouse, and who on the date of purchase is 25 years of *age* or younger or is of any *age* and has a permanent physical impairment or a permanent mental deficiency and dependent on *you* for support.
- Day** means 24 consecutive hours.
- Departure date** means each date which *you* leave *your* province, territory of residence or Canada.
- Emergency** means that *you* require immediate *medical treatment* for the relief of acute pain or suffering resulting from an unexpected and unforeseen *sickness* or *injury* occurring while on a covered *trip* and that such *medical treatment* cannot be delayed until *your* return to *your* province or territory of residence.
- Family** means *you* and/or *your spouse* and *your children* or grandchildren (provided they are 25 years of *age* or younger or they are of any *age* and have a permanent physical impairment or a permanent mental deficiency) when *your* names appear on the confirmation of coverage document respectively as the “*insured*” and “other *insured(s)*”.
- Global Excel** means the company appointed by the Insurer to provide claims services.
- Hospital** means an institution which is designated as a hospital by law; which is continuously staffed by one or more *physicians* at all times; which continuously provides nursing services by graduate registered nurses; which is primarily engaged in providing diagnostic services and/or medical and surgical treatment of a *sickness* or *injury* in the acute phase, or active *medical treatment* of a chronic *sickness*; which has facilities for diagnosis, major surgery and in-patient care. The term hospital does not include convalescent, nursing, rest or skilled nursing facilities, whether separate from or part of a regular general hospital, nor a facility operated exclusively for the treatment of persons who are mentally ill, aged, drug or alcohol abusers.
- Hospitalized** or **hospitalization** means *you* are admitted to a *hospital* and are receiving *medical treatment* on an in-patient basis.
- Immediate family member** means *your* mother, father, sibling, *child*, *spouse*, grandparent, grandchild, aunt, uncle, niece, nephew, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law or sister-in-law.
- Injury** means an unexpected and unforeseen harm to the body caused by an *accident*, occurring while on a covered *trip* and requiring immediate *emergency* treatment that is covered by this policy.
- Insured** means the person shown as “*insured*” on the confirmation of coverage document upon which a CAA certificate/policy number appears.
- Medical treatment** means any reasonable procedure which is medical, therapeutic or diagnostic in nature, which is *medically necessary* and which is prescribed by a *physician*. Medical treatment includes *hospitalization*, basic investigative testing, surgery, prescription medication (including prescribed as needed) or other treatment directly related to the *sickness*, *injury* or symptom.
- Medically necessary** in reference to a given service or supply, means such service or supply:
- a) is appropriate and consistent with the diagnosis according to accepted community standards of medical practice;

required under federal and provincial laws. In the event of a claim, the *Insurer* may collect *your* personal health information held by a third party. This information may be released to *our* employees for analysis and to better serve *you*. In no case will the *Insurer* release this information to any person or organization that is not clearly entitled to it without first seeking *your* consent.

For privacy information, please visit www.rsagroup.ca, or call us at 1-800-716-4339.

- the claim if the notice or proof is given or furnished as soon as reasonably possible, and in no event later than one year from the date of the *accident* or the date a claim arises under the contract on account of *sickness* if it is shown that it was not reasonably possible to give notice or furnish proof within the time so prescribed.
7. **Insurer to Furnish Forms for Proof of Claim** - The Insurer shall furnish forms for proof of claim within 15 days after receiving notice of claim, but where the claimant has not received the forms within that time the claimant may submit his or her proof of claim in the form of a written statement of the cause or nature of the *accident* or *sickness* giving rise to the claim and of the extent of the loss.
8. **Rights of Examination** - As a condition precedent to recovery of insurance money under this contract:
- a) the claimant shall afford to the Insurer and *Global Excel* an opportunity to examine the *insured person* when and so often as it reasonably requires while the claim hereunder is pending; and
 - b) in the case of death of the *insured*, the Insurer and *Global Excel* may require an autopsy subject to any law of the applicable jurisdiction relating to autopsies.
9. **When Money Payable** - All money payable under this contract shall be paid by the Insurer within 60 days after it has received proof of claim.
10. **Limitation of Actions** - An action, arbitration or similar proceeding against the Insurer for the recovery of a claim under this contract shall not be commenced more than one year (two years in the Northwest Territories, three years in the province of Quebec) after the date the insurance money became payable or would have become payable if it had been a valid claim. If this limitation is invalidly shorter than the limitation prescribed by the laws of the province or territory in which this policy was issued, an action, arbitration or similar proceeding against the Insurer shall not be commenced later than the shortest limitation period prescribed by the laws of that province or territory of residence.
- The limitation periods stated in this section apply to all plans and benefits of this policy and to all endorsements thereof.

- b) is not experimental or investigative in nature;
 - c) cannot be omitted without adversely affecting *your* condition or quality of medical care; and
 - d) cannot be delayed until *your* return to *your* province, territory of residence or Canada.
- Minor ailment** means any *sickness* or *injury* which does not require the use of medication for a period greater than 15 *days*, more than one follow-up visit to a *physician*, *hospitalization*, surgical intervention, or referral to a specialist, and which ends at least 30 consecutive *days* prior to the *departure date* of each *trip*. However, a chronic condition or any complication of a chronic condition is not considered a minor ailment.
- Physician** means a medical practitioner whose legal and professional standing within his/her jurisdiction is equivalent to that of a doctor of medicine (M.D.) licensed in Canada, who is duly licensed in the jurisdiction in which he/she practices, who prescribes drugs and/or performs surgery and who gives medical care within the scope of his/her licensed authority. A physician must be a person other than *yourself* or an *immediate family member*.
- Reasonable and customary costs** means costs that are incurred for approved, eligible medical services or supplies and that do not exceed the standard fee of other providers of similar standing in the same geographical area, for the same *medical treatment* of a similar *sickness* or *injury*.
- Sickness** means a disease or disorder of the body which results in loss while this coverage is in effect. The sickness must be sufficiently serious to prompt a reasonably prudent person to consult a *physician* for the purpose of *medical treatment*.
- Spouse** means the person, regardless of gender, to whom *you* are legally married or with whom *you* have been residing for at least the last 12 months.
- Stable** means any medical condition (other than a *minor ailment*) for which all the following statements are true:
- a) there has been no new diagnosis, treatment or prescribed medication;
 - b) there has been no *change* in treatment or *change in medication*, including the amount of medication to be taken, how often it is taken, the type of medication or *change* in treatment frequency or type. Exceptions: the routine adjustment of Coumadin, Warfarin, insulin or oral medication to control diabetes (as long as they are not newly prescribed or stopped) and a *change* from a brand name medication to a generic brand medication (insofar as the dosage is not modified);
 - c) there has been no new symptom, more frequent symptom or more severe symptom;
 - d) there have been no test results showing deterioration;
 - e) there has been no hospitalization or referral to a specialist (made or recommended) and you are not awaiting results and/or further investigations for that medical condition.

Terminal illness means that the applicant has a medical condition that is cause for a *physician* to estimate that he has less than six months to live or for which palliative care has been received.

Travel companion means a person accompanying *you* on the *trip*, who shares accommodation or transportation with *you* and who has paid such accommodation or transportation in advance of departure. A maximum of five persons will be considered travel companions.

Treated means that *you* have been *hospitalized*, have been prescribed (including prescribed as needed), have taken or are currently taking medication or have undergone a medical or surgical procedure.

Trip means a journey undertaken by an *insured* person which commences on the *departure date* from his/her province or territory of residence or Canada and ends when he or she returns to his/her province or territory of residence or Canada.

Vehicle means any automobile, station wagon, mini-van, sports utility vehicle (for on road use), motorcycle, bicycle, snowmobile, boat, pick-up truck or a mobile home, camper truck or trailer home under 36 feet in length, used exclusively for the transportation of passengers other than for hire, in which you are a passenger or driver during your trip. This definition does not apply to exclusion 25 (see Section VI - Exclusions).

We, us or our means Royal & Sun Alliance Insurance Company of Canada.

You, your and yourself means the person shown as the “*insured*” and the additional persons shown as “other *insureds*” on the confirmation of coverage document upon which a CAA certificate/policy number appears.

IDENTIFICATION OF INSURER



Underwritten by:

CAA Away From Home Emergency Travel & Medical Insurance is underwritten by Royal & Sun Alliance Insurance Company of Canada and administered by Expert Travel Financial Security (E.T.F.S.) Inc. and is offered through the CAA®.



Administered by:

The *insured* is requested to read this policy and if incorrect, return it immediately for alteration. In the event of an occurrence likely to result in a claim under this insurance, immediate notice should be given to *Global Excel*.