



RBC Insurance

## RBC TRAVEL DISCOVERY INSURANCE PACKAGE

### *Emergency Medical Assistance*

**Wherever you go, Assured Assistance Inc. is just a phone call away - 24 hours a day, 7 days a week.**

If *you* require medical treatment during *your trip*, or for any other *emergency*, *you* must contact Assured Assistance Inc. immediately at one of these numbers:

- 1-800-387-2487 (toll-free call from the USA or Canada)
- 905-816-2561 (collect call from anywhere through a local operator)
- 1-888-298-6340 (toll-free fax from the USA or Canada)
- 905-813-4719 (fax)

If *your medical condition* prevents *you* from calling Assured Assistance Inc. before seeking *emergency treatment*, *you* must call Assured Assistance Inc. as soon as medically possible. As an alternative, someone else (*family* member, friend, *hospital* or *physician's* office staff, etc.) may call on *your* behalf.

### Claims Assistance

If *you* need a Claim & Authorization form, to submit a new claim, or *you* want status on an existing claim, please contact *our* Claims Department at:

P.O. Box 97  
Station A, Mississauga, Ontario, L5A 2Y9

Outside of Quebec 905-816-2572 or 1-800-263-8944  
Residents of Quebec 514 748-2244 or 1-800-263-8944

Or *you* can visit *our* website at <http://www.rbcinsurance.com/travel/travel-insurance-claims.html>, to obtain an *Emergency* Medical claim form or a Cancellation & Interruption claim form.

**RBC TRAVEL DISCOVERY INSURANCE PACKAGE**

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**IMPORTANT NOTICE - PLEASE READ CAREFULLY**

- 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 or exclusions.
- A pre-existing exclusion applies 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 may be reviewed when a claim is reported.
- *Your* policy provides travel assistance, *you* are required to notify Assured Assistance Inc. prior to *emergency treatment*. *Your* policy limits benefits should *you* not contact Assured Assistance immediately.

**PLEASE READ *YOUR* POLICY CAREFULLY BEFORE *YOU* TRAVEL**

## Summary of Insurance Coverage

RBC Travel Discovery Insurance Package	
<b>Cancellation &amp; Interruption Insurance</b>	<b>Maximum Sums Available</b>
<i>Trip</i> Cancellation - Before Departure	Up to the sum insured: \$0 or \$5,000
<i>Trip</i> Interruption - After Departure: Transportation - Economy Class <i>Trip</i> Interruption - After Departure: Unused portion of pre-paid Travel Arrangements	Combined maximum; \$5,000
Subsistence Allowance	\$500
Connection Benefit	\$1,000
<b>Emergency Medical Insurance</b>	
Medical & Other Benefits	\$1,000,000 <sup>1</sup>
<i>Hospital</i> Allowance	\$500
<i>Emergency</i> Services (Chiropractor, Physiotherapist etc.)	\$300
Return to <i>Trip</i> destination	One-way economy airfare
Subsistence Allowance	\$500
Repatriation of Remains *Please see policy for limits on the transportation container, cremation and burial at location	Transportation cost: Unlimited*
<i>Bedside Companion's</i> travel to bedside	Economy Airfare & \$500 subsistence
<i>Emergency</i> Medical Evacuation/Return to <i>your</i> province or territory of residence	One-way Economy airfare, or stretcher, or qualified medical attendant or air ambulance
<i>Emergency</i> Dental Treatment	\$300 and/or accidental blow ( <i>emergency</i> expenses) <sup>2</sup>
Return of one <i>travelling companion</i>	One-way economy airfare
Return of Excess Baggage	\$500
Replacement cost of <i>prescription drugs</i>	\$50
<b>Baggage &amp; Personal Effects Insurance</b>	
Loss of, or Damage to, Baggage & Personal Effects	\$800 <sup>3</sup>
Replacement of Travel Documents	\$200
Delay of Baggage & Personal Effects <sup>4</sup>	\$200
Loss of Personal Money	\$100
<b>Flight Accident Insurance</b>	
Death, Double <i>Dismemberment</i> , <i>Loss of Sight</i> of both eyes, or complete and irrecoverable loss of speech or hearing <sup>5</sup>	Principal Sum: \$50,000
<b>Travel Accident Insurance</b>	
Death, Double <i>Dismemberment</i> , <i>Loss of Sight</i> of both eyes, or complete and irrecoverable loss of speech or hearing <sup>5</sup>	Principal Sum: \$25,000

<sup>1</sup> This insurance is subject to a maximum of \$20,000 if you do not have valid *government health insurance plan* coverage.

<sup>2</sup> Benefit is *emergency* dental expenses to repair or replace natural or permanently attached artificial teeth incurred during the *trip* and up to a maximum of \$1500 for continued necessary treatment after returning to Canada.

<sup>3</sup> The maximum for any one item or set of items is \$400.

<sup>4</sup> This insurance is available while en route and before returning to *your departure point*.

<sup>5</sup> You are entitled to a maximum of the largest amount specified for one of these benefits.

### Definitions

The following are *our* definitions and apply when written in *italics* throughout this document.

**Accidental bodily injury** - bodily injury caused by an accident of external origin occurring during the *period of insurance* and being the direct and independent cause of the loss.

**Bedside companion** - a person of *your* choice who is required at *your* bedside while *you* are hospitalized during *your trip*.

**Catastrophic event** - total eligible Cancellation & Interruption Insurance claims arising directly or indirectly from an *act of terrorism*, or series of acts of *terrorism*, occurring within a 72 hour period that exceed \$1,000,000.

**Change in medication** - the addition of any new *prescription drug*, the withdrawal of any *prescription drug*, an increase in the dose of any *prescription drug* or a decrease in the dose of a *prescription drug*.

Exceptions:

- an adjustment in the dosage of insulin or Coumadin (Warfarin), if *you* are currently taking these drugs;
- a change from a brand name drug to an equivalent generic drug of the same dosage.

**Contamination** - the poisoning of people by nuclear, chemical and/or biological substances which causes illness and/or death.

**Departure point** - the place *you* depart from on the first day of *your* intended travel period, as shown on *your trip* itinerary insured by *us* or on *your insurance application/confirmation of coverage*.

**Dismemberment** - actual severance through or above *your* wrist or ankle joint.

**Effective date** -

a) for **Emergency Medical coverage, Travel Accident coverage and Baggage & Personal Effects coverage:**

the date on which *you* are scheduled to leave *your departure point*. Under all coverages, *your effective date* is shown on *your insurance application/confirmation of coverage*.

**b) for Cancellation & Interruption coverage:**

the date and time the required premium is paid, as shown on *your insurance application/confirmation of coverage*.

**c) for Flight Accident coverage:**

the date and time shown on *your transportation ticket*.

**Emergency** - any sudden and unforeseen event that begins during the *period of insurance* and makes it necessary to receive immediate treatment from a licensed *physician* or to be hospitalized. An *emergency* ends when the medical advisors of Assured Assistance Inc. or RBC Insurance Company of Canada determine that *you* are medically able to return to *your home country*.

**Emergency treatment** - medical treatment or surgery for an *emergency*, that is required for the immediate relief of an acute symptom, or upon the advice of a licensed *physician* cannot be delayed until *you* return to *your home country*, and has to be received during *your trip* because *your medical condition* prevents *you* from returning to *your home country*. The treatment or surgery must be:

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

**Expiry date** - the date on which *your coverage* ends under this insurance, as shown on *your insurance application/confirmation of coverage*.

**Government health insurance plan** - the health insurance coverage that Canadian provincial and territorial governments provide for their residents.

**Hospital** - an establishment that is licensed as an accredited *hospital*, is operated for the care and treatment of in-patients, has a Registered Nurse always on duty, and has a laboratory and an operating room on the premises or in facilities controlled by the establishment. *Hospital* does not mean any establishment used mainly as a clinic, extended or palliative care facility, rehabilitation facility, addiction treatment centre, convalescent, rest or nursing home, home for the aged or health spa.

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

**Insurance application/confirmation of coverage** - the printed form, computer printout, invoice or document provided by *your Canadian representative* or through *your online application*, which confirms the insurance coverage *you* have purchased. The *insurance application/confirmation of coverage* forms part of the insurance contract.

**Loss of sight** - entire and permanent loss of eyesight.

**Medical condition** - *accidental bodily injury* or sickness (or a condition related to that *accidental bodily injury* or sickness), including disease, acute psychoses and complications of pregnancy occurring within the first 31 weeks of pregnancy.

**Mental or emotional disorders** - emotional or anxiety states, situational crisis, anxiety or panic attacks, or other mental health disorders treated with minor tranquilizers or anti anxiety (anxiolytics) medication.

**Mountain climbing** - the ascent or descent of a mountain requiring the use of specialized equipment, including crampons, pick-axes, anchors, bolts, carabiners and lead-rope or top-rope anchoring equipment.

**Network** - the *hospitals, physicians* and other medical service providers recognized by *us* at the time of the *emergency*.

**Passenger plane** - a certified multi-engined transportation aircraft provided by a regularly scheduled airline on any regularly scheduled *trip* operated between licensed airports and holding a valid Canadian Air Transport Board or Charter Air Carrier licence, or its foreign equivalent, and operated by a certified pilot.

**Period of insurance** - the period of time between *your effective date* and *your return date*.

**Physician** - someone who is not *you* or a member of *your immediate family* who is licensed to prescribe drugs and administer medical treatment (within the scope of such licence) at the location where the treatment is provided. A *physician* does not include a naturopath, herbalist, chiropractor or homeopath.

**Prescription drug** - drug or medicine that can only be issued upon the prescription of a licensed *physician* or dentist and is dispensed by a licensed pharmacist. *Prescription drug* does not mean such drug or medicine, when *you* need (or renew) them to continue to stabilize a condition which *you* had before *your trip*, or a chronic condition.

**Professional** - engaged in a specified activity as *your main paid occupation*.

**Return date** -

- a) for all coverages except Flight Accident:  
the date on which *you* are scheduled to return to *your departure point*. This date is shown on *your insurance application/confirmation of coverage*.
- b) under Flight Accident:  
the *return date* and time shown on *your transportation ticket*.

**Schedule change** - the later departure of an airline carrier causing *you* to miss *your next connecting flight* via a different airline carrier (or connecting cruise ship, ferry, bus or train), or the earlier departure of an airline carrier rendering unusable the ticket *you* have purchased for *your prior connector flight* via a different airline carrier (or connecting cruise ship, ferry, bus or train). *Schedule change* does not mean a change resulting from a supplier default, strike or a labour disruption.

**Spouse** - the person who is legally married to *you*, or has been living in a conjugal relationship with *you* for a continuous period of at least one year and who resides in the same household as *you*.

**Stable** - any *medical condition* or related condition including any heart condition or any lung condition (whether or not the diagnosis has been determined) for which there have been:

- no new treatment, new medical management, or new prescribed medication; and
- no change in treatment, change in medical management, or *change in medication*; and
- no new symptom or finding, more frequent symptom or finding, or more severe symptom or finding experienced; and
- no new test results or test results showing a deterioration; and
- no investigations or future investigations initiated, or recommended for *your symptoms*; and
- no hospitalization or referral to a specialist (made or recommended).

**Terrorism or act of terrorism** - an act, including but not limited to the use of force or violence and/or the threat thereof, including hijacking or kidnapping, of an individual or group in order to intimidate or terrorize any government, group, association or the general public, for religious, political or ideological reasons or ends, and does not include any act of war (whether declared or not), act of foreign enemies or rebellion.

**Travelling companion** - the person who is sharing travel arrangements with *you*, to a maximum of three persons.

**Unannounced Strike** - means any sudden or spontaneous work stoppage (whether or not organized or sanctioned by a labour union) which:

- a) is not announced in any media, and
- b) causes the delay of *your* departure and/or arrival of a common carrier (such as a passenger plane, ferry, cruise ship, bus, limousine, taxi or train).

**Trip** - the period of time between leaving *your departure point* up to and including *your return date*.

**Vehicle** - a private passenger automobile, motorcycle, minivan, mobile home, camper truck or trailer home, which *you* use during *your trip* exclusively for the transportation of passengers other than for hire. It can be either owned by *you* or leased by *you* from a commercial rental agency.

**We, us** and **our** refer to RBC Insurance Company of Canada.

**You, yourself** and **your** refer to the person named as the insured on the *insurance application/confirmation of coverage* when the required insurance premium has been paid before the *effective date*.

### **General Insurance Details**

*Your* insurance coverage is subject to the terms set out in this document.

#### **Who is eligible for coverage?**

To be eligible for insurance coverage *you* must:

- be a Canadian resident (applicable to *Emergency Medical Insurance*)
- be 17-34 years of age;
- purchase coverage through a Canadian representative appointed by RBC Insurance Company of Canada;
- purchase coverage for the full duration of *your trip*;
- be travelling anywhere in the world, including the USA when *you* choose the USA premium rates; or
- be travelling anywhere in the world, excluding the USA (unless as part of a stopover of 48 hours or less, during *your trip*) when *you* choose the non-USA rates, or *you* can travel anywhere in Canada, other than *your* Canadian province or territory of residence.
- be travelling for a maximum of:

365 days, if *you* have valid *government health insurance plan* coverage for the entire duration of *your trip*; This insurance is subject to a maximum of \$20,000 if *you* do not have valid *government health insurance plan* coverage at the time of claim.

**(Note: Check with your government health insurance plan office for regulations regarding extending your coverage when leaving your province or territory for a specific length of time. All government health insurance plans have different maximum coverage limits on the number of days allowed outside of the province or territory before coverage will cease.)**

#### **How do *you* become insured?**

*You* become insured and this policy becomes an insurance contract:

- when *you* are named on *your* completed *insurance application/confirmation of coverage*; and
- upon payment of the required premium on or before *your effective date*.

#### **When does *your* insurance start and end?**

Insurance starts on *your effective date*.

Insurance ends on the earliest of:

- a) the date of the cause of cancellation if *your trip* is cancelled before *your* date of departure from *your departure point*;
- b) the date *you* return to *your* province, territory or country of residence;
- c) midnight of *your return date*;
- d) midnight of *your expiry date*;
- e) 365 days after *your* date of departure from *your departure point*, and *your government health insurance plan* covers *you* for the full duration of *your trip*.

#### **When does *your* coverage automatically extend?**

- 1 If *you* cannot complete *your trip* by *your return date* because of the delay of a common carrier in which *you* are scheduled to travel, *your* coverage will automatically extend for the delay period to a maximum of 72 hours.
- 2 If *you* or *your travelling companion* are hospitalized on *your return date* or *expiry date*, *your* coverage will automatically extend for the period of hospitalization and up to an additional 5 days after discharge (not available for Cancellation & Interruption).
- 3 If *you* or *your travelling companion* are delayed beyond *your return date* because of a *medical condition* and are medically unable to travel, but are not hospitalized, *your* coverage will automatically extend for the delay period to a maximum of 5 days after *your return date* (not available for Cancellation & Interruption).
- 4 Regardless of the automatic extensions above, coverage will not continue beyond 365 days from *your* latest date of departure from *your departure point*.

#### **What if *you* decide to extend *your trip*?**

If *you* decide to extend *your trip*, any extension of *your* coverage is subject to the following conditions:

- 1 a) If *you* have not had a *medical condition* under *your* existing coverage under any of *our* insurance, *you* must request the extension by contacting *your* Canadian representative before *your return date*.
- b) If *you* have had a *medical condition* under *your* existing coverage under any of *our* insurance, *you* must request the extension by contacting Assured Assistance Inc. before *your return date*, and the extension is subject to the approval of Assured Assistance Inc.
- 2 *You* must pay the required additional premium before *your* original *return date*.
- 3 If the insurance for which *you* require the extension is not available for the duration that includes the total number of days of *your trip* and any optional extension(s), *your* coverage cannot be extended. Instead, *you* may be able to purchase a new policy under the coverage:
  - a) for which *you* are eligible; and
  - b) that is available for the duration that includes the period beginning with *your effective date* and ending at *your new return date*.

The terms, conditions and exclusions of the extension policy apply to *you* during the extension period.

### When can *your* premium be refunded?

- 1 All requests for premium refunds must be submitted to the Canadian representative from whom *you* purchased the insurance.
- 2 No refund of premium will be made in the event that a claim has been paid, incurred or reported or if *you* have already departed on *your trip*.
- 3 The premium *you* paid can be refunded only if *your trip* is cancelled before *you* depart on *your trip* and:
  - the supplier (tour operator, airline, etc.) cancels *your trip* and all penalties are waived; or
  - the supplier (tour operator, airline, etc.) changes the travel dates and *you* are unable to travel on these dates and all penalties are waived; or
  - *you* cancel *your trip* before any cancellation penalties are in effect.

### Terrorism Coverage

Where an *act of terrorism* directly or indirectly causes a loss that would otherwise be payable under one of the covered risks in accordance with the terms and conditions of the policy, this insurance will provide coverage as follows:

- a) *Terrorism* Coverage is not available under Flight and Travel Accident Insurance.
- b) We will, for Cancellation & Interruption claims, except in the case of *catastrophic event*, reimburse *you* up to a maximum of 100% of *your* eligible loss.
- c) We will, for Cancellation & Interruption claims resulting in a *catastrophic event*, and subject to the limits described in paragraph f), reimburse *you* up to a maximum of 50% of *your* eligible loss.
- d) For all other classes of insurance, we will reimburse *you* up to a maximum of 100% of *your* eligible loss.
- e) The benefits payable in accordance with paragraphs b), c) and d) are in excess to all other potential sources of recovery, including but not limited to, alternative or replacement travel options offered by airlines, tour operators, cruiselines and other travel suppliers and other insurance coverage (even where such other coverage is described as excess) and will only respond after *you* have exhausted all such other sources.
- f) The benefits payable in accordance with paragraph c) shall be paid out of a fund and, where total claims exceed fund limits, eligible claims shall be reduced on a pro rata basis so that the maximum payment out of the fund for all policyholders shall be CDN\$5,000,000 per *act of terrorism* or series of *acts of terrorism* occurring within a 72 hour period. The total maximum payment out of the fund for all policyholders shall be CDN\$10,000,000 per calendar year regardless of the number of *acts of terrorism*. If, in *our* judgment, the total of all payable claims for all policyholders under one or more *acts of terrorism* may exceed the applicable fund maximum limits, *your* prorated claim will be paid after the end of the calendar year.

### Emergency Medical Insurance

#### What must *you* do in a medical *emergency*?

*You* must contact Assured Assistance Inc. before seeking *emergency treatment*. In addition, all surgery and heart procedures, including heart catheterization, must be approved in advance by the medical advisors of Assured Assistance Inc. When *you* contact Assured Assistance Inc., they will refer *you* or may transfer *you*, when medically appropriate, to one of the accredited medical service providers within the *network*. Assured Assistance Inc. will also request for the medical service provider within the *network* to bill the medical expenses covered under this insurance directly to *us* instead of to *you*. Failure to call may result in reduced benefits.

#### Emergency Contact Numbers:

- 1-800-387-2487 (toll-free call from USA or Canada)
- 905-816-2561 (collect call from anywhere through a local operator)
- 1-888-298-6340 (toll-free fax from the USA or Canada)
- 905-813-4719 (fax)

#### What coverage limitations apply?

- 1 If *you* do not contact Assured Assistance Inc. at the time of *your* medical *emergency* or *you* choose to receive treatment from a medical service provider outside the *network*, *you* will be responsible for 30% of *your* medical expenses covered under this insurance and in excess of *your* medical expenses paid by *your government health insurance plan*. If *your medical condition* prevents *you* from calling Assured Assistance Inc. before seeking *emergency treatment*, *you* must call Assured Assistance Inc. as soon as medically possible. As an alternative, someone else (*family* member, friend, *hospital* or *physician's* office staff, etc.) may call on *your* behalf.
- 2 This insurance does not cover expenses incurred within *your* home province or territory of residence.
- 3 **This insurance is subject to a maximum of \$20,000 if *you* do not have valid *government health insurance plan* coverage at the time of claim.**

#### What risks are insured?

This insurance covers the reasonable and customary medical expenses *you* actually incur once *you* have left *your departure point* for necessary medical care or surgery, as part of the *emergency treatment* arising from a *medical condition*. This insurance only covers expenses in excess of those covered under *your government health insurance plan* and by any other insurance or benefit plan under which *you* are covered.

#### What are the benefits?

##### 1 **Emergency medical expenses up to \$1,000,000**

This insurance covers medical expenses related to the following when required as part of the *emergency treatment* and ordered by a licensed *physician* during *your trip*:

- a) *emergency treatment*, other than dental treatment;
- b) the services of a licensed private duty nurse while *you* are hospitalized;
- c) the lesser of the rental or purchase of a *hospital*-type bed, a wheelchair, brace, crutches and other medical appliances;
- d) diagnostic testing, when pre-authorized by Assured Assistance Inc.; and
- e) *prescription drugs*.

##### 2 **Hospital allowance**

This insurance covers *your* reimbursement up to \$50 per day to a maximum of \$500 for *your* incidental *hospital* expenses (telephone calls, television rental), while *you* are hospitalized for at least 48 hours.

##### 3 **Other emergency services**

This insurance covers expenses for *emergency treatment* by a licensed physiotherapist, chiropractor, chiropodist, podiatrist or osteopath, to a maximum of \$300 per profession.

#### 4 Ground ambulance

This insurance covers *you* for local ground ambulance service to a *hospital, physician* or medical service provider in an *emergency*. We will pay for local taxi fare in lieu of local ground ambulance service, where an ambulance is medically required but not available.

#### 5 Repatriation of *your* remains

If, during *your trip*, *you* die from a *medical condition* covered under this insurance, the insurance covers:

- a) the transportation of *your* remains in the common carrier's standard transportation container to *your* province or territory of residence, and up to \$3,000 for the preparation of *your* remains and for the cost of the common carrier's standard transportation container; or
- b) the transportation of *your* remains to *your* province or territory of residence and up to \$2,000 for the cremation of *your* remains at the location where *your* death occurred; or
- c) up to \$3,000 for the preparation of *your* remains and the cost of a standard burial container and up to \$2,000 for the burial of *your* remains at the location where *your* death occurred.
- d) If someone is legally required to identify *your* remains, this insurance covers the cost of a return economy air fare on a commercial flight via the most cost effective route and up to \$500 for commercial accommodations and meals for that person. That person is covered under the terms of *your* insurance during the period in which he/she is required to identify *your* remains, but for no longer than 3 business days.

#### 6 Emergency Medical Evacuation/Return to *your* province or territory of residence

If the *physician* treating *you* recommends to *us* in writing that *you* return to *your* province or territory of residence because of *your medical condition* in order to receive *emergency* medical attention, or if the medical advisors of Assured Assistance Inc. determine that *you* are able to and recommend that *you* return to *your* province or territory of residence following *your emergency treatment*, this insurance covers *you* for one or more of the following, when pre-authorized and arranged by Assured Assistance Inc., when medically essential:

- the extra cost of a one-way economy air fare on a commercial flight via the most cost effective route to *your* province or territory of residence to receive immediate *emergency* medical attention; or
- the cost of a stretcher fare on a commercial flight via the most cost effective route to *your* province or territory of residence, if a stretcher is medically necessary; or
- when medically necessary or required by the airline the cost of an upgraded airline seat on a commercial flight via the most cost effective route and the usual fees and expenses for a qualified medical attendant to accompany *you*, when the attendant is medically necessary; or
- the cost of air ambulance transportation if it is medically essential.

#### 7 Return to *your trip* destination

##### a) This benefit is subject to the pre-authorization of Assured Assistance Inc.

- b) This insurance covers *you* for a one-way economy air fare on a commercial flight via the most cost effective route to *your* scheduled *trip* destination after *you* are returned to *your* province or territory of residence to receive immediate medical attention, provided *your* attending *physician* determines that *you* require no further medical attention for *your medical condition*. *Your trip* to return to *your* scheduled *trip* destination, must occur during *your period of insurance* originally provided by this benefit.
- c) This benefit can only be used once during *your trip*.
- d) Once *you* return to *your trip* destination, a recurrence of the initial *medical condition* or related condition will not be covered under this policy.
- e) When this benefit is provided to *you*, *your effective date* under this policy becomes the day *you* leave *your* province or territory of residence to return to *your trip* destination.

#### 8 Subsistence allowance

##### a) This benefit is subject to the pre-authorization of Assured Assistance Inc.

- b) This insurance covers *your* reimbursement up to \$125 per day to a maximum of \$500 for *your* commercial accommodations and meals, essential telephone calls, internet usage fees and taxi fares (or rental car in lieu of taxi fares), if, upon *physician's* advice:
  - *you*, or *your travelling companion*, are relocated to receive medical attention, for an *emergency medical condition* covered under this insurance; or
  - *you* are delayed beyond *your return date* in order to receive *emergency treatment* or because *your travelling companion* requires *emergency treatment*, for an *emergency medical condition* covered under this insurance.

#### 9 Bedside companion's travel to *your* bedside

##### a) This benefit is subject to the pre-authorization of Assured Assistance Inc.

- b) If *you* are travelling alone and are to be hospitalized (for more than 24 hours) during *your trip*, then in the event a *bedside companion* is required, this insurance covers:
  - the cost of a return economy air fare on a commercial flight via the most cost effective route;
  - up to \$500 for commercial accommodations and meals for the *bedside companion*; and
  - *your bedside companion* is insured under the terms of *your* insurance during the period in which this person is required as *your bedside companion*.
- c) If *you* are over age 20 and physically or mentally handicapped, or under age 21 and dependant on *your bedside companion* for support, this insurance provides this benefit to *you* as soon as *you* are admitted to a *hospital*.

#### 10 Emergency dental treatment

This insurance covers the following dental expenses when required as *emergency treatment* and ordered by or received from a licensed dentist:

- if *you* need dental treatment to repair or replace *your* natural or permanently attached artificial teeth because of an accidental blow to *your* face, *you* are covered for the *emergency* dental expenses *you* incur during *your trip* and *you* are also covered up to a maximum of \$1,500 to continue necessary treatment after *your* return to Canada. However, this treatment must be completed within 180 days after the accident.
- if *you* need other *emergency* dental treatment, *you* are covered for the *emergency* dental expenses *you* incur during *your trip*, up to a maximum of \$300, and the complete cost of *prescription drugs*.

#### 11 Return of *travelling companion*

##### a) This benefit is subject to the pre-authorization of Assured Assistance Inc.

- b) If *you* are travelling with a *travelling companion*, this insurance covers one *travelling companion* for the extra cost of a one-way economy air fare on a commercial flight via the most cost effective route to *your* province or territory of residence, if *you* must return to Canada to receive immediate medical attention because of a *medical condition* covered under this insurance.

#### 12 Return of *your* excess baggage

##### a) This benefit is subject to the pre-authorization of Assured Assistance Inc.

- b) If *you* return to *your* province or territory of residence by air ambulance (pre-authorized by Assured Assistance Inc.) because of *your* *emergency medical condition*, this insurance covers the cost to return *your* excess baggage up to a maximum of \$500.

### 13 Replacement cost of *prescription drugs*

If *your* *prescription drugs* are lost, stolen or damaged during *your* *trip*, this insurance covers the replacement cost up to a maximum of \$50.

### What is not covered?

#### I - Exclusion Related To *Your* Pre-Existing *Medical Condition*

In addition to the exclusions outlined below under "II - General Exclusions," the following exclusion applies to *you*. This insurance does not pay for any expenses incurred directly or indirectly as a result of:

- 1 *Your* *medical condition* or related condition (whether or not the diagnosis has been determined), if at any time in the 90 days before *you* depart on *your* *trip*, *your* *medical condition* or related condition has not been *stable*.
- 2 *Your* heart condition (whether or not the diagnosis has been determined), if at any time in the 90 days before *you* depart on *your* *trip*:
  - a) any heart condition has not been *stable*; or
  - b) *you* have taken nitroglycerin more than once per week specifically for the relief of angina pain.
- 3 *Your* lung condition (whether or not the diagnosis has been determined), if at any time in the 90 days before *you* depart on *your* *trip*:
  - a) any lung condition has not been *stable*; or
  - b) *you* have been treated with or prescribed home oxygen (on a regular basis or on an as needed basis) or treated with or prescribed oral steroids (prednisone or prednisolone) for any lung condition.

#### II - General Exclusions

In addition to the exclusions outlined above under "I - Exclusion Related To *Your* Pre-Existing *Medical Condition*," this insurance does not cover any loss, claim or expense of any kind caused directly or indirectly by:

- 1 The continued treatment, recurrence or complication of a *medical condition* or related condition, following *emergency treatment* of that condition during *your* *trip*, if the medical advisors of Assured Assistance Inc. or RBC Insurance Company of Canada determine that *you* were medically able to return to *your* home country and *you* chose not to return.
- 2 The treatment of any heart or lung condition, following *emergency treatment* for a related or unrelated heart or lung condition during *your* *trip*, if the medical advisors of Assured Assistance Inc. or RBC Insurance Company of Canada determine that *you* were medically able to return to *your* home country and *you* chose not to return.
- 3 *Your* intentional self-inflicted injury, suicide or attempt to commit suicide (whether sane or insane).
- 4 *Your* commission of a criminal act or *your* direct or indirect attempt to commit a criminal act.
- 5 Any *medical condition* arising from, or in any way related to, *your* chronic use of alcohol or drugs whether prior to or during *your* *trip*.
- 6 Any *medical condition* arising from, or in any way related to, the abuse of alcohol during *your* *trip*.
- 7 Any *medical condition* arising from, or in any way related to, the voluntary use, during *your* *trip*, of illegal drugs or prescription drugs not prescribed to *you*.
- 8 *Your* abuse of medication or deliberate non-compliance with prescribed medical therapy or treatment whether prior to or during *your* *trip*.
- 9 *Your* *mental* or *emotional disorders*.
- 10 Any treatment that is not *emergency treatment*; and/or any *medical condition* arising from or in any way related to treatment that is not *emergency treatment*.
- 11 *Your* participation as a *professional* athlete in a sporting event including training or practice for the same.
- 12 *Your* participation in rock climbing, *mountain climbing*, mountaineering, aviation, hang gliding, skydiving, parachuting, bungee jumping, and spelunking.
- 13 *Your* participation in a motorized race or motorized speed contest including training or practice for the same.
- 14 Any *medical condition*, complication, emergency treatment, or expense incurred during *your* *trip*, if *you* undertake *your* *trip* with the prior knowledge that *you* will require or seek treatment, surgery, investigations, palliative care or alternative therapy of any kind.
- 15 A *medical condition* for which future investigation or treatment (except routine monitoring) is planned before *your* *effective date*.
- 16 A *medical condition* for which it was reasonable to expect treatment or hospitalization during *your* *trip*.
- 17 a) Routine pre-natal care, or  
b) a child born during *your* *trip*, or  
c) in the 9 weeks before or after the expected date of delivery, complications of pregnancy and/or childbirth.
- 18 Symptoms which would have caused an ordinarily prudent person to seek treatment or medication in the 90 days before *your* *effective date*.
- 19 Treatment or surgery for a specific condition, or a related condition, which had caused *your* *physician* to advise *you* not to travel
- 20 Any expenses incurred, if the reason for *your* *emergency* is associated in any way with a written formal travel warning issued before *your* *effective date*, by the Department of Foreign Affairs and International Trade of the Canadian government, advising Canadians not to travel to that country, region or city during the time of *your* insured *trip*.
- 21 Any portion of the benefits that require prior authorization and arrangement by Assured Assistance Inc. if such benefits were not pre-authorized and arranged by Assured Assistance Inc.
- 22 Any *medical condition*, if the medical advisors of Assured Assistance Inc. recommend that *you* return to *your* country of residence following *your* *emergency treatment*, and *you* chose not to return.
- 23 War (declared or not), act of foreign enemies or rebellion.
- 24 Ionising radiation or radioactive *contamination* from any nuclear fuel or waste which results from the burning of nuclear fuels; or, the radioactive, toxic, explosive or other dangerous properties of nuclear machinery or any part of it.
- 25 Any *medical condition* which first appeared, was diagnosed or received *emergency medical treatment* prior to the effective date of the insurance extension if the extension was purchased after the contracted date of departure.
- 26 Any expenses resulting from orbital space flights, sub-orbital space flights and space tourism.

### What conditions apply?

- 1 By paying the premium for this insurance, *you* agree that *we* and Assured Assistance Inc. have:
  - a) *your* consent to verify *your* health card number and other information required to process *your* claim, with the relevant government and other authorities;
  - b) *your* authorization to *physicians*, *hospitals* and other medical providers to provide to *us* and Assured Assistance Inc. any and all information they have regarding *you*, while under observation or treatment, including *your* medical history, diagnoses and test results; and



- c) *your* agreement to the disclosure of the information available under a) and b) above to other sources, as may be required for the processing of *your* claim for benefits obtainable from other sources.
- 2 In the event that *you* are found to be ineligible for coverage, or that a claim is found to be invalid, or benefits are reduced in accordance with any policy exclusion or term or condition, *we* have the right to collect from *you* any amount which *we* have paid on *your* behalf to medical providers or other parties.
- 3 This insurance is subject to the “*Terrorism Coverage*”, “*General Conditions*” and “*How Do You Submit a Claim?*” sections outlined in this policy.

### **Cancellation & Interruption Insurance**

#### **What coverage limitations apply?**

When a cause of cancellation (the event that triggers one of the 28 risks insured) occurs before the date of departure from *your departure point*, *you must*:

- a) cancel *your trip* with the travel agent, airline, tour company or the carrier immediately, but no later than the business day following the cause of cancellation; and
- b) advise *us* at the same time.

*Our* maximum liability is the amounts or portions indicated in *your trip* contract that are non-refundable at the time of the cause of cancellation or on the next business day.

#### **When does Coverage apply?**

##### **Trip Cancellation - Before Departure:**

- when an insured risk causes *you* to cancel *your trip* before leaving *your departure point*.  
(coverage is not applicable if the sum insured prior to departure under your Package is \$0.)

##### **Trip Interruption - After Departure:**

- when an insured risk occurs during *your trip* which causes the delay of *your* departure from *your departure point*; or when an insured risk occurs during *your trip* which causes an early return back to *your departure point*.

##### **Delayed Return - After Departure:**

- when an insured risk occurs during *your trip*, and results in *you* being delayed, beyond *your* scheduled *return date*, from returning to *your departure point*.

To determine the benefit(s) available to *you*:

- a) identify the risk *you* have incurred under “What are *you* covered for?” in the following chart;
- b) determine when the risk occurs under “What are *you* eligible for?” in the following chart;
- c) find the letter corresponding to the benefit in the right-hand column of the following chart; and
- d) match *your* benefit under “What are the benefits?”

What are <i>you</i> covered for?		What are <i>you</i> eligible for?		
		Trip Cancellation +	Trip Interruption	Delayed Returned
<b>Medical Condition</b>		<b>BENEFIT(S)</b>		
1	<i>Your emergency medical condition.</i>	A	C, D & H, or C, E & H, or C, F and H	E, & H
2	The admission to a <i>hospital</i> following an <i>emergency</i> of a member of <i>your immediate family</i> (who is not at <i>your</i> destination).	A	C, E & H	not applicable
3	The <i>emergency medical condition</i> of a member of <i>your immediate family</i> (who is not at <i>your</i> destination).	A	C, E & H	not applicable
4	The admission to a <i>hospital</i> of <i>your</i> host at destination, following an <i>emergency medical condition</i> .	A	C, E & H	not applicable
5	The <i>emergency medical condition</i> of <i>your travelling companion</i> .	A or B	C, D & H, or C, E & H, or C, F and H	E, & H
6	The <i>emergency medical condition</i> of <i>your travelling companion's immediate family</i> member.	A or B	C, E & H	not applicable
7	The <i>emergency medical condition</i> of <i>your immediate family</i> member who is at <i>your</i> destination.	A	C, E & H	E, & H
<b>Death</b>				
8	<i>Your</i> death.	A	C & J, or C & K, or C & L	J, or K, or L
9	The death of <i>your immediate family</i> member or friend (who is not at <i>your</i> destination).	A	C, E & H	not applicable
10	The death of <i>your travelling companion</i> .	A or B	C, E & H	E & H
11	The death of <i>your travelling companion's immediate family</i> member.	A or B	C, E & H	not applicable
12	The death of <i>your host at destination</i> , following an <i>emergency medical condition</i> .	A	C, E & H	not applicable
13	The death of <i>your immediate family</i> member or friend, who is at <i>your</i> destination.	A	C, E & H	E, & H

Government advisories and visas				
14	A formal travel advisory issued by the Department of Foreign Affairs and International Trade of the Canadian government after the purchase of <i>your</i> insurance, advising Canadians not to travel to a country, region or city originally ticketed for a period that includes <i>your trip</i> .	A	C, E & H, or C, F and H	not applicable
15	The non-issuance of <i>your</i> travel visa (not an immigration or employment visa) or the rejection of <i>your</i> travel visa application (not an immigration or employment visa) for reasons beyond <i>your</i> control.	A	not applicable	not applicable
16	The non-issuance of <i>your</i> travelling companion's travel visa (not an immigration or employment visa) or the rejection of <i>your travelling companion's</i> travel visa application (not an immigration or employment visa) for reasons beyond <i>your travelling companion's</i> control.	A or B	not applicable	not applicable
Delays and schedule change				
17	Delay of a private automobile resulting from the mechanical failure of that automobile, weather conditions, earthquakes, volcanic eruptions, a traffic accident, or an emergency police-directed road closure, causing <i>you</i> to miss a connection or resulting in the interruption of <i>your</i> travel arrangements, provided the automobile was scheduled to arrive at the point of departure at least 2 hours before the scheduled time of departure.	not applicable	C, F & H	E, & H
18	Delay of <i>your</i> connecting carrier ( <i>passenger plane</i> , ferry, cruise ship, bus, limousine, taxi or train), resulting from the mechanical failure of that carrier, a traffic accident, an emergency police-directed road closure, weather conditions, earthquakes or volcanic eruptions, <i>unannounced strike</i> , loss or theft of <i>your</i> passports, travel documents, or money, causing <i>you</i> to miss a connection or resulting in the interruption of <i>your</i> travel arrangements.	not applicable	C, F & I	E, & H
19	<i>Your</i> missed connection caused by the <i>schedule change</i> of the airline carrier that is providing transportation for a portion of <i>your</i> travels.	G, & H	G, & H	G, & H
Other risks				
20	An event completely independent of any intentional or negligent act that renders <i>your</i> principal residence uninhabitable the business that <i>you</i> own inoperative.	A	C, E & H	not applicable
21	An event completely independent of any intentional or negligent act that renders <i>your travelling companion's</i> principal residence uninhabitable or the business that he/she owns inoperative.	A or B	C, E & H	not applicable
22	The quarantine or hijacking of <i>you</i> or <i>your travelling companion</i> .	A or B	C, E & H	E, & H
23	<i>Your</i> being a) called for jury duty; b) subpoenaed as a witness; or c) required to appear as a party in a judicial proceeding, during <i>your trip</i> .	A	C, E & H	not applicable
24	<i>Your travelling companion</i> being a) called for jury duty; b) subpoenaed as a witness; or c) required to appear as a party in a judicial proceeding, during <i>your trip</i> .	A or B	C, E & H	not applicable
25	<i>You</i> are medically unable to be immunized or take preventative medication, which is unexpectedly and suddenly required by the government for entry into that country, region or city that is originally part of <i>your trip</i> provided that this requirement became effective after the purchase of <i>your</i> travel arrangements and insurance. The reason <i>you</i> are unable to be immunized or take preventative medication, must be due to <i>your medical condition</i> .	A	C, E, & H	not applicable
26	<i>You</i> being required to attend a University or College examination, during <i>your trip</i> , when the examination date is set after <i>your</i> travel arrangements are booked and after the purchase of <i>your</i> insurance	A	not applicable	not applicable
27	<i>Your</i> failure of an examination, which requires <i>you</i> to re-sit the examination during <i>your trip</i> .	A	not applicable	not applicable
28	The re-scheduling of university or college classes to a date that occurs during <i>your trip</i> due to unusual circumstances beyond <i>your</i> control and the control of the university or college provided that both the unusual circumstances and the resulting rescheduling occurred after <i>your</i> travel arrangements are booked and after the purchase of <i>your</i> insurance.	A	not applicable	not applicable

+The shaded section does not apply to *you* if the sum insured for *Trip Cancellation-Before Departure* is \$0.

## What are the benefits?

### Trip Cancellation-Before Departure:

**Prepaid travel arrangements/Trip Cancellation** - Reimbursement to *you* of the expenses *you* actually incur as a result of one of the insured risks up to the sum insured purchased for *Trip Cancellation-Before Departure* to cover *your trip*:

- A The non-refundable portion of *your* prepaid travel arrangements.
- B The extra cost of the next occupancy charge, if *you* choose to travel as originally planned.

Note: Benefit A and B are not applicable if the sum insured for *Trip Cancellation-Before Departure* is \$0.

### Trip Interruption- After Departure:

**Unused Portion of Pre-paid travel arrangements/Trip Interruption** - Reimbursement to *you* of the expenses *you* actually incur as a result of one of the insured risks.

- C The non-refundable unused portion of *your* prepaid travel arrangements, excluding the cost of prepaid unused transportation back to *your departure point*.

**Transportation** - Reimbursement to *you* of the expenses *you* actually incur as a result of one of the insured risks up to the sum insured (*Trip Interruption-After Departure*) for the extra cost of:

- D *Your* economy class transportation up to a maximum of \$5,000 via the most cost effective route to rejoin a tour or group.
- E *Your* economy class transportation up to a maximum of \$5,000 via the most cost effective route to *your departure point*.
- F *Your* economy class one-way air fare up to a maximum of \$5,000 via the most cost effective route to *your* next destination (inbound and outbound).

**Missed connection benefit** - Reimbursement to *you* up to the sum insured for the lesser of the following, toward the expenses *you* actually incur as a result of risk insured #19 (*schedule change*)

- G • The change fee charged by the airline carrier(s) involved, when such an option is available to *you*; or
- up to \$1,000 for the extra cost of *your* one-way economy air fare via the most cost effective route to *your* next destination (inbound and outbound).

**Subsistence allowance** - Reimbursement to *you* of the expenses *you* actually incur as a result of one of the insured risks:

- H *your* commercial accommodations and meals, essential telephone calls internet usage fees and taxi fares (or rental car in lieu of taxi fares), up to a daily maximum of:
  - \$125, to a maximum total of \$500.
- I *your* overnight commercial accommodations (if delayed for 6 hours or more and delay occurs overnight) and meals, essential telephone calls, internet usage fees, taxi fares (or rental car in lieu of taxi fares), up to a daily maximum of:
  - \$125, to a maximum total of \$500.

Note: This benefit can only be claimed if no other compensation was provided or offered by the delayed connecting carrier.

**Repatriation of *your* remains** - Reimbursement of *your* expenses actually incurred as a result of one of the insured risks:

- J The transportation of *your* remains in the common carrier's standard transportation container to *your* province or territory of residence, and up to \$3,000 for the preparation of *your* remains and for the cost of the common carrier's standard transportation container.
- K The transportation of *your* remains to *your* province or territory of residence and up to \$2,000 for the cremation of *your* remains at the location where *your* death occurred.
- L Up to \$3,000 for the preparation of *your* remains and the cost of a standard burial container and up to \$2,000 for the burial of *your* remains at the location where *your* death occurred.

### What is not covered?

- 1 This insurance does not cover any loss, claim or expense of any kind caused directly or indirectly by:
  - a) Any anticipated event, occurrence, circumstance, or *medical condition*, which *you* were aware of on or before *your effective date*, and which *you* knew might be cause for cancellation, interruption or delay of *your trip*.
  - b) A *trip* undertaken to visit or attend an ailing person, when the *medical condition* or death of that person is the cause of the claim.
  - c) Pre-paid travel arrangements for which an insurance premium was not paid.
  - d) *Your* intentional self-inflicted injury, *your* suicide or *your* attempt to commit suicide (whether sane or insane).
  - e) *Your* commission of a criminal act or *your* direct or indirect attempt to commit a criminal act.
  - f) *Your mental or emotional disorders*.
  - g) Any *medical condition* arising from, or in any way related to, *your* chronic use of alcohol or drugs whether prior to or during *your trip*.
  - h) Any *medical condition* arising from, or in any way related to, the abuse of alcohol during *your trip*.
  - i) Any *medical condition* arising from, or in any way related to, the voluntary use, during *your trip*, of illegal drugs or prescription drugs not prescribed to *you*.
  - j) *Your* abuse of medication or deliberate non-compliance with prescribed medical therapy or treatment whether prior to or during *your trip*.
  - k) Routine pre-natal care, or a child born during *your period of insurance*, or in the 9 weeks before or after the expected date of delivery, complications of pregnancy and/or childbirth.
  - l) Any expense incurred if the purpose of *your trip* is to obtain or seek treatment, surgery, investigations, palliative care or alternative therapy of any kind.
  - m) War (declared or not), act of foreign enemies or rebellion.
  - n) The non-issuance of a travel visa due to late visa application.
  - o) *Your* refused entry at customs, border crossing, or security checkpoint for any reason
  - p) The schedule change of a medical test or surgery that was originally scheduled before *your period of insurance*.
  - q) *Your* participation in rock climbing, *mountain climbing*, mountaineering, aviation, hang gliding, skydiving, parachuting, bungee jumping, and spelunking.
  - r) Ionising radiation or radioactive *contamination* from any nuclear fuel or waste which results from the burning of nuclear fuels; or, the radioactive, toxic, explosive or other dangerous properties of nuclear machinery or any part of it.
  - s) Any expenses resulting from orbital space flights, sub-orbital space flights and space tourism.

### 2 Pre-Existing Medical Condition Exclusions:

When reading the Pre-existing Medical Condition exclusions, please review the definition of *stable*.

This exclusion applies to *you*, *your spouse*, *your children* whether or not they are travelling with *you*. It also applies to *your* parents and *your* siblings who live in the same home, whether or not they are travelling with *you*.

We will not pay for any expenses incurred directly or indirectly as a result of:

- i) *Your/their medical condition* or related condition (whether or not the diagnosis has been determined), if at any time in the 90 days before *your effective date*, the *medical condition* or related condition has not been *stable*.
- ii) Any heart condition (whether or not the diagnosis has been determined), if at any time in the 90 days before *your effective date*:
  - a) *Your/their* heart condition has not been *stable*; or
  - b) *You/they* have taken nitroglycerin more than once per week specifically for the relief of angina pain.
- iii) Any lung condition (whether or not the diagnosis has been determined), if at any time in the 90 days before *your effective date*:
  - a) *Your/their* lung condition has not been *stable*; or
  - b) *You/they* have been treated with or prescribed home oxygen (on a regular or on an as needed basis) or treated with or prescribed oral steroids (prednisone or prednisolone) for any lung condition.

### What conditions apply?

- 1 If before *your* date of departure *you* are prescribed any *change in medication* or treatment that would make *your medical condition* not *stable* and therefore ineligible for coverage under *our emergency* medical coverages, *you* may apply for *our* special consideration of *your* particular medical circumstance through *your* Canadian representative.

Note: *Your medical condition* must have been *stable* within the 90 days prior to the date *your* insurance premium is paid in order to apply for special consideration.

To apply, *you* must provide *us* with:

- copies of the clinical notes from *your* treating *physician*, for the period starting 90 days prior to *your effective date*, to the date of *your* request

- for consideration; *You* are responsible for any fees charged by *your physician* for copies of clinical notes;
  - complete itinerary for *your trip*, including prepaid amounts, insured amounts, and cancellation penalties.
- Once this information is received, *we* will, at *our* discretion, either:
- review *your* claim under *our* Cancellation & Interruption insurance; or
  - waive the exclusion that would make *you* ineligible for benefits under *our emergency* medical insurance, for the *medical condition* or related condition for which the *change in medication* or treatment that would make *your medical condition* not *stable* was prescribed to *you*.
- 2 It is a condition of any transportation and subsistence allowance benefit under this policy that travel must be undertaken on the earliest of:
    - a) the date when *your* travel is medically possible; and
    - b) within 10 days following *your* originally scheduled *return date* if *your* delay is not the result of hospitalization; or
    - c) within 30 days following *your* originally scheduled *return date* if *your* delay is the result of hospitalization, when the benefit is payable because of a *medical condition* covered under one of the insured risks.
  - 3 In the event that *you* are found to be ineligible for coverage, or that a claim is found to be invalid, or benefits are reduced in accordance with any policy exclusion or term or condition, *we* have the right to collect from *you* any amount which *we* have paid on *your* behalf to medical providers or other parties.
  - 4 This insurance is subject to the “*Terrorism Coverage*”, “*General Conditions*” and “*How Do You Submit a Claim?*” sections outlined in this policy.
  - 5 It is a condition of risk insured #18 that any amount payable under Benefit F will be reduced by any amount recoverable from another source (including but not limited to alternatives or replacement travel options offered by airlines, tour operators, cruise lines and other carriers) for the same cause.

### Flight and Travel Accident Insurance

#### What risks are insured?

*Your accidental bodily injuries*, resulting in *your dismemberment*, *loss of sight*, death or complete and irrecoverable loss of speech or hearing within 365 days from the date of the accident that occurs during *your trip*.

#### What are the benefits?

*We* will pay the greater of these benefits for all losses resulting from an accident:

- 1 100% of the principal sum for death, double *dismemberment* or *loss of sight* of both eyes; or
- 2 100% of the principal sum for complete and irrecoverable loss of speech or hearing; or
- 3 50% of the principal sum for single *dismemberment* or *loss of sight* of one eye.

#### What is not covered?

Exclusions 1 to 15 apply to Flight Accident
Exclusions 1 to 18 apply to Travel Accident

This insurance does not cover any loss, claim or expense of any kind caused directly or indirectly from:

- 1 War (declared or not), act of foreign enemies or rebellion.
- 2 *Your* intentional self-inflicted injury, suicide or attempt to commit suicide (whether sane or insane).
- 3 The commission of a criminal act or direct or indirect attempt to commit a criminal act by *you* or *your* beneficiary.
- 4 Participation in any military manoeuvre or training exercise.
- 5 Disease, even if the cause of its activation or reactivation is an accident.
- 6 Piloting, learning to pilot or acting as a member of a crew of an aircraft.
- 7 *Contamination* due to any *act of terrorism*.
- 8 Ionising radiation or radioactive *contamination* from any nuclear fuel or waste which results from the burning of nuclear fuels; or, the radioactive, toxic, explosive or other dangerous properties of nuclear machinery or any part of it.
- 9 *Terrorism*.
- 10 Any *accidental bodily injury* incurred if the purpose of *your trip* is to obtain or seek treatment, surgery, investigations, palliative care or alternative therapy of any kind.
- 11 *Accidental bodily injury* arising from, or in any way related to, *your* chronic use of alcohol or drugs whether prior to or during *your trip*.
- 12 *Accidental bodily injury* arising from, or in any way related to, the abuse of alcohol during *your trip*.
- 13 *Accidental bodily injury* arising from, or in any way related to, the voluntary use, during *your trip*, of illegal drugs or prescription drugs not prescribed to *you*.
- 14 *Accidental bodily injury* arising from, or in any way related to, *your* abuse of medication or deliberate non-compliance with prescribed medical therapy or treatment whether prior to or during *your trip*.
- 15 Any expenses resulting from orbital space flights, sub-orbital space flights and space tourism.
- 16 Participation as a *professional* athlete in a sporting event including training or practice for the same.
- 17 Participation in rock climbing, *mountain climbing*, mountaineering, aviation, hang gliding, skydiving, parachuting, bungee jumping, and spelunking.
- 18 Participation in any kind of motorized race or motorized speed contest including training or practice for the same.

#### What conditions apply?

Conditions 1 to 5 apply to Travel Accident.
Conditions 2 to 9 apply to Flight Accident.

- 1 If after 1 year following the accident covered under this insurance, *your* body has not been found, it will be presumed that *you* died as a result of such injuries occurring at the time of such accident.
- 2 This insurance is subject to the “*Terrorism Coverage*”, “*General Conditions*” and “*How Do You Submit a Claim?*” sections outlined in this policy.
- 3 The maximum sums available are shown in the Summary of Insurance coverage chart contained in this policy.
- 4 Any expense incurred if the purpose of *your trip* is to obtain or seek treatment, surgery, investigations, palliative care or alternative therapy of any kind.

- 5 The total benefits payable for one or more accidents will not exceed the applicable principal sum, as outlined in the Summary of Insurance coverage chart.
- 6 If after 1 year following the forced landing or disappearance of the *passenger plane* on which *you* are riding, *your* body has not been found, it will be presumed that *you* died as a result of the *accidental bodily injuries* that occurred at the time of such forced landing or accident or, in the case of disappearance of such *passenger plane*, that *you* died at the time and place the *passenger plane* was last seen or heard from and as the result of an accident to such *passenger plane*.
- 7 The *accidental bodily injury* must be sustained while *you* are:
  - a passenger on the *trip* shown in the *insurance application/confirmation of coverage* or during a substitute *trip* if the ticket is exchanged;
  - riding as a passenger in a land or water conveyance at the expense of the airline as a substitute for a *passenger plane* on which *you* are covered by this insurance;
  - riding as a passenger in a limousine or bus service provided by the airline or airport authority;
  - at an airport for the purpose of departure or arrival of the flight covered by this insurance;
  - riding as a passenger in a scheduled helicopter shuttle service to and from airports to make a connection with the flight covered by this insurance; or
  - exposed to the elements due to a forced landing or disappearance of a *passenger plane* on which *you* are riding.
- 8 This insurance starts on *your effective date*. It ends either upon completion of the airline *trip* or upon expiration of the transportation ticket or upon surrender of the transportation ticket for refund or credit.
- 9 *Your trip* must take place on a *passenger plane*, between the *departure point* and the destination shown in the *insurance application/confirmation of coverage* and the return to the *departure point* if a round *trip* ticket is obtained before leaving the *departure point*. At the time *you* sustain the *accidental bodily injuries*, *you* must be travelling on a ticket or pass covering the whole airline *trip* issued to *you* for transportation on a *passenger plane* in which this insurance was purchased against. If the ticket is issued to *you* aboard such *passenger plane* after leaving the *departure point* but before reaching the first scheduled stop, it will be deemed to have been issued before leaving the *departure point*.

### **Baggage & Personal Effects Insurance**

#### **What risks are insured?**

This policy covers direct physical loss of, or damage to, the baggage and personal effects *you* own and use during *your trip*.

#### **What are the benefits?**

- 1 **Loss of or Damage to Baggage & Personal Effects**  
Reimbursement of *your* losses up to the sum insured of \$800, subject to a maximum of \$400 for any one item or set of items (items which are purchased for use together, and commonly used together).
- 2 **Replacement of Travel Documents**  
Reimbursement of up to \$200 in total, towards the replacement expenses of one or more of the following documents: passport, driver's licence, birth certificate, travel tickets\*, or travel visa, in the event any one of these is lost or stolen.\* does not include the actual cost of the new ticket (if applicable)
- 3 **Delay of Baggage & Personal Effects**  
Reimbursement up to \$200 maximum for necessary toiletries and clothing when *your* checked baggage is delayed by the carrier for 12 hours or more while en route and before returning to *your departure point*.
- 4 **Loss of Personal Money**  
Reimbursement up to \$100 maximum, if *your* personal money is lost or stolen. Errors, omission or depreciation in currency value are not covered.

#### **What is not covered?**

This insurance does not cover:

- 1 Animals, perishables, bicycles except while checked as baggage with a common carrier, household effects and furnishings, artificial teeth and limbs, hearing aids, eye glasses, sunglasses, contact lenses, securities and documents, *professional* or occupational items, antiques and collector items, breakage of or damage to brittle or fragile articles, property illegally acquired, kept, stored or transported.
- 2 Any claim arising from loss:
  - a) caused by wear and tear, deterioration, defect or mechanical breakdown;
  - b) caused by *your* imprudent act or omission;
  - c) of articles specifically insured on a valued basis by another insurer while this insurance is in effect;
  - d) directly in consequence of war (declared or not), act of foreign enemies or rebellion;
  - e) caused by theft from an unattended *vehicle* unless the *vehicle* (including the *vehicle's* trunk) was securely locked and there were visible marks indicating that the theft occurred as a result of forcible entry.
- 3 Any loss, claim or expense of any kind caused directly or indirectly from ionising radiation or radioactive *contamination* from any nuclear fuel or waste which results from the burning of nuclear fuels; or, the radioactive, toxic, explosive or other dangerous properties of nuclear machinery or any part of it.
- 4 Any expense incurred if the purpose of *your trip* is to obtain or seek treatment, surgery, investigations, palliative care or alternative therapy of any kind.
- 5 Any expenses resulting from orbital space flights, sub-orbital space flights and space tourism.

#### **What conditions apply?**

- 1 The maximum sums available are shown in the Summary of Insurance coverage chart contained in this policy.
- 2 In the event of theft, burglary, robbery, malicious mischief, disappearance, loss or damage, of an item covered under this insurance, *you* must:
  - a) during *your period of insurance*, immediately notify and obtain corroborating documentary evidence from the police or, if the police are not available, the hotel manager, tour guide or transportation authorities;
  - b) promptly take all reasonable precautions to protect, save and/or recover the property; and
  - c) notify *us* immediately upon *your* return to *your departure point*.
 Failure to comply with this condition will invalidate any claim under this insurance.

- 3 If the insured property is under check of a common carrier and delivery is delayed, this insurance will continue until such property is delivered by the common carrier.
- 4 a) *We* are not liable beyond the actual cash value (original cost less deduction for depreciation), of the property, at the time of loss.  
b) *We* have the option to repair or replace any damaged or lost property with other of similar kind, quality and value and to require submission of the property for appraisal of damage.
- 5 If *you* are insured under other Baggage & Personal Effects insurance issued by *us*, then the maximum sum insured per person or per *family* will not exceed \$2,000 in total for all coverages.
- 6 If an article which is part of a set is lost or damaged, the measure of loss or damage to such article is a reasonable and fair proportion of the total value of the set, but not the total loss of or damage to the set.
- 7 This insurance is subject to the “*Terrorism Coverage*”, “*General Conditions*” and “*How Do You Submit a Claim?*” sections outlined in this policy.

#### General Conditions

- 1 If *you* fail to meet the eligibility conditions as outlined under “*Who is eligible for coverage?*” *your* insurance is void and *our* liability is limited to a refund of the premium paid.
- 2 When making a claim under this insurance, *you* must provide the applicable documents *we* require. Failure to provide the applicable documentation will invalidate *your* claim.
- 3 If *you* are eligible, from any other insurer, for benefits similar to the benefits provided under this insurance, the total benefits paid to *you* by all insurers cannot exceed the actual expense that *you* have incurred. *We* will coordinate the payment of benefits with all insurers from whom *you* are eligible for benefits similar to those provided under this insurance, to a maximum of the largest amount specified by each insurer. This condition is not applicable to benefits payable under Flight & Travel Accident Insurance.
- 4 In the case of out-of-country/province health care coverage:
  - a) if *you* are retired and *your* former employer provides to *you* under an extended health insurance plan, a lifetime maximum coverage of:
    - \$50,000 or less, *we* will not coordinate payment with such coverage;
    - more than \$50,000, *we* will coordinate payment with such coverage only in excess of \$50,000;in accordance with the coordinating coverage guidelines issued by the Canadian Life and Health Insurance Association.
  - b) if *you* are actively employed and *your* current employer provides to *you* under a group health insurance plan, a lifetime maximum coverage of:
    - \$50,000 or less, *we* will not coordinate payment with such coverage;
    - more than \$50,000, *we* will coordinate payment with such coverage only in excess of \$50,000.
- 5 If *you* are insured under more than one of *our* policies, the total amount paid to *you* cannot exceed the actual expense which *you* have incurred and the maximum *you* are entitled to is the largest amount specified for the benefit in any one policy. This condition is not applicable to benefits payable under Flight & Travel Accident Insurance.
- 6 Any of *our* policies are excess insurance and are the last payors. All other sources of recovery, indemnity payments or insurance coverage must be exhausted before any payments will be made under any of *our* policies. This condition is not applicable to benefits payable under Flight & Travel Accident Insurance.
- 7 In the event that *you* are found to be ineligible for coverage or that a claim is found to be invalid or benefits are reduced in accordance with any policy exclusion or term or condition, *we* have the right to collect from *you* any amount which *we* have paid on *your* behalf to medical providers or other parties.
- 8 If *you* have any claim or right of action against any person, firm or organization for expenses for which *we* have made payment under this policy, *you* shall, if requested by *us*, assign and transfer such claim or right of action to *us*. *You* agree that you will do nothing to prejudice such rights. *You* agree to cooperate fully with *us* and to allow *us*, at *our* own expense, to bring a law suit in *your* name against the third party. If *you* recover against a third party, *you* agree to hold in trust sufficient funds to reimburse *us* for the amounts paid under the policy.
- 9 *We* will pay the expenses, other than for loss of life, covered under this insurance to *you* or to the provider of the service(s). Any sum payable for loss of life will be payable to *your* estate unless otherwise specified in *your insurance application/confirmation of coverage*.
- 10 If the aggregate of all Flight Accident insurance policies under which *we* cover *you* is in excess of \$200,000, *our* total liability will be limited to \$200,000 and any excess insurance will be void and the premiums paid will be refunded.
- 11 Payment, reimbursement and amounts shown throughout this contract are in Canadian dollars, unless otherwise stated. If currency conversion is necessary, *we* will use the exchange rate on the date the last service was rendered to *you*. This insurance will not pay for any interest.
- 12 During the processing of a claim under this insurance, *we* may require *you* to undergo a medical examination by one or more *physicians* selected by *us* and at *our* expense.
- 13 This contract is void in the case of fraud or attempted fraud by *you*, or if *you* conceal or misrepresent any material fact or circumstance concerning this insurance.
- 14 Throughout this document, any reference to age refers to *your* age on the date of *insurance application/confirmation of coverage*.
- 15 *We* and *our* agents, Assured Assistance Inc. and their agents are not responsible for the availability, quality or results of any medical treatment or of any transportation or of *your* failure to obtain medical treatment.
- 16 This document, including the *insurance application/confirmation of coverage*, is the entire contract between *you* and *us*. Despite any other provision of this contract, this contract is subject to any applicable federal and provincial statutes concerning contracts of insurance.
- 17 *You* may only commence a legal action in the province or territory where the Policy was issued. *You*, or *your* heirs assign consent to the transfer of any legal action to the province or territory where the Policy of Insurance was issued.
- 18 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, or other applicable legislation.
- 19 **Despite any other provision in the contract, the contract is subject to the statutory conditions in the Insurance Act respecting contracts of accident and sickness insurance.**
- 20 This contract is void if *you* undertake *your trip* with the prior knowledge that *you* will require or seek treatment, surgery, investigations, palliative care or alternative therapy of any kind.

### **How do you submit a claim?**

- 1 When *you* call Assured Assistance Inc. at the time of an *emergency*, *you* are given all the information required to file a claim. Otherwise, please refer to the instructions below.
- 2 We do not cover fees charged for completing a medical certificate.
- 3 You must file *your* claim with *us* within 90 days of *your* return to *your departure point*.
- 4 If *you* need a Claim & Authorization form, please contact *our* Claims Department at:  
P.O. Box 97, Station A, Mississauga, Ontario, L5A 2Y9  
Outside of Quebec 905-816-2572 or 1-800-263-8944  
Residents of Quebec 514 748-2244 or 1-800-263-8944  
Or *you* can visit *our* website at <http://www.rbcinsurance.com/travel/travel-insurance-claims.html>, to obtain an *Emergency Medical* claim form or a Cancellation & Interruption claim form.

### **Emergency Medical Insurance**

We require the fully completed Claim & Authorization form, and where applicable:

- Original of all bills, invoices and receipts.
- Proof of payment by *your government health insurance plan* and payment from any other insurer or benefit plan.
- The completed and signed Power of Attorney and Régie de l'assurance maladie du Québec forms, if *you* reside in the province of Quebec.
- A complete diagnosis from the *physician(s)* and/or *hospital(s)* who provided the treatment, including, where applicable, written verification from the *physician* who treated *you* during *your trip* that the expenses were medically necessary.

In addition, for accidental dental expenses, *we* require proof of the accident.

### **Cancellation & Interruption Insurance**

We require the fully completed Claim & Authorization form, and where applicable:

- A medical document, fully completed by the legally qualified *physician* in active personal attendance and in the locality where the *medical condition* occurred stating the reason why travel was impossible, the diagnosis and all dates of treatment.
- Written evidence of the risk insured which was the cause of cancellation, interruption or delay.
- Tour operator terms and conditions.
- Complete original unused transportation tickets and vouchers.
- All receipts for the prepaid land arrangements and/or subsistence allowance expenses.
- Original passenger receipts for new tickets.
- Reports from the police or local authorities documenting the cause of the missed connection.
- Detailed invoices and/or receipts from the service provider(s).

### **Flight and Travel Accident Insurance**

We require the fully completed Claim & Authorization form and where applicable:

- Police reports, medical records, death certificate, autopsy or coroner's report.

### **Baggage & Personal Effects Insurance**

We require the fully completed Claim & Authorization form and where applicable:

- Proofs of loss/damage (copy of reports made to the authorities), proof of ownership and receipts for the items claimed, in the event of loss or damage.
- Proof of delay and receipts for purchases of necessary toiletries and clothing, in the event of a delay.

**FAILURE TO COMPLETE THE REQUIRED CLAIM & AUTHORIZATION FORM IN FULL WILL DELAY THE ASSESSMENT OF *YOUR* CLAIM.**

### **Emergency Assistance Services:**

If *you* require medical treatment during *your trip*, or for any other *emergency*, *you* must contact Assured Assistance Inc. immediately at one of these numbers:

- 1-800-387-2487 (toll-free call from the USA or Canada)
- 905-816-2561 (collect call from anywhere through a local operator)
- 1-888-298-6340 (toll-free fax from the USA or Canada)
- 905-813-4719 (fax)

The following assistance services are available to *you*:

#### **1 Medical Assistance & Consultation**

When you have a medical *emergency* and *you* call Assured Assistance Inc., whenever possible *you* will be directed to one or more recommended medical service providers near *you*. In addition, whenever possible, Assured Assistance Inc. will:

- in consultation with *your physician*, arrange *emergency* medical transportation to a suitable facility if it is determined that existing facilities are inadequate in order to treat or stabilize *your medical condition*;
- provide confirmation of coverage and pay *your* eligible medical expenses directly to the recommended medical service provider;
- consult with *your* attending *physician* to monitor *your* care; and
- monitor the appropriateness, necessity and reasonableness of that care to ensure that *your* resulting eligible expenses will be covered by this insurance.

#### **2 Pay Assistance**

Whenever possible, the payment of the eligible medical services *you* receive will be co-ordinated through Assured Assistance Inc., communicated with *your* medical provider and billing arrangements will be discussed. Pay assistance may not be available from certain medical service providers for reasons beyond the control of Assured Assistance Inc. *You* may be required to make payment up-front or to leave a deposit. If *you* are required to make payment up-front or to leave a deposit, call Assured Assistance Inc. immediately.

#### **3 Replacement Co-ordination**

Whenever possible, Assured Assistance Inc. will help co-ordinate the replacement of *your* prescription eyeglasses or essential prescription

medication in the event these items need to be replaced during *your trip*. This insurance does not cover the actual cost to replace *your* prescription eyeglasses or essential prescription medication.





**aetna<sup>®</sup>**

**RBC Insurance Company of Canada and  
Assured Assistance Inc.  
P.O. Box 97, Station A,  
Mississauga, Ontario L5A 2Y9**

Underwritten by RBC Insurance Company of Canada. In Quebec, certain coverages underwritten by Aviva General Insurance Company.

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A handwritten signature in black ink, appearing to read 'Anita Mukherjee', written over a horizontal line.

Anita Mukherjee  
Director, Life & Travel Insurance

A handwritten signature in black ink, appearing to read 'Rino D'Onofrio', written over a horizontal line.

Rino D'Onofrio  
Head, Canadian Insurance Business