



## All Inclusive Insurance

Xodus Travel Services Inc.  
Effective: December 1, 2023



Underwritten by: Northbridge General Insurance Corporation

# TABLE OF CONTENTS

- SECTION 1 - GENERAL INFORMATION ..... 1
- SECTION 2 - IMPORTANT INFORMATION ..... 1
- SECTION 3 - ELIGIBILITY ..... 2
- SECTION 4 - *EMERGENCY* MEDICAL INSURANCE ..... 2
- SECTION 5 - *TRIP* CANCELLATION, MISCONNECTION,  
TRIP INTERRUPTION AND BAGGAGE LOST, DAMAGED  
OR DELAYED INSURANCE ..... 7
- SECTION 6 - TRAVEL AND FLIGHT ACCIDENT INSURANCE ..... 12
- SECTION 7 - GENERAL EXCLUSIONS ..... 13
- SECTION 8 - GENERAL CONDITIONS RELATING TO  
*YOUR EMERGENCY* MEDICAL INSURANCE COVERAGE ..... 14
- SECTION 9 - MEDICAL CONCIERGE SERVICES ..... 16
- SECTION 10 - WHAT ELSE DO *YOU* NEED TO KNOW? ..... 16
- SECTION 11 - HOW TO MAKE A CLAIM ..... 17
- SECTION 12 - DEFINITIONS ..... 19
- SECTION 13 - NOTICE ON PRIVACY ..... 22
- SECTION 14 - HELP IS JUST A PHONE CALL AWAY ..... 23



## SECTION 1 - GENERAL INFORMATION



**This policy is underwritten by Northbridge General Insurance Corporation (“Northbridge”).** Northbridge has appointed Xodus Travel Services Inc. (operating as Xodus) as the administrator under this policy.



*Italicized Words* have a specific meaning. Please refer to the “[Definitions](#)” section of this policy to find the meaning of each italicized word.



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



**10-Day Free Look** – If *you* notify *us* within 10 days of *your* purchase date, as indicated on *your* confirmation, that *you* are not completely satisfied with *your* policy, *we* will provide a full refund if *you* have not already departed on *your* trip and there is no claim in progress. Refunds are only available when *we* receive *your* request for a refund before *your* departure date.

## SECTION 2 – IMPORTANT INFORMATION

### IMPORTANT NOTICE – PLEASE READ CAREFULLY

*You* have purchased a travel insurance policy – what’s next? *We* want *you* to understand (and it is in *your* best interest to know) what *your* policy includes, what it excludes, and what is limited (payable but within limits).

Please take time to read through *your* policy before *you* travel. Italicized terms are defined in *your* policy.

- Travel insurance covers claims arising from sudden and unexpected situations (i.e. accidents and emergencies) and typically not follow-up or recurrent care.
- To qualify for this insurance, *you* must meet all of the eligibility requirements.
- This insurance contains limitation and exclusions (i.e. *medical conditions* that are not disclosed by *you*, pregnancy, *child* born on *trip*, excessive use of alcohol, high risk activities).
- This insurance may not cover claims related to *pre-existing medical conditions*.
- Contact *our* Assistance Center before seeking *treatment* or *your* benefits may be limited.
- In the event of a claim *your* prior medical history may be reviewed.
- If *you* have been asked to complete a *medical questionnaire* and any of *your* answers are not accurate or complete, *your* policy may be voidable.



It is *your* responsibility to understand *your* coverage.  
If *you* have questions, call Xodus Travel Services Inc. at:

[+1 866-424-0825](tel:+18664240825) or [+1 416-987-1250](tel:+14169871250).

**IMPORTANT:** If you have any change in your health status and/or change in medication or treatment, between the date you completed the application for this coverage and your effective date, you must either go to [www.xodus.ca](http://www.xodus.ca) and modify your medical declaration or notify us by calling +1 866-424-0825 or +1 416-987-1250. In addition, if you have purchased a Multi-Trip Plan, you must also notify us if there is any change in your medical condition(s) and/or change in medication or treatment after your effective date. Otherwise, any such change may render your policy voidable by us.

In the event of *emergency*, call the Assistance Centre immediately at:



[1 833-754-3725](tel:18337543725) toll-free from the USA and Canada

[1 416-987-1218](tel:14169871218) collect to Canada from anywhere else in the world

The Assistance Center is ready to assist you 24 hours a day, each day of the year.

You must call the Assistance Centre before obtaining *emergency treatment*, so that we may confirm coverage and provide pre-approval of *treatment*. Please note that if you do not call the Assistance Centre in an *emergency*, you may have to pay 25% of the eligible medical expenses we would normally pay under this policy. If it is medically impossible for you to call, please have someone call on your behalf.

## SECTION 3 – ELIGIBILITY

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

- be a resident of Canada and covered under a *government health insurance plan* for the entire duration of your trip;
- be at least thirty (30) days of age;
- not have been advised by a *Physician* to avoid travel at this time;
- not have a terminal illness or metastatic cancer;
- not require kidney dialysis;
- not have been prescribed or used *Home oxygen* in the last twelve (12) months; and
- never have had bone marrow, stem cell or organ transplant (except corneal transplant).

## SECTION 4 – EMERGENCY MEDICAL INSURANCE

**IMPORTANT:** If you have a medical *emergency*, you or someone on your behalf must notify the Assistance Centre within 24 hours of admission to a *hospital* and before any surgery is performed. If you do not contact the Assistance Centre without reasonable cause, then we will pay 75% of the claim payable. You will be responsible for the remaining 25% of the claim payable as well as any expenses that are not payable by us.

We reserve the right, as reasonably required and at our expense, to transfer you to any *hospital* or to transport you to Canada following an *emergency*.

If *you* refuse to be transferred or transported when *you* are declared medically fit to travel, any continuing costs incurred after *your* refusal will not be covered and the payment of such costs becomes *your* sole responsibility. All coverage ceases upon *your* refusal to be transported and no coverage will be provided to *you* for the remainder of the *trip*.

Unless otherwise excluded, *we* agree to reimburse the costs incurred resulting from complications of pregnancy, including early delivery, occurring within the first 31 weeks. In no event will a *child* born during a *trip* be covered under this policy.

## **Benefits – What does *Emergency Medical Insurance* cover?**

*Emergency Medical Insurance* covers *you* for up to \$10,000,000 CDN of covered expenses as a result of an *emergency* while on a *trip*, only if these covered expenses are not covered by *your government health insurance plan* or any other benefit plan. If *you* have purchased a multi-*trip* plan, regardless of the number of *trips* taken the maximum payable for the term of the policy is \$10,000,000 per insured person. A medical *treatment* plan approved by *your* attending *physician* and accepted by the Assistance Centre, will be developed to provide medically necessary *treatment*. After *your* medical *emergency treatment* has started, the Assistance Centre must assess and pre-approve additional medical *treatment*.

Covered expenses and benefits are subject to the policy's limits, exclusions, terms and conditions, and *your* deductible amount. Deductible amount means the amount of covered expenses that *you* are responsible for paying per person per *emergency* medical event. *Your* deductible amount in Canadian dollars applies to the amount remaining after any covered expenses are paid by *your government health insurance plan*. The insurer will pay eligible expenses for losses incurred in excess of the deductible amount. As shown on *your* declaration page, per insured, per covered condition or event.

## **Eligible *Emergency Medical* Benefits:**

1. **Expenses for *emergency treatment*** – *We* will pay for *reasonable and customary* charges for medical care received from a *physician* in or out of a *hospital*, the cost of a semi-private *hospital* room (or an intensive or coronary care unit where medically necessary), the services of a licensed private duty nurse while *you* are in *hospital*, the rental or purchase (whichever is less) of a *hospital* bed, wheelchair, brace, crutch or other medical appliance, tests that are needed to diagnose or find out more about *your* condition, and drugs that are prescribed for *you* and are available only by prescription from a *physician* or dentist. An *emergency* related to the *pre-existing condition(s)* listed in the *Medical Underwriting Agreement* will be covered.
2. **Expenses for paramedical services** – *We* will pay for care received from a licensed chiropractor, osteopath, physiotherapist, chiropodist or podiatrist, up to \$70 per visit to a combined maximum limit of \$700 for a covered *injury*.
3. **Expenses for ambulance transportation** – *Reasonable and customary* charges of local licensed ambulance service to the nearest appropriate medical service provider in an *emergency*.
4. **Expenses for *emergency dental treatment*** – If *you* need *emergency dental treatment*, *we* will pay:
  - a. up to \$300 for the relief of dental pain; or
  - b. if *you* suffer an accidental blow to the mouth, up to \$3,000 to repair or replace *your* natural or permanently attached artificial teeth (up to \$2,000 during *your trip* and up to \$1,000 to continue medically necessary *treatment* in the ninety (90) days after the accident).

5. **Extra expenses for meals, hotel, and taxi** – If a medical *emergency* prevents *you* or *your travel companion* from returning *home* as originally planned, or if *your emergency treatment* or that of *your travel companion* requires *your* transfer to a location that is different from *your* original destination, *we* will reimburse *you* up to \$200 per day to a maximum limit of \$2,000 for *your* extra meals, hotel, and taxi fares. *We* will only pay for these expenses if *you* have actually paid for them.
6. **Childcare expenses** – *We* will pay up to \$75 per day to a maximum of \$500 for childcare costs incurred by *you* during *your trip* to care for *your children* travelling with *you* and remaining with *you* at *your* destination while *you* are hospitalized as an in-patient during *your trip*. Original receipts from the professional childcare provider are required and the professional childcare provider must be someone other than *immediate family* or a *travel companion*.
7. **Hospital allowance** – When *you* are hospitalized for 48 hours or more due to *sickness* or *injury* during *your trip*, *we* will reimburse *you* \$50 per day up to \$300 per policy for *your* telephone, parking, and television out-of-pocket expenses. Expenses must be supported by original receipts.
8. **Phone call expenses** – *We* will pay for phone calls to or from *our* Assistance Centre regarding *your* medical *emergency*. *You* must provide receipts or other reasonable evidence to show the cost of these calls and the numbers phoned or received during *your trip*.
9. **Expenses to bring you home** – If *your* treating *physician* recommends that *you* return *home* because of *your* *emergency* or if *our* medical advisors recommend that *you* return *home* after *your* *emergency*, when approved and arranged by the Assistance Centre, *we* will pay for:
  - a. the extra cost of an economy class fare via the most cost-effective itinerary; and/or
  - b. a stretcher fare on a commercial flight via the most cost-effective itinerary, if a stretcher is medically necessary; and/or
  - c. the return cost of an economy class fare via the most cost-effective itinerary for a qualified medical attendant to accompany *you*, and the attendant's reasonable fees and expenses, if this is medically necessary or required by the airline; and/or
  - d. the cost of air ambulance transportation, if this is medically necessary.
10. **Expenses related to your death** – If, during *your trip*, *you* die from an *emergency* covered under this insurance, *we* will reimburse *your* estate for:
  - a. up to \$5,000 to have *your* body prepared where *you* die and the cost of the standard transportation container normally used by the airline, plus the cost to return *your* body *home*;
  - b. up to \$5,000 to have *your* body prepared and the cost of a standard burial container, plus up to \$5,000 for *your* burial where *you* die; or
  - c. up to \$5,000 to cremate *your* body where *you* die, plus the return home of *your* ashes.In addition, if someone is legally required to identify *your* body and must travel to the place of *your* death, *we* will pay the return economy class airfare via the most cost-effective itinerary for that person, and up to \$300 for that person's hotel and meal expenses. *We* will also provide that person with *Emergency Medical Insurance* under the same terms and limitations of this policy for up to seventy-two (72) hours.
11. **Return excess baggage** – When approved in advance by the Assistance Centre, up to \$300 for the return of *your* excess baggage. This benefit is payable if *you* return *home* under Benefit #9 and #10.

12. **Pet Return** – If *your* domestic dog or cat travels with *you* during *your trip* and *you* return to Canada under Benefit #9 or #10, we will pay the cost of one-way transportation up to a maximum of \$500 to return *your* domestic dog or cat to Canada.
13. **Expenses to bring someone to *your* bedside** – If *you* are travelling alone and are admitted to a *hospital* for three (3) days or more because of a medical *emergency*, we will pay the return economy class airfare via the most cost-effective itinerary for someone to be with *you*. We will also pay up to \$1,000 for that person's hotel and meals and cover them with *Emergency Medical Insurance* under the same terms and limitations of this policy until *you* are medically fit to return *home*. For a *child* insured under this policy, this benefit is available immediately upon their *hospital* admission.
14. **Expenses to return *your* travel companion** – We will cover the extra cost of one-way economy airfare via the most cost-effective itinerary to return *your travel companion* (who is travelling with *you* at the time of *your emergency* and insured under *our* travel insurance plan) *home*, if *you* are repatriated or evacuated under Benefit #9 or #10 above.
15. **Expenses to return *children* under *your* care** – If *you* are admitted to *hospital* for more than twenty-four (24) hours or must return *home* because of an *emergency*, we will pay for the extra cost of one-way economy class airfare to return the *children home* via the most cost-effective itinerary and the return economy class airfare via the most cost-effective itinerary for a qualified escort when the airline requires it. The *children* must have been under *your* care during *your trip* and covered under a policy underwritten by *us*.
16. **Expenses to return *your* vehicle home** – If, because of a medical *emergency*, *you* are unable to drive the *vehicle* you used during *your trip*, we will cover up to \$3,000 charged by a commercial agency to bring *your vehicle home*. If *you* rented a *vehicle* during *your trip*, we will cover its return to the rental agency.
17. **Qualified medical attendant** – Covers the reasonable expenses for the services of a medical attendant. These services must be on the recommendation of a *Physician* and must be approved in advance by the Assistance Centre.

## **Exclusions & Limitations – What does *Emergency Medical Insurance* not cover?**

1. **Continued *Treatment*** – The continued *treatment* of a *medical condition* or related condition, following *Emergency Treatment* during *your trip*, if *our* medical advisors determine that *your emergency* has ended.
2. **Elective *Treatment*** – Any non-*Emergency*, experimental or elective *Treatment* such as cosmetic surgery, chronic care, or rehabilitation including any expenses for directly or indirectly related complications.
3. **Pregnancy** – Routine pre-natal or post-natal care; Pregnancy, delivery, or complications of either, arising 9 weeks before the expected date of delivery or 9 weeks after. *Your child* born during *your trip*.
4. **Birth Defects** – For insured *children* under two (2) years of *age*, any *medical condition* related to a birth defect.
5. **Not following the advice of a medical professional or the Assistance Centre** – Any *medical condition* that is the result of *you* not following *Treatment* as prescribed to *you*, including prescribed medication. Any further medical *Treatment* if *our* medical advisors determine that *you* should transfer to another facility or return to *your Home* province/territory of residence for *treatment*, and *you* choose not to. Any expenses incurred after the date on which *you* have declined an offer of repatriation and/or medical evacuation.
6. **Trips in which the purpose was to obtain medical treatment/diagnosis** – Any *trip* made for the purpose of obtaining a diagnosis, *treatment*, surgery, investigation, palliative care, or any alternative therapy, as well as any directly or indirectly related complication.

7. **Treatments provided by specified services or suppliers** – Any *treatment*, services or supplies provided by a Home for the aged, a rest home, health spa, nursing home, convalescent *hospital*, hospice, palliative care facility, a place for the care and *Treatment* of drug addicts or alcoholics, custodial or educational facility, or any rehabilitation facility.
8. **Any Medical condition or symptoms** – When *you* knew or for which it was reasonable to believe or expect before *you* left *Home* or before the *effective date* of coverage, that;
  - a. *Treatment* will be required during *your trip*; and/or
  - b. For which future investigation or *Treatment* was planned before *you* left *home*; and/or
  - c. Which produced symptoms that would have caused an ordinarily prudent person to seek *Treatment* in the three (3) months before leaving *home*; and/or
  - d. That had caused *your Physician* to advise *you* not to travel.
9. **Abuse of drugs or alcohol** – Any *medical condition* arising during *your trip* from, or in any way related to, the abuse of alcohol, drugs or other intoxicants.
10. **High Risk activities** – Any *Emergency* that occurs while *you* are participating in:
  - a. any sporting activity for which *you* are paid; or
  - b. any extreme sport or activity involving a high level of risk, such as those indicated below, but not limited to:
    1. mountain climbing requiring the use of specialized equipment, including carabiners, crampons, pick axes, anchors, bolts and lead rope or top rope anchoring equipment to ascend or descend a mountain;
    2. rock-climbing;
    3. parachuting;
    4. skydiving;
    5. hang-gliding or using any other air supported device; or
    6. participating in a motorized speed contest; or
    7. scuba diving.
11. **Not contacting the Assistance Centre during your Emergency** – Covered expenses that may exceed 75% of the cost *we* would normally have to pay under this insurance, if *you* do not contact the Assistance Centre at the time of the *Emergency*. If *your medical condition* makes it medically impossible for *you* to call, please have someone call on *your* behalf.
12. **Misrepresentation** – Any *Emergency*. when, prior to the purchase date, *you* had not met all the eligibility requirements or truthfully and accurately answered all the questions in the *Medical questionnaire* (if applicable).

**In addition, Refer to Section 7 – General Exclusions.**



## SECTION 5 – TRIP CANCELLATION, MISCONNECTION, TRIP INTERRUPTION AND BAGGAGE LOST, DAMAGED OR DELAYED INSURANCE

For Section 5 - *Trip* Cancellation, Misconnection, *Trip* Interruption and Baggage Lost, Damaged or Delayed, the maximum payable is:

- for Single-*Trip* All-Inclusive plans - up to \$3,500 for eligible expenses;
- for Multi-*Trip* All-Inclusive plans - up to \$3,500 per *trip* up to a maximum of \$6,000 per policy.

### Part A: *Trip* Cancellation

#### What does *Trip* Cancellation Insurance Cover?

***Trip* Cancellation:** If *you* are unable to travel due to a covered event listed below that occurs before *you* leave *home*, we will pay up to the covered amount for the prepaid unused portion of *your trip* that is nonrefundable and non-transferable to another travel date. In addition, if *your Travel companion* must cancel their *trip* due to a covered event applicable to them, and *you* decide to go on *your trip* as planned, we will cover the cost of the next occupancy charge up to the covered amount. To cancel a *trip* before *your* scheduled *departure date*, *you* must cancel *your trip* with the travel supplier and notify us at [+1 833-754-3725](tel:+18337543725), or [+1 416-987-1218](tel:+14169871218) on the day the cause of cancellation occurs or on the next business day at the latest. Claim payment will be limited to the cancellation penalties specified in the *trip* contracts which are in effect on the next business day following the time the cause of cancellation occurs.

#### Covered Events for *Trip* Cancellation:

1. **Covered event for *Trip* cancellation due to the death of a friend or host:** If *your trip* is cancelled due to the death of *your* friend or the death and hospitalization of *your* host at the destination.
2. **Covered event for *Trip* cancellation due to work related reasons:** If *your trip* is cancelled for any of the below reasons. Please note for this benefit only "*you/your*" includes *you*, *your spouse*, *your travelling companion*, or *your travelling companion's spouse*.
  - a. *You*, *your spouse*, *your travel companion*, or *travel companion's Spouse* lose a permanent job because of lay-off or dismissal without just cause.
  - b. *You* or *your Travel companion* are transferred by the employer with whom *you* or *your Travel companion* were employed at the time of application for this insurance, which requires a relocation of *your* or *your travel companion's* principal residence.
  - c. A business meeting that is the main intent of *your trip* and was scheduled before *you* or *you* and *your Travel companion* purchased this insurance, is cancelled for a reason beyond *your* control or the control of *your* employer and the meeting is between companies with unrelated ownership. Benefits are only payable to *you* or *you* and *your Travel companion* (one individual) who purchased *our* insurance, if *you* are the one who planned to attend the business meeting.

3. **Covered Event for Trip Cancellation – Travel companion:** A member of *your immediate family*, a member of *your travel companion's immediate family* or *your key-person* develops a sudden and unforeseen *medical condition* or dies; or *your host* is unexpectedly admitted to a *hospital* or dies. *You* or *your Travel companion* develop(s) a sudden and unforeseen *medical condition* or die(s). *Your* or *your travel companion's* travel visa is not issued for a reason beyond *your/their* control.
4. **Covered Event for Trip Cancellation - Adoption:** The legal adoption of a *child* when the actual date the *child* is to be placed in *your* care is scheduled to take place during the *trip* and this date was not known until after the *trip* was booked.
5. **Covered Event for Trip Cancellation - Legal:** *You* or *your Spouse* are called to service as a reservist, firefighter, military or police staff, or to jury duty or to be a defendant in a civil suit, during *your trip*; or *you* or *your Spouse* are subpoenaed to be a witness during *your trip*.
6. **Covered Event for Trip Cancellation - Burglary or Vandalism of your Home:** Burglary or vandalism of *your* principal residence or place of business within the 7 days before the scheduled *departure date*, as a result of which *you* must remain at *Home* to make the location secure or meet with the insurance company or police authorities.

### **Eligible Trip Cancellation Benefits:**

If *your trip* is cancelled before *you* leave as a result of a benefit under this policy, benefits are payable for:

- a. the non-refundable, non-recoverable portion of pre-paid airfare and/or pre-paid travel arrangements; or
- b. the applicable change fee when such an option is available if *you* choose to reschedule rather than cancel *your trip*; or
- c. the single supplement charged as the result of a travelling companion being unable to travel due to a benefit under this policy.

## **Part B: Misconnection**

### **Misconnection – What does Misconnection Insurance cover?**

If any of the covered events listed below occurs before or after *your* originally scheduled *departure date* and causes a misconnection or a travel disruption which prevents *you* from travelling as shown on *your confirmation*, we will pay:

- a. Up to the covered amount, to a maximum of \$1,000, for *your* misconnection or travel disruption expenses for:
  - i. the lesser of the change fee charged by the airline for *your* missed connection.
  - ii. connection or the cost of *your* one-way economy transportation via the most cost-effective itinerary to the next destination,
  - iii. the unused prepaid portion of *your trip* (less the prepaid unused transportation *home*) that is non-refundable and non-transferable to another travel date (provided such expenses are not reimbursable by any other source).
- b. *Your* additional and unplanned hotel and meal expenses, *your* essential phone calls, internet usage fees and taxi fares (or car rental in lieu of taxi fares) to a maximum of \$300 per day for up to two (2) days when no earlier transportation is available.

**Only misconnection or travel disruption expenses outlined under this Misconnection Insurance will be payable. You must make a reasonable effort to continue *your trip* as originally planned. The amount payable will be reduced by any amounts paid or payable by the rescheduled or delayed common carrier.**

**Covered Events for *Trip* Misconnection:**

- a. *Your* earlier connecting common carrier has been rendered unusable because the airline with whom *you* have booked a subsequent connecting flight (that is included in *your* insured prepaid travel arrangements) cancelled the subsequent flight.
- b. *You* or *your Travel companion* are delayed for at least six (6) hours in arriving at *your trip* destination or returning to *your Home* due to the delay or schedule change or cancellation of *your* or *your travel companion's* common carrier.

**Part C: *Trip* Interruption**

**What does *Trip* Interruption Insurance cover?**

***Trip Interruption:*** If *your trip* is interrupted due to a covered event listed below that occurs on or after the day *you* leave *home*, we will pay up to the covered amount for unused travel arrangements paid for prior to *your departure date*, that is non-refundable and nontransferable to another travel date, less the prepaid unused return transportation. In addition, we will pay *your* additional and unplanned hotel and meal expenses, and *your* essential phone calls and taxi fares, to a maximum of \$300 per day for up to two (2) days when no earlier transportation arrangements are available; and/or we will pay *your* one-way economy class airfare via the most cost-effective itinerary to *your* or *your group's* next destination, or to return *home*. We will pay for the change fee charged by the airline for *your* missed connection if this option is available, or up to \$1,000 for the cost of *your* one-way economy airfare to the next destination.

**Covered Events for *Trip* Interruption:**

- a. *You* miss a connection or must interrupt *your trip* because of the delay of *your* connecting private passenger *vehicle* or common carrier, when the delay is caused by the mechanical failure of *your* connecting private passenger *vehicle* or common carrier, a traffic accident, an *Emergency* police-directed road closure or weather conditions, earthquakes, or volcanic eruptions. *Your* connecting private passenger *vehicle* or common carrier must have been scheduled to arrive at *your* point of boarding at least two (2) hours before the scheduled time of departure.
- b. The common carrier that is providing transportation for a portion of *your trip* leaves earlier than originally scheduled and the ticket *you* have purchased for *your* next connection via another common carrier becomes unusable.
- c. *You*, *your spouse*, *your travel companion*, or *your travel companion's Spouse* are quarantined or hijacked.
- d. *You* or *your Travel companion* are unable to occupy *your/their* respective principal residence or to operate *your/their* respective business because of a natural disaster. The maximum payable under this benefit is \$2,500.
- e. Weather conditions, earthquakes or volcanic eruptions cause the scheduled common carrier, on which *you* are booked, to be delayed for a period of at least 30% of *your trip* and *you* choose not to travel.

## **Eligible *Trip* Interruption Benefits:**

### ***Trip* Interruption - Transportation Expenses**

If *your trip* is interrupted once *your trip* has started as a result of a benefit under this policy, benefits are payable for:

- a. the extra cost of same class transportation by the most cost-effective route to:
  1. continue with the insured *trip*; or
  2. return to *your* province or territory of residence; or
- b. the applicable change fee when such an option is available.

Reimbursement of any eligible additional costs is limited to the lesser of:

- a. the change-fee; or
- b. a one-way same class airfare; or
- c. a return same class airfare; all by the most cost-effective route.

### ***Trip* Interruption - Other Expenses**

- a. Pre-paid Expenses – If *your trip* is interrupted after *you* leave as a result of a benefit under this policy, benefits are payable for the non-refundable portion of unused, pre-paid, insured travel arrangements for the *trip* (excluding partially used airline tickets) purchased before the *effective date* of the policy.
- b. Shore Excursion or Special Event – If, as a result of a benefit under this policy, *you* or *your travelling companion* are unable to use a shore excursion ticket or a special event ticket purchased after *you* leave on *your trip*, not limited to a concert, opera, or sporting event, *we* will reimburse up to \$100 per ticket to a maximum of \$500.
- c. Meals and Accommodation – If, as a result of a benefit under this policy, *your trip* is interrupted or delayed beyond the *expiry date* shown in *your Confirmation of Coverage*, *we* will reimburse up to \$350 per day to a maximum of \$1,500 for additional commercial accommodation and meals, essential telephone calls, internet usage fees, and taxi fares.
- d. Commercial accommodation and meals expenses are payable for one event under either *Trip Cancellation & Interruption Coverage* or *Emergency Medical Coverage*, but not both.
- e. Pet Care Expenses – If *your trip* is delayed beyond the *expiry date* shown in *your Confirmation of Coverage* as a result of a benefit under this policy, *we* will reimburse up to \$100 for additional animal boarding fees at a licensed facility after the first 24 hours of *your* delayed return. This benefit is payable only when pet care costs exceed the quoted cost for the pre-booked period of accommodation.
- f. Service animal – *Sickness, injury* or death of *your* service animal if *you* are an individual with a physical, mental or visual disability, and travel arrangements have been made for the animal to accompany *you* on *your trip*. For this benefit to apply, the travel arrangement cost for *your* service animal must be included in the covered amount insured under *your* plan.

## **Trip Interruption - Lost Items and Damaged and Delayed**

1. Up to \$100 in total per *trip* for the replacement of a lost or stolen passport, driver's licence, birth certificate or travel visa.
2. Up to \$300 per *trip* for any item or set of items which is lost or damaged during *your trip* to a maximum of \$1,000. The maximum payable for this benefit under the Multi-Trip All-Inclusive plan is \$1,500 per policy. Jewellery or cameras (including camera equipment) are, respectively, each considered a single item.
3. Up to \$500 in total per *trip* for necessary toiletries and clothing when *your* checked luggage is delayed by the carrier for at least ten (10) hours while *you* are on route. The maximum payable for this benefit under the Multi-Trip All-Inclusive plan is \$1500 per policy.

## **Part D: Baggage Loss, Damage & Delay**

### **Baggage Loss, Damage & Delay – What does Baggage Loss, Damage & Delay Insurance cover?**

Baggage Loss, Damage & Delay Insurance covers the loss of, damage to, and delay of the baggage and effects that belong to *you* and that *you* use during *your trip*.

### **Exclusions – What does Section 5 - Trip Cancellation, Misconnection, Trip Interruption and Baggage Lost, Damaged or Delayed not cover?**

- a. **Costs incurred due to reasons or events you had prior knowledge of** – Benefits are not payable for costs incurred due to, contributed to, by, or resulting from:
  1. any event before *you* leave, which might reasonably have been expected to necessitate *your* immediate return or delay *your* return; or
  2. any event which, on the *effective date* was known to *you* or likely to occur, that could reasonably have been expected to prevent *you* from travelling as booked.
- b. **Damage occurring from wear and tear on personal items** – Damage or loss resulting from wear and tear, deterioration, defect, mechanical breakdown, *your* imprudence or omission.
- c. **Unreported Losses** – In instances of theft or losses unreported to authorities.
- d. **Damage to specified items** – Animals, perishable items, bikes that are not checked as baggage with the common carrier; household items and furniture; artificial teeth or limbs, hearing aids, eyeglasses of any type, contact lenses; money, tickets, securities, documents; items related to *your* occupation, antiques or collector items; items that are fragile; items that are obtained illegally; or articles that are insured on a valued basis by another insurer.

### **In addition, Refer to Section 7 - General Exclusions**

## SECTION 6 – TRAVEL AND FLIGHT ACCIDENT INSURANCE

### Travel Accident Insurance – What does Travel Accident Insurance cover?

Subject to the policy terms and conditions, *we* will pay up to the maximum according to the following schedule for loss of life, limb or sight resulting directly from an *injury*:

- a. Up to \$50,000 if an *injury* causes *you* to die, to become completely and permanently blind in both eyes, or to have two of *your* limbs fully severed above *your* wrist or ankle joints, within 365 days of the *injury*.
- b. Up to \$25,000 if an *injury* causes *you* to become completely and permanently blind in one eye, or to have one of *your* limbs fully severed above a wrist or ankle joint, within 365 days of the *injury*.
- c. If *you* have more than one *injury* during *your trip*, *we* will pay the applicable insured sum only for the one accident that entitles *you* to the largest benefit amount.
- d. Loss of life due to disappearance: If there is an accident and *your* body has not been found within 52 weeks of the accident, it will be presumed, subject to evidence to the contrary, that *you* suffered loss of life.

### Flight Accident Insurance – What does Flight Accident Insurance cover?

Subject to the policy terms and conditions, *we* agree to pay up to \$100,000, for loss of life, limb or sight directly resulting from *injury* occurring during a *trip* while *you* are:

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

Coverage is for all eligible flights ticketed and arranged before the *effective date*.

The maximum amount payable for *injury* resulting from one covered event under all Flight Accident Coverage under all policies issued by *us* and administered by the Assistance Center is \$100,000.

### Exclusions:

1. **Aircraft** – If an *injury* occurs while *you* are piloting an aircraft, learning to pilot an aircraft, or acting as a member of an aircraft crew.
2. **Commercial Travel** – Any loss resulting when *you* are a driver, the operator, a co-driver, a crew member, or any other passenger on a commercial *vehicle* used for the purpose of delivering goods or carrying a load. This exclusion is not applicable when the commercial *vehicle* is used during *your trip* solely for pleasure purposes and not used for delivering goods or carrying a load.

Air travel other than as a passenger in a commercial aircraft licensed to carry passengers for hire, except while being transported under the terms of the *Emergency* Transportation or *Emergency Return Home* benefits.

3. **High Risk Activities** – Any *Emergency* that occurs while *you* are participating in:
  - a. any sporting activity for which *you* are paid; or
  - b. any extreme sport or activity involving a high level of risk, such as those indicated below, but not limited to:
    1. mountain climbing requiring the use of specialized equipment, including carabiners, crampons, pick axes, anchors, bolts and lead rope or top rope anchoring equipment to ascend or descend a mountain;
    2. rock-climbing;
    3. parachuting;
    4. skydiving;
    5. hang-gliding or using any other air supported device; or
    6. participating in a motorized speed contest; or
    7. scuba diving.

**In addition, Refer to Section 7 - General Exclusions.**

## SECTION 7 – GENERAL EXCLUSIONS

This policy does not cover expenses or benefits relating to:

- a. **If *you* are refused entry into a country** – Benefits are not payable for costs incurred due to *you* being refused entry at customs, border crossing or security checkpoint for any reason.
- b. **Defaulting of Travel Supplier** – Benefits are not payable for costs incurred due to losses as a result of the default of a travel supplier if, at the time of booking and/or application, or has sought protection from creditors under any bankruptcy or related legislation.
- c. **If money can be recovered through other sources** – Benefits are not payable for costs which can be reimbursed by any other source, including trustees or any government or industry compensation fund.
- d. **Piloting an Aircraft** – Piloting an aircraft, learning to pilot an aircraft, or acting as a member of an aircraft crew.
- e. **Criminal Acts** – Any claim that results from or is related to *your* or *your* beneficiary's commission or attempted commission of a criminal offence or illegal act.
- f. **Government issued travel advisories** – Any *medical condition* *you* suffer or contract when an official travel advisory issued by the Canadian government states, "Avoid all non-essential travel" or "Avoid all travel" regarding the country, region or city of *your* destination, before *your effective date*. To view the travel advisories, visit the Government of Canada Travel site. This exclusion does not apply to claims for an *Emergency* or a *medical condition* unrelated to the travel advisory.
- g. **Acts of Terrorism**
- h. **Acts of War**

## SECTION 8 – GENERAL CONDITIONS RELATING TO YOUR EMERGENCY MEDICAL INSURANCE COVERAGE

### **YOUR COVERAGE STARTS**

For a Single *Trip* plan, *your* coverage starts on the later of:

- the date *you* leave *your* province or territory of residence; or
- the *effective date* shown on *your confirmation*.

For a Multi-*Trip* plan, *your* coverage starts each date *you* leave *your* province or territory of residence and each date *you* leave Canada on or after the *effective date* as stated on *your confirmation*.

### **YOUR COVERAGE ENDS**

For a Single *Trip* plan, *your* coverage ends on the later of:

- the date *you* return to *your* province or territory of residence; or
- the *expiry date* shown on *your confirmation*.

For a Multi-*Trip* plan, *emergency* medical coverage ends on the earliest of:

- the date *you* return to *your* province or territory of residence; or
- the *expiry date*, as stated on *your confirmation*; or
- when travelling outside Canada, the date *you* reach the maximum *trip* length *you* purchased for each *trip*, as stated on *your confirmation*.

### **MULTI-TRIP PLANS**

- Provides coverage for an unlimited number of *trips* taken within one (1) year, commencing with the *effective date* as shown on *your confirmation*.
- Provides *you* with *emergency* medical coverage for an unlimited number of days of travel within Canada but outside *your* province or territory of residence.
- Each *trip* taken outside of Canada can be up to the maximum number of days *you* selected when *you* purchased *your* Multi-*Trip* plan, beginning on the first day *you* leave Canada.
- For a *trip* to be covered under the benefits of Northbridge *Emergency* Medical Insurance, it must start on or after the *effective date* and end prior to or on the *expiry date* shown on *your confirmation*.
- Top-Up coverage can be purchased for trips that are longer than the maximum *trip* length selected or if *your trip* extends beyond the *expiry date* of *your* Multi-*Trip* plan as shown on *your confirmation*. In the event of a claim, *you* will be required to provide proof of *your departure date* and *your return date*. Proof can include *your* plane ticket, train ticket, a stamped passport, and/or a credit card or bank statement showing purchases in Canada just prior to *your departure date*.



## **Top-Up *your trip* under the Multi-Trip Emergency Medical plan:**

If *your trip*:

- is longer than the maximum number of coverage days *you* have under *your* current plan; or
- will extend beyond the *expiry date* shown on *your confirmation*, *you* can either:
  - purchase Top-Up coverage before the *expiry date* of *your* Multi-Trip plan for any additional travel days; or
  - purchase a new Northbridge Multi-Trip Emergency Medical plan, with no lapse in coverage, providing the total duration of the *trip* does not exceed the maximum *trip* length *you* choose.

When *you* apply for Top-Up coverage, *you* will be required to answer questions about *your* health.

**AUTOMATIC EXTENSION** is provided beyond *your expiry date* as shown on *your confirmation* if:

- *your* carrier is delayed. In this case, *we* will extend *your* coverage for up to seventy-two (72) hours; or
- *you* or *your travel companion* are hospitalized on the *expiry date*. In this case, *we* will extend *your* coverage during the hospitalization up to 365 days or until, in *our* opinion, *you* are stable for discharge from *hospital* or evacuation *home*, whichever is earlier and for up to five (5) days after discharge from the *hospital*; or
- *you* or *your travel companion* have an *emergency* that does not require hospitalization but prevents travel. In this case, *we* will extend *your* coverage for up to five (5) days.

## **TO STAY LONGER THAN PLANNED**

*You* may be able to extend *your* coverage if:

- the total length of *your* time away from Canada, including top-up or extension, does not exceed the maximum allowed by *your government health insurance plan*; and
- *you* pay the additional premium; and
- *you* have had no claim or event that has resulted or may result in a claim under this policy; and
- there has been no change in *your* health status.

Any extension is subject to the approval of the Assistance Centre.

In any case, *we* will not extend any coverage beyond twelve (12) months after the *effective date*.

## SECTION 9 – MEDICAL CONCIERGE SERVICES

Northbridge is pleased to provide *you* with Virtual Medical Services, on a worldwide basis.

### **What services are available?**

Northbridge has an international network of medical providers and partners who provide services across time zones and who assure a quick and streamlined access to healthcare 24/7/365 all over the world.

The program will assist with coordinating payment of eligible expenses subject to the terms and conditions of the policy.

To access this service, simply utilize the mobile application described in *your* fulfilment documents or call the Assistance Centre using the phone numbers indicated on the wallet card.

## SECTION 10 – WHAT ELSE DO YOU NEED TO KNOW?

Coverage under this policy is issued on the basis of information provided in *your medical questionnaire* and application, the *Medical Underwriting Agreement*, and application. *Your* entire contract with *us* consists of: this policy, *your* application for this policy (including the *medical questionnaire*), the *Medical Underwriting Agreement*, the *confirmation* issued in respect of that application, and any other amendments or endorsements resulting from extensions of coverage.

This insurance is void in the case of fraud or attempted fraud, or if *you* conceal or misrepresent any material fact in *your* application for this policy, extension or Top-Up of coverage for benefits under this policy.

*We* will not pay a claim if *you*, any person insured under this policy or anyone acting on *your* behalf attempt to deceive *us* or makes a fraudulent, false or exaggerated statement or claim. *You* must be accurate and complete in *your* dealings with *us* at all times.

This policy is non-participating. Neither *we* nor *our* agents or administrators are responsible for the availability, quality or results of any medical *Treatment* or transportation, or for *your* failure to obtain medical *treatment*.

**Despite any other provision of this contract, this contract is subject to the statutory conditions in the Insurance Act respecting contracts of accident and sickness insurance.**

### **Limitation of Liability**

*Our* liability under this policy is limited solely to the payment of eligible benefits, up to the maximum amount purchased, for any loss or expense. Neither *we*, upon making payment under this policy, nor *our* agents or administrators assume any responsibility for the availability, quality, results or outcome of any *treatment* or service, or *your* failure to obtain any *treatment* or service covered under the terms of this policy.

### **Premium**

The required premium is due and payable at the time of purchase and will be determined according to the schedule of premium rates then in effect.

Upon payment of the appropriate premium, this document becomes a binding contract provided it is accompanied by a *confirmation* upon which a contract number appears and *we* have received *your* completed application (including the *medical questionnaire* and *medical underwriting agreement*) prior to *your departure date*. If the premium is insufficient for the period of coverage selected, *we* will charge and collect any underpayment; or shorten the policy period by written endorsement if an underpayment in premium cannot be collected.

### **How does this insurance work with other coverages that *you* may have?**

The coverages outlined in this policy are second payor coverages. Along with this coverage, *you* may have other third-party liability, group or individual, basic or extended health insurance plans or contracts including any private or provincial or territorial auto insurance plan providing *hospital*, medical or therapeutic coverage or any other third-party liability insurance. In this case, amounts payable under this insurance are limited to that portion of *your* expenses, incurred outside the province or territory of residence, that are in excess of the amounts insured by *your* other in-force plans or contracts.

Total benefits paid to *you* by all insurers cannot exceed *your* actual expenses. *We* will coordinate the payment of benefits with all insurers who provide *you* with benefits similar to those provided under this insurance (except if *your* current or former employer provides *you* with an extended health insurance plan with a lifetime maximum of \$50,000 or less), to a maximum of the largest amount specified by each insurer.

In addition, *we* have full rights of subrogation. In the event of a payment of a claim under this policy, *we* will have the right to proceed, in *your* name, but at *our* expense, against third parties who may be responsible for giving rise to a claim under this policy. *You* will execute and deliver such documents as are necessary and cooperate fully with *us* to allow *us* to fully assert *our* rights. *You* must do nothing to prejudice such rights. In return of payment of benefits (compensation) and up to the amount thereof, *we* become the beneficiary of the rights and causes of action that *you* might have against anyone responsible for the loss. If *we* can no longer exercise this action due to *your* action or inaction, *we* can be relieved of all or part of its obligations towards *you* or *your* beneficiary.

If *you* are insured under more than one insurance policy underwritten by *us*, the total amount *we* pay to *you* cannot exceed *your* actual expenses; and the maximum *you* are entitled to is the largest amount specified for the benefit in any one policy.

## **SECTION 11 – HOW TO MAKE A CLAIM**

In the event of *emergency*, call the Assistance Centre immediately at:



**1 833-754-3725** toll-free from the USA and Canada

**1 416-987-1218** collect to Canada from anywhere else in the world

The Assistance Center is ready to assist *you* 24 hours a day, each day of the year.

Please note that **if *you* do not call** the Assistance Centre in an *emergency* prior to receiving *treatment*, ***you* will have to pay 25% of the eligible medical expenses** *we* would normally pay under this policy (25% co-insurance).

If it is medically impossible for *you* to contact the Assistance Centre when the *emergency* happens, the 25% co-insurance will not apply. In this case, *we* ask that *you* contact the Assistance Centre as soon as *you* can or that someone do so on *your* behalf. **Do not assume that someone will contact the Assistance Centre for you. It is your responsibility to verify that the Assistance Centre has been contacted.**

If *you* choose to pay eligible expenses directly to a health service provider without prior approval by the Assistance Centre, these eligible expenses will be reimbursed to *you* based on the *reasonable and customary* charges that *we* would have paid directly to such provider. 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* charges reimbursed by *us*. Some benefits are not covered if they have not been authorized and arranged by the Assistance Centre.

To make a claim due to *sickness, injury, or disease* during *your trip*, as well as *trip* cancellation or interruption, delay, baggage, or flight and travel accident *your* proof of claim should be sent to *us* as soon as possible and in no event later than 12 months from the date of loss.

**If you are making an *Emergency Medical Insurance* claim, we will need:**

- original itemized receipts for all bills and invoices;
- proof of payment by *you* and by any other benefit plan;
- medical records including complete diagnosis by the attending *physician* or documentation by the *hospital*, which must support that the *treatment* was medically necessary;
- proof of the accident if *you* are submitting a claim for dental expenses resulting from an accident;
- proof of travel (including *departure date* and return date); and
- *your* historical medical records (if *we* determine such to be applicable).

**If you are making a *Trip Cancellation & Interruption Insurance* claim, we will need proof of the cause of the claim, including but not limited to: a medical certificate completed by the attending *physician* and stating why travel was not possible as booked, if the claim is for medical reasons; or a report from the police or other responsible authority documenting the reason for the delay if *your* claim is due to a misconnection.**

*We* will also need, as applicable:

- complete original unused transportation tickets and vouchers;
- original passenger receipts for the new tickets *you* had to purchase;
- original receipts for the travel arrangements *you* had paid in advance and for the extra hotel, meal, telephone and taxi expenses *you* may have had;
- the entire medical file of any person whose health or *medical condition* is the reason for *your* claim; and
- any other invoice or receipt supporting *your* claim.

**If you are making a *Flight & Travel Accident Insurance* claim, the following conditions apply:**

- *We* will need:
  - a police, autopsy or coroner's report;
  - medical records; and
  - a death certificate, as applicable.
- If *your* body is not found within twelve (12) months of the accident, *we* will presume that *you* died of *your* injuries.

**To whom will we pay your benefits if you have a claim?** Except in the case of *your* death, we will pay the covered expenses under this insurance to *you* or the provider of the service. Any sum payable in the event of *your* loss of life will be payable to *your* estate. *You* must repay *us* any amount paid or authorized by *us* on *your* behalf if we determine that the amount is not payable under *your* policy. All amounts shown throughout this contract are in Canadian dollars. If currency conversion is necessary, we will use *our* exchange rate on the date *you* received the service outlined in *your* claim. We will not pay for any interest under this insurance.

**Is there anything else you should know if you have a claim?** Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is barred unless commenced within the time set out in the Insurance Act, or in the Limitations Act in the Canadian province or territory where *your* policy was issued.

To determine the validity of a claim under this policy, we may obtain and review the medical records of *your* attending *physician(s)*, including the records of *your* regular *physician(s)* at *home*. These records may be used to determine the validity of a claim whether or not the contents of the medical records were made known to *you* before *you* incurred a claim under this policy. As a condition precedent to recovery of insurance money under this policy, the claimant shall afford *us* an opportunity to examine the person of the person insured when and so often as we reasonably require while the claim hereunder is pending; and in the case of death of the person insured, we may require an autopsy subject to any law of the applicable jurisdiction relating to autopsies.

## IMPORTANT CONTACT INFORMATION

To enquire about *your* claim status, please log into *your* account described in *your* fulfillment documentation or call the Customer Service Centre at [+1 833-754-3725](tel:+18337543725) or [+1 416-987-0869](tel:+14169870869).

For coverage information, general inquiries, or to apply for an extension or refund of premium, please call [+1 866-424-0825](tel:+18664240825) or [+1 416-987-1250](tel:+14169871250).

Written correspondence regarding claims should be mailed to:

Northbridge General Insurance  
Corporation care of  
Xodus Travel Services Inc.  
3215 Electricity Dr.  
Windsor Ont. N8W5J1

## SECTION 12 – DEFINITIONS

When *italicized* in this policy, the term:

**Act of terrorism** means any activity that involves a threat to use or the actual use of violence or any dangerous or threatening act, or the use of force, where such activity, threat, act, or use is directed against the general public, governments, organizations, properties or infrastructures, or electronic systems, and the intention of such activity, threat, act or use is to:

- instill fear in the general public;
- disrupt the economy;
- intimidate, coerce or overthrow a government (whether that government is legal or illegal); and/or
- promote political, social, religious or economic objectives.

**Act of war** means hostile or warlike action, whether declared or not, in a time of peace or war, whether initiated by a local government, foreign government or foreign group, civil unrest, insurrection, rebellion or civil war.

**Age** means *your age* at *your* application date.

**Change in medication** means the medication dosage, frequency, or type has been reduced, increased, stopped and/or new medications have been prescribed. **Exceptions:** the routine adjustment of Coumadin, warfarin or insulin (as long as they are not newly prescribed or stopped) and there has been no change in *your medical condition*; and a change from a brand name medication to a generic brand medication of the same dosage.

**Child, Children** means *your* unmarried, dependent son or daughter or *your* grandchild(ren) under the *age* of twenty-one (21) or, if a full-time student, under the *age* of twenty-six (26). Also, an unmarried dependent son or daughter of any *age*, if mentally or physically disabled.

**Confirmation** means the document or set of documents confirming *your* insurance coverage under this policy and, where applicable, *your trip* arrangements. It includes the *Medical Underwriting Agreement* and application for this policy, once the required premium has been received by *us*.

**Departure date** means the date *you* leave *home*.

**Effective date** means the date on which *your* coverage starts.

For Single-Trip plans, *emergency* medical coverage start on the later of:

- the date *you* leave *home*; or
- the date shown on *your confirmation*.

For a Multi-Trip plan, *emergency* medical coverage starts each date *you* leave *your* province or territory or residence and each date *you* leave Canada on or after the *effective date* as stated on *your confirmation*.

**Emergency** means a sudden and unforeseen *medical condition* that requires immediate *treatment*. An *emergency* no longer exists when the evidence reviewed by the Assistance Centre indicates that no further *treatment* is required at destination or *you* are able to return to *your* province or territory of residence for further *treatment*.

**Expiry date** means the date *your* coverage ends.

For Single-Trip plans, *emergency* medical coverage ends on the earlier of:

- the date *you* return *home*; or
- the *expiry date* shown on *your confirmation*.

For all Multi-Trip plans, *emergency* medical coverage ends on the earliest of:

- the date *you* return *home*;
- the *expiry date*, as stated on *your confirmation*; or
- when travelling outside Canada, the date *you* reach the maximum *trip* length *you* purchased for each *trip* as stated on *your confirmation*.

**Government health insurance plan** means the health insurance coverage that the provincial or territorial governments provide to its residents.

**Home** means *your* Canadian province or territory of residence. If *you* requested coverage to start when *you* leave Canada, *home* means Canada.

**Hospital** means an institution that is licensed as an accredited *hospital* that is staffed and operated for the care and *treatment* of in-patients and out-patients. *Treatment* must be supervised by *physician(s)* and there must be registered nurses on duty 24 hours a day. Diagnostic and surgical capabilities must also exist on the premises or in facilities controlled by the establishment.

A *hospital* is not an 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** means *spouse*, parent, legal guardian, step-parent, grandparent, grandchild, in-law, natural or adopted *child*, step-*child*, brother, sister, step-brother, step-sister, aunt, uncle, niece, nephew or cousin.

**Injury** means sudden bodily harm that is caused by external and purely accidental means.

**Key-person** means someone to whom *your child's* full-time care is entrusted and who cannot reasonably be replaced; a business partner; or an employee who is critical to the ongoing affairs of *your* business, during the *trip*.

**Medical condition** means any disease, *sickness* or *injury* (including symptoms of undiagnosed conditions).

**Medical questionnaire** means all the medical questions that *you* were required to answer when *you* applied for coverage under this policy.

**Medical Underwriting Agreement** means the document that *you* receive from *us* after *you* have been medically underwritten, which specifies *your pre-existing conditions* covered under this policy, and includes *your* responses to the *medical questionnaire*.

**Minor mental or emotional disorder** means:

- having anxiety or panic attacks, or
- being in an emotional state.

And where *your treatment* includes only minor tranquilizers or minor anti-anxiety medication (anxiolytics) or no prescribed medication at all.

**Physician** means a person who is not *you* or a member of *your immediate family* or *your travel companion*, licensed in the jurisdiction where the services are provided, to prescribe and administer medical *treatment*.

**Pre-existing condition** means any *medical condition* that exists before *your effective date*.

**Reasonable and customary** means charges incurred for goods and services that are comparable to what other providers charge for similar goods and services in the same geographical area.

**Sickness** means illness, disease, or any symptom related to that illness and/or disease.

**Spouse** means someone to whom one is legally married, or with whom one has been residing and who is publicly represented as a *spouse*.

**Travel companion** means someone who shares *trip* arrangements and accommodations with *you*. No more than three individuals (including the insured) will be considered *travel companions* on any one *trip*.

**Treatment** means hospitalization, or a procedure prescribed, performed or recommended by a *physician* for a *medical condition*. This includes but is not limited to prescribed medication, investigative testing and surgery.

**IMPORTANT:** Any reference to testing, tests, test results, or investigations excludes genetic tests. "Genetic test" means a test that analyzes DNA, RNA or chromosomes for purposes such as the prediction of disease or vertical transmission risks, or monitoring, diagnosis or prognosis.

**Trip** means the time between *your effective date* and *expiry date*.

**Vehicle** includes any private or rental passenger automobile, boat, mobile *home*, camper truck or trailer *home* which *you* use during *your trip* exclusively for the transportation of passengers (other than for hire).

**We, us, our** means Northbridge.

**You, your** means the person(s) named as the insured(s) on the *confirmation*, for which insurance coverage was applied for and the appropriate premium was received by *us*.

## SECTION 13 – NOTICE ON PRIVACY

The Northbridge group of companies is committed to protecting *your* personal information. This Privacy Notice applies to all of the member companies of Northbridge, which includes Northbridge Financial Corporation and Northbridge General Insurance Corporation.

When *you* request an insurance product or service from *us*, *you* consent to allow *us* to collect, use and disclose *your* personal information for the following purposes:

- Offering and providing products and services to meet *your* needs;
- Establishing and maintaining communications with *you*;
- Verifying personal information *you* provide in *your* application;
- Assessing and underwriting risks on a prudent basis;
- Performing safety assessments;
- Determining insurance product prices;
- Investigating and settling claims;
- Detecting and preventing fraud or other illegal activities;
- Analyzing business results and compiling statistics;
- Conducting market research;
- Reporting to regulatory or industry entities; and
- Acting as required or authorized by law.

*You* may withdraw *your* consent, but doing so may limit *our* ability to provide *you* with the requested product or service.

As part of maintaining *our* relationship with *you*, *we* may share *your* personal information within the Northbridge group of companies and with third parties, but only for the purposes identified above, and in accordance with this Privacy Notice. Where personal information is shared with third parties, it is done on the basis that they will maintain the confidentiality of the information. If *we* discover that third parties are improperly handling *your* personal information, *we* will take appropriate action to protect *your* personal information.



We may use service providers located outside of Canada to collect, use, disclose or store personal information. Where we do so, we will contractually require such third party to employ the appropriate security safeguards to protect *your* personal information, subject to the law in the third party jurisdiction. While the personal information is in another jurisdiction it may be accessed by the courts, law enforcement and national security authorities of that jurisdiction. The jurisdictions where personal information may be collected, used, disclosed and stored include the United States of America.

You can obtain a copy of *our* Privacy Policy by visiting *our* website at [www.nbfc.com](http://www.nbfc.com) or by contacting *your* broker or agent. You may request access to *your* personal information that we have on file in order to verify its accuracy and completeness by sending a written request to *our* Privacy Officer. If you have any questions or complaints regarding *our* Privacy Policy or procedures, please contact *our* Privacy Officer:

By Mail: Northbridge Financial Corporation  
105 Adelaide Street West, 7th Floor  
Toronto, Ontario M5H 1P9  
Attention: Privacy Officer

By E-mail: [privacy@nbfc.com](mailto:privacy@nbfc.com)

By Phone: [\(416\) 350-4400](tel:(416)350-4400)  
[1-800-268-9680](tel:1-800-268-9680)

If we are unable to resolve *your* privacy concern to *your* satisfaction, you have the right to contact *your* privacy regulator. *Our* Privacy Officer will provide you with this contact information upon request.

## SECTION 14 – HELP IS JUST A PHONE CALL AWAY

Enjoying *your trip* should be the first thing on *your* mind. *Our* multilingual Assistance Centre is there to help and support you 24 hours a day, each day of the year with:

### Pre-Trip Information

- Passport and visa information
- Health hazards advisory
- Weather information
- Currency exchange information
- Consulate and embassy locations

## During a Medical *Emergency*

- Verifying and explaining coverage
- Referral to a doctor, *hospital*, or other healthcare provider
- Monitoring *your* medical *emergency* and keeping *your* family informed
- Arranging return transportation *home* when medically necessary
- Arranging direct billing of covered expenses (where possible)

## Other Services

- Assistance with lost, stolen or delayed baggage
- Assistance in obtaining *emergency* cash
- Translation and interpreter services in a medical *emergency*
- *Emergency* message services
- Help to replace lost or stolen airline tickets
- Assistance with obtaining prescription drugs
- Assistance with obtaining legal help or bail bond

In the event of *emergency*, call the Assistance Centre immediately at:



**1 833-754-3725** toll-free from the USA and Canada

**1 416-987-1218** collect to Canada from anywhere else in the world

The Assistance Center is ready to assist *you* 24 hours a day, each day of the year.



Everyone wants to have a carefree trip and should be able to travel with confidence in their travel insurance purchase. Most Canadians travel every day without a problem, but if something does happen, the member companies of the Travel Health Association of Canada (THiA) want you to know your rights. THiA's Bill of Rights and Responsibilities builds on the golden rules of travel insurance:

Know your health | Know your trip | Know your policy | Know your rights

## Underwritten by:

Northbridge General Insurance Corporation /  Northbridge<sup>®</sup> Insurance