

IMPORTANT NOTICE

- Travel insurance is designed to cover losses resulting from sudden, unexpected and unforeseeable circumstances. It is important that you read and understand your policy before you travel, as your coverage may be subject to certain exclusions or limitations.
- A pre-existing medical exclusion applies to medical conditions and/or symptoms that existed prior to your travel. Check the policy to see how this applies to you.
- 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 for medical emergencies. If you experience a medical emergency, you must notify our assistance centre prior to treatment, where possible, and no later than twenty-four (24) hours after receiving medical treatment or being admitted to hospital. Your policy may limit benefits should you not contact the assistance centre.
- Claims for Trip Cancellation & Interruption, Baggage Loss, Damage & Delay or loss of Sports or Computer Equipment must be reported to the GMS office within seven (7) days of the cause of the claim.

**PLEASE READ YOUR POLICY CAREFULLY
AT THE TIME OF PURCHASE**

Emergency Medical Insurance

This applies to **Single-Trip Daily Travel** and **Multi-Trip Annual Travel**.

If you have purchased TravelStar® Emergency Medical insurance, Group Medical Services (GMS) will provide payment for the following benefits outside of your province of residence:

Benefits

GMS will pay the reasonable and customary charges up to a maximum amount payable of \$5,000,000 of eligible expenses in the event that an unexpected medical emergency occurs outside of your province of residence or Canada.

Payment will be made in excess of any deductibles and any amounts permitted and/or paid by your provincial government plan or other insurance plans.

For expenses to be eligible, the emergency treatment for a sudden or unexpected illness or accidental injury and the necessary diagnosis and treatment must occur:

- **Single-Trip Daily Travel** – on or after the effective date and on or prior to the termination date as stated on your TravelStar® application.
- **Multi-Trip Annual Travel** – within the first fifteen (15) or thirty (30) days (depending on the trip length option you choose) after leaving your province of residence.

Eligible expenses include:

1. **Hospitalization** – Hospital accommodations up to semi-private rooms and hospital services and supplies necessary for the emergency care during hospitalization. One follow-up visit (excluding on-going treatment) is covered in situations where the medical process in dealing with the emergency requires such a follow-up visit. The follow-up visit must take place within fourteen (14) days of the initial emergency.
2. **Medical Services** – Treatment by a physician or surgeon.
3. **Diagnostic Services** – X-rays and other diagnostic tests. Magnetic resonance imaging, computerized axial tomography scans, sonograms, ultrasounds and biopsies are excluded unless pre-authorized by GMS.
4. **Out-Patient Treatment** – Out-patient emergency room expenses.
5. **Prescription Drugs** – Drugs and medication obtained on the prescription of the attending physician and supplied by a licensed pharmacist, to a maximum of thirty (30) day prescription. Drugs or medications that are lost, stolen or damaged during your covered trip are covered up to a maximum of \$50 per person. Any associated physician's expenses related to lost, stolen or damaged prescriptions are excluded from coverage.
6. **Private Duty Nursing** – Expenses to a maximum of \$5,000 per person for the professional services of a registered nurse (non-family member) for private duty nursing while hospitalized during an acute emergency illness or injury.
7. **Road Ambulance** – Expenses for the use of a licensed road ambulance in an emergency situation that requires immediate transportation to the nearest hospital where adequate facilities are available.
8. **Air Ambulance** – Expenses for the use of an air ambulance or regularly scheduled airline to transport you back to your province of residence for further in-hospital treatment, upon the written recommendation of the attending physician and with prior GMS approval. This benefit excludes helicopter transports.
9. **Remote Evacuation** – Expenses to a maximum of \$5,000 for your evacuation from a mountainous region, remote location or sea to the nearest, most accessible hospital.
10. **Special Attendant** – One round-trip, economy class airfare for a medical attendant, if medically necessary and pre-approved by GMS, to accompany you back to your province of residence. The attendant must not be a friend, relative, associate or other person who was traveling with you when the emergency occurred.
11. **Return of Family Member** – A one-way, economy class airfare by the most direct route to the departure point, to a maximum of \$1,000, for the return of one (1) covered, accompanying family member if GMS requires that you return to Canada or your province of residence for immediate medical treatment or in the event of your death. This benefit must be pre-approved by GMS.
12. **Paramedical Services** – Expenses, up to an aggregate maximum of \$300 per person, for the emergency services of an osteopath, physiotherapist, chiropractor, chiropodist and/or podiatrist.
13. **Accidental Dental** – Expenses for the repair or replacement of natural teeth or permanently attached artificial teeth necessitated by an accidental blow to the mouth, to a maximum of \$2,000 per person. Expenses for treatment of the relief of dental pain, to a maximum of \$250 for such treatment. This benefit excludes dental implants.
14. **Return of Remains** – When death results from a covered emergency, the expenses for either the preparation and transportation of the deceased to his/her province of residence, to a maximum of \$3,000 per person, or the expense of cremation or burial at the place of death, to a maximum of \$2,000 per person.
15. **Family to Bedside** – A round-trip, economy class airfare by the most direct route, up to a maximum of \$3,000, in the event you become hospitalized for at least three consecutive nights as a result of a covered emergency, and the attending physician advises the necessary attendance of one of your family members or a close friend. In addition, reimbursement of up to \$150 per day to a maximum of \$750 for reasonable expenses incurred by the transported person once they arrive. Original paid receipts for the expenses incurred are required. This benefit must be pre-approved by GMS.
16. **Family Transportation** – When death results from a covered emergency, a single round-trip, economy class airfare for an immediate family member plus up to \$300 for meals and accommodation, to an aggregate maximum of \$2,000 to identify the deceased.
17. **Return of Vehicle** – Expenses to a maximum of \$2,000 with prior GMS approval, for returning your vehicle to your residence or the nearest appropriate vehicle rental agency, when you and any travel companions are unable to do so due to unexpected illness or accidental injury. This benefit is only available when GMS returns you to your province of residence for further in-hospital medical treatment. Eligible expenses include the return of a vehicle performed by a professional agency or the following necessary and reasonable expenses incurred by an individual returning the vehicle on your behalf: fuel, meals, overnight accommodation, and one-way economy class airfare. Expenses incurred by anyone traveling with the person returning the vehicle are not covered. Written medical certification and original paid receipts for the expenses incurred are required.

18. **Return of Cat or Dog** – Reimbursement to a maximum of \$300 to return your cat or dog to your province of residence, when GMS returns you to your province of residence for further in-hospital medical treatment.
19. **Child Care** - Reimbursement to a maximum of \$500, with prior GMS approval, for licensed care of dependant children if they are traveling with you, should you be hospitalized due to a medical emergency.
20. **Escort of Insured Dependant** – Reimbursement of one-way, economy class airfare by the most direct route to return an accompanying child/children (up to the age of eighteen (18) years) and an escort, when necessary, to the departure point. This benefit must be pre-approved by GMS.
21. **Coverage Continuation** – If coverage expires while you are hospitalized due to an emergency, applicable coverage will continue for you, your spouse and any dependants traveling with you, for up to seventy-two (72) hours after you are discharged from the hospital.
22. **Out-of-Pocket Expenses** – Reimbursement for reasonable and customary expenses, up to \$150 per day to a maximum of \$1,000, for accommodations, meals, necessary telephone calls and taxi or bus fares incurred by an accompanying family member in the event you are hospitalized as at your scheduled return date. Original paid receipts for the expenses incurred are required. This benefit must be pre-approved by GMS.
23. **24-Hour Travel Assistance Services:**
 - a) coordination of all medical care, transportation and repatriation;
 - b) telephone interpretation services in most languages;
 - c) monitor progress during treatment and recovery by managed care.

This policy does not provide coverage for any expenses related directly or indirectly as a result of:

- a) your medical condition and/or related condition and/or symptoms (whether or not the diagnosis has been determined) if at any time in the one hundred eighty (180) days preceding your departure date your medical conditions or related conditions and/or symptoms have not been stable;
 - b) if at any time in the one hundred eighty (180) days prior to your departure date:
 - i) any heart condition, has not been stable;
 - ii) any lung condition has not been stable.
5. Expenses incurred when you travel to a country after such time that a travel advisory has been issued by the Canadian government recommending that Canadians do not travel to such country, or to specific regions within such country.
 6. Expenses that are duplication of any service, allowance or reimbursement supplied by an existing government plan or private plan.
 7. Expenses incurred for any treatment, hospitalization or surgery (including elective, non-elective, personal comfort, dental or cosmetic) which is not considered to be an emergency, even if it is recommended by a physician.
 8. Expenses incurred for treatment at a diagnostic facility unless pre-approved by GMS.
 9. Emergency air transportation or return to province of residence, which is not arranged and pre-approved by GMS.
 10. Expenses related to any advice, investigation, treatment, hospitalization or surgery, which is a continuation of, subsequent to or a recurrence of an emergency medical treatment of a sickness or injury.
 11. Expenses for drugs and medication which are commonly available without a prescription, not legally registered or approved in Canada, experimental drugs or preventative medicines or vaccines.
 12. Expenses related to transplants at your destination, including but not limited to organ transplants, bone marrow or stem cell transplants.
 13. Any expenses incurred when travel is undertaken for the purpose of obtaining medical or surgical diagnosis or treatment, or when any medical treatment is pre-scheduled prior to departure from your province of residence.
 14. Expenses resulting when travel is booked or commenced contrary to medical advice.
 15. Expenses incurred related to pregnancy, miscarriage, childbirth or complications of any of these conditions occurring after the first eighteen (18) weeks of pregnancy.
 16. Routine or general physical examinations, check-ups or services of a continued nature following emergency treatment of a sickness or injury.
 17. Coronary artery angioplasty, cardiac surgery or implantable cardioverter defibrillator (ICD) (including any associated diagnostic tests or charges), unless necessary in a medical emergency and pre-approved by GMS prior to any actions.
 18. Any endovascular surgical procedures, either done individually or in combination with conventional surgical procedures.
 19. Any treatment, which is considered by GMS to be experimental. GMS's opinion on the issue is final and binding.
 20. Expenses resulting directly or indirectly from the commission or attempted commission of any criminal, criminal-like or illegal activity; intentional self-injury, suicide or attempted suicide; the consumption or abuse of any alcohol, medication or drugs, or any event, act or omission caused or contributed to by the use or abuse of alcohol, medication or drugs; any participation in the armed forces; or any willful exposure to peril.
 21. Expenses incurred as a result of a motor vehicle accident, unless such services are not covered by any other private or public vehicle insurance.
 22. Expenses resulting from participation in professional sports, any speed contest, SCUBA diving (unless PADI, ACUC or SSI certified), extreme sports including but not limited to: parachuting, mountaineering, skydiving, rodeo, hang gliding, bungee cord jumping, acrobatic or stunt flying or a flight accident unless riding as a passenger on a commercially licensed airline.
 23. Treatment or services that contravene or are prohibited by the provincial laws of your province of residence and the federal laws of Canada that apply in your province of residence.
 24. Expenses for any persons holding a work visa from the country to which they are traveling; or for persons working in hazardous occupations.

Eligibility

The following eligibility criteria apply to this coverage:

1. There is no age limit for persons purchasing the **Single-Trip Daily Travel Plan**. However, to purchase the **Multi-Trip Annual Travel Plan**, you must be age seventy-nine (79) or less at the effective date.
2. You must have valid provincial health coverage for this insurance to be valid.
3. You are not eligible for coverage if on the effective date:
 - a) you are awaiting further tests or treatment for heart disease or you have ever been diagnosed with congestive heart failure (CHF);
 - b) you have both heart disease and insulin dependent diabetes and are taking prescription medication for both;
 - c) you use home oxygen for a heart and/or lung disease;
 - d) you take oral steroids for a lung condition;
 - e) any of the following apply to you; are under active treatment for cancer, have an aortic or intracranial aneurysm that remains surgically untreated, have experienced undiagnosed episodes of syncope/fainting or falling;
 - f) you have an ICD (Implantable Cardioverter Defibrillator);
 - g) In the past twelve (12) months:
 - i) you have suffered from, been diagnosed with, received new treatment for, or had a recurrence of, or complications relating to any of the following: stroke/TIA, blood clots, atrial flutter, atrial/ventricular fibrillation, peripheral vascular disease, AIDS, any terminal illness, renal/liver failure, or gastrointestinal bleeding;
 - ii) you have undergone the following procedures: renal dialysis, valve replacement, valve surgery, or organ transplant.
4. Persons age sixty (60) years of age and over must complete a medical questionnaire at the time of application.

Coverage Begins and Ends

1. Coverage for **Single-Trip Daily Travel Plan** begins on the effective date and ends on the termination date as shown on your TravelStar® application.
2. Coverage for **Multi-Trip Annual Travel Plan** begins on the effective date and ends on the last day of the policy year.

Exclusions

The following expenses are not covered by the policy:

1. Expenses incurred where you act against medical advice or the advice of GMS.
2. Expenses resulting from the regular care of a chronic condition.
3. Expenses incurred as a result of non-adherence with medical treatment prior to departure.
4. Coverage for medical conditions that existed prior to your departure date or prior to your effective date, if used as a top-up, is subject to the following.

Specific Conditions

1. You must purchase the plan prior to *your departure date* from your province of residence.
2. The **Single-Trip Daily Travel** Plan may be used as a top-up to GMS Multi-Trip Annual Travel plan, other GMS travel plans or another insurer's travel plan. The **Multi-Trip Annual Travel** Plan may not be used as a top-up to any other travel plan.
3. Should any changes in *your health* occur after the *application date* and prior to the *effective date*, GMS must be contacted and the application updated.
4. When taking multiple *trips* outside of Canada under the **Multi-Trip Annual Travel** Plan, you must return to your province of residence for a minimum of seventy-two (72) hours prior to making a subsequent *trip*. This condition does not apply in cases where *trip duration* is less than fourteen (14) days. However, all conditions and exclusions are applicable to each subsequent *trip*.
5. GMS, in consultation with the attending *physician*, reserves the right to transfer you to another *hospital* or medical facility capable of providing the necessary medical services, or to return you to your province of residence. If you refuse to do so GMS will have no further liability under this policy.
6. GMS is not responsible for the availability, quality, results or effectiveness of any medical *treatment* or transportation or your failure to obtain medical *treatment*.
7. You agree that GMS is authorized to receive reports indicating diagnosis and services or *treatment* rendered or provided to you from any *physician*, health care provider, other person, *hospital* or institution.
8. Any material misrepresentation, provision of incorrect information or non-disclosure of information, by you will result in non-payment of any claim and will void your coverage.
9. Benefits are payable only for amounts in excess of what would normally be payable under *government plans* as they exist as of the policy *effective date* of this policy. There is no coverage for any benefits of any nature, which were provided by a *government plan* on the policy *effective date* of this policy regardless of whether such benefits continue to be provided by a *government plan* at the time the claim is made.

Changes to Coverage

1. For the **Single-Trip Daily Travel** Plan, changes to travel dates, or the addition or deletion of any applicant must be made prior to departure, by contacting GMS.
2. Coverage is limited to the maximum number of days noted by your provincial health plan, unless otherwise authorized in writing by GMS.
3. You may purchase an extension if you are extending the length of your *trip*, while you are outside your province of residence provided that GMS is notified two (2) working days prior to the expiration date of the existing coverage and you have not required medical services in excess of \$500 during your entire *trip*. Payment must be made using a Visa or MasterCard credit card. If you have a **Multi-Trip Annual Travel** Plan, extensions are available by purchasing a TravelStar® **Single-Trip Daily Travel** Plan.
4. This policy may be terminated at any time, by giving written notice to GMS. Termination shall take effect on the later of the date of termination stated in the notice or the date the notice is received by GMS at its head office.
5. GMS may terminate this policy at any time by giving written notice of termination to the *policyholder* and by refunding concurrently with the giving of notice the amount of premium paid in excess of the pro rata premium for the expired time. The *effective date* of termination will be the date specified in the notice.

Requesting a Refund

1. For the **Single-Trip Daily Travel** Plan, refunds will be made as follows:
 - a) Refunds will be provided when the policy is terminated prior to the *departure date*;
 - b) Early return refunds are available for the unused portion of the premium provided that you are returning to your province of residence and no claims have been incurred under this policy. GMS must be contacted in person or by phone regarding the early return with subsequent written confirmation and proof of early return;
 - c) Request for an early return refund must be received by GMS no later than thirty (30) days from the date you return to your province of residence;
 - d) No refund will be issued for any amounts under \$5;
 - e) Those entitled to receive a refund will not be eligible for any claims reimbursement following refund payment.
2. Refunds are not available for the Multi-Trip Annual Travel Plan.

Making a Claim

1. You, or someone on your behalf, must contact GMS prior to *treatment* whenever possible. Failure to contact GMS within twenty-four (24) hours of receiving medical *treatment* or admission to *hospital* will limit benefits otherwise payable to 70% of eligible charges to a maximum of \$50,000.
2. A completed Travel Emergency Medical Claim Form must be submitted within ninety (90) days of the illness or injury.
3. In order to pay a claim, GMS will require the following documentation:
 - a) Original itemized receipts for all bills and invoices;
 - b) Proof of payment by *your* or any other benefit plan;
 - c) Medical records including completed diagnosis by the attending *physician*;
 - d) For dental claims, proof of the *accident*;
 - e) Proof of the travel dates including your *departure date* and *return date*;
 - f) Your historical records, if requested by GMS.
4. All documents for payment of eligible expenses must be received by GMS within thirty (30) days of your return home and no less than twelve (12) months from the date the last eligible expense was incurred.
5. Any action brought against GMS to recover on this policy must be brought within twelve (12) months from the date the claim form was first submitted.
6. Rights of Examination:
 - a) As a condition precedent to recovery of insurance monies under this policy:
 - i) You shall afford to GMS an opportunity to examine your person when and as often as GMS reasonably requires while the claim hereunder is pending; and
 - ii) In the case of death, GMS may require an autopsy subject to any law of the applicable jurisdiction relating to autopsies.

TRIP CANCELLATION & INTERRUPTION INSURANCE

If you have purchased TravelStar® Trip Cancellation & Interruption insurance, GMS will provide payment for the following benefits outside of your province of residence:

Benefits

TRIP CANCELLATION (PRIOR TO DEPARTURE)

In the event your *trip* is cancelled due to the occurrence of an insured risk, the following benefits are payable up to the *sum insured*:

1. Reimbursement of the non-refundable portion of pre-paid airfare and/or other pre-paid travel arrangements and any cancellation penalties.
2. Reimbursement for the single supplement or extra expense of the next occupancy charge when an insured risk prevents your *traveling companion* from departing, but you choose to travel as originally planned.
3. Reimbursement of the extra expense of one (1), one-way, economy class transportation to the ticketed destination in the event a delay of the *common carrier* at *departure point* causes a missed connection, due to weather conditions or mechanical failure of the *common carrier*, provided the *common carrier* was scheduled to arrive not less than two (2) hours prior to the scheduled connection time.

TRIP INTERRUPTION (AFTER DEPARTURE)

In the event your *trip* is interrupted due to the occurrence of an insured risk, the following benefits are payable to a maximum of \$10,000:

4. Reimbursement of up to the expense of one (1), one-way, economy class airfare to the *contracted departure point* or the fee charged by the airline to change your *contracted date of return*, whichever is less; and the non-refundable portion of the unused land arrangements (if any) paid in advance when you must return earlier or later than the *contracted date of return*.
5. Reimbursement of the additional transportation expense of economy class for you to rejoin the tour or group by the most direct route; and the non-refundable portion of other unused land arrangements (if any) paid in advance when you miss part of the covered *trip*.
6. Reimbursement of the extra expense of one (1), one-way economy transportation to the ticketed destination in the event a delay of the *common carrier* at *departure point* causes a missed connection, due to weather conditions or mechanical failure of the *common carrier*, provided the *common carrier* was scheduled to arrive not less than two (2) hours prior to the scheduled connection time.

7. Reimbursement of the extra expense of one-way economy transportation to the ticketed destination in the event of a missed connection at *departure point* or resulting in the interruption of *your* travel arrangements, due to a traffic accident, an emergency police-directed road closure or weather conditions.
8. Reimbursement of the expenses for either the preparation and transportation of the deceased to his/her province of residence, to a maximum of \$3,000 per person, or the expense of cremation or burial at the place of death, to a maximum of \$1,500 per person when his/her death results from an insured risk.
9. Out-of-pocket allowance of up to \$150 per day to a maximum of \$500 for accommodation and meals, essential telephone calls and taxi fares in the event you are delayed beyond the *return date* shown on the application.
12. Cancellation of a *business meeting* (subject to *traveling companion* definition) beyond you or your employer's control.
13. You or your *traveling companion* being summoned to service in the case of reservist, active military, police and fire personnel.

DELAYS, SCHEDULE CHANGE & MISCONNECTIONS

14. Delay of you or your *traveling companion's* scheduled *common carrier*, due to weather conditions, for a period of at least 30% of the travel period, when you choose not to continue with your travel arrangements.
15. Delay of your *traveling companion's* scheduled carrier, due to weather conditions, for a period of at least 30% of the travel period, when you choose to continue with your travel arrangements.
16. Delay of your scheduled carrier, due to weather conditions, mechanical failure, a traffic accident or an emergency police-directed road closure, in which you miss a portion of your non-refundable prepaid travel arrangements and you choose to continue with your travel arrangements as planned.
17. You miss your connection, due to a schedule change of the airline that is providing transportation for a portion of your trip.
18. Cancellation beyond you or your *traveling companion's* control, of a concert, wedding or other event, for which the sole purpose of the trip was to attend the event.

Trip Delay Upgrade (Additional Coverage)

Trip Delay Upgrade is available as optional Additional Coverage when you have purchased any GMS Trip Cancellation & Interruption Insurance Plan.

In the event your trip is delayed twelve (12) hours or more, due to circumstances beyond you or your *traveling companions* control:

1. We will reimburse you for out-of-pocket expenses of up to \$500 per day to a maximum of \$1,500 for accommodation and meals, essential telephone calls and taxi fares.
2. We will reimburse you for the expenses actually incurred up to \$200 for you to attend a ticketed event such as, but not limited to, a movie theatre, concert hall, sporting event or opera.
3. If you are traveling on a passenger plane with a ticket or pass in which this insurance was purchased against, this insurance will cover the extra cost of your same class transportation via the most cost effective route to rejoin your tour or group, return to your *departure point* or to transport you to your next destination point.

Insured Risks

Subject to the Exclusions of Coverage, any of the following occurrences that prevent you from departing or returning on a *contracted date*:

EMERGENCY MEDICAL CONDITIONS

1. You or your *traveling companion's* emergency medical condition.
2. The admission to the hospital following an emergency for you or your *traveling companion's* immediate family member, business partner, key employee or caregiver.
3. The admission to a hospital of your host at your destination, following an emergency medical condition.

PREGNANCY

4. Complications of a pregnancy arising in the first thirty-one (31) weeks of pregnancy involving you, your spouse, or your immediate family member.

DEATH

5. The death of your *traveling companion*.
6. The death of you or your *traveling companion's* immediate family member, your business partner, key employee or caregiver.
7. The death of your host at your destination following an emergency medical condition.

GOVERNMENT ADVISORIES & VISAS

8. The non-issuance of your or your *traveling companion's* travel visas (other than an immigration or employment visa) for reasons beyond your control.
9. A travel advisory issued by the Canadian government, after the purchase of your insurance, recommending that Canadians do not travel to the country for which you purchased a ticket for a period that includes your travel period.

EMPLOYMENT & OCCUPATION

10. A transfer by the employer with whom you or your *traveling companion* are employed on the purchase date of this policy, which requires the relocation of principal residence.
11. The involuntary loss of your permanent employment.

OTHER RISKS

19. A natural disaster that renders you or your *traveling companion's* principal residence uninhabitable or place of business inoperative.
20. You or your *traveling companion* being quarantined or hijacked.
21. You or your *traveling companion* being called for jury duty, subpoenaed as a witness or required to appear as a defendant in a civil suit, during your travel period.
22. An act of terrorism that directly or indirectly causes a loss that would otherwise be payable under one of the covered risks.
23. The default of a travel supplier.

Coverage Begins and Ends

1. Coverage begins and ends:
 - a) For Daily Trip Cancellation & Interruption Plans:
 - i) coverage begins on the earliest of: the *effective date* as shown on your TravelStar® application; the date of the *cause of cancellation* if the trip is cancelled prior to the scheduled *departure date*;
 - ii) coverage ends on the earliest of: the *termination date* as shown on your TravelStar® application; or the date you return to your permanent residence;
 - b) For Multi-Trip Annual Trip Cancellation & Interruption Plans coverage begins on the *effective date* and ends on the last day of the *policy year*.

Exclusions

The following expenses are not covered by this policy:

1. Expenses incurred where you act against medical advice or the advice of GMS.
2. Expenses resulting from the regular care of a chronic condition.
3. Expenses incurred as a result of non-compliance with medical treatment prior to departure.
4. Expenses related directly or indirectly as a result of your medical condition and/or related condition and/or symptoms (whether or not the diagnosis has been determined) if at any time in the one hundred eighty (180) days preceding your purchase date for the Single-Trip Daily Plan or booking date for the Multi-Trip Annual Plan, your medical conditions or related conditions and/or symptoms have not been stable.
5. Expenses incurred, if at any time in the one hundred eighty (180) days prior to your purchase date for the Single-Trip Daily Plan or booking date for the Multi-Trip Annual Plan:
 - a) any heart condition, has not been stable;
 - b) any lung condition has not been stable.
6. Expenses incurred when a trip was undertaken to visit or attend an ailing person, when the medical condition or ensuing death of that person is the cause of the claim.
7. Expenses related to any event, which at your date of purchase, you knew may eventually prevent you from completing your trip as booked.

8. Expenses resulting directly or indirectly from the commission or attempted commission of any criminal, criminal-like or illegal activity; intentional self-injury, suicide or attempted suicide; the consumption or abuse of any alcohol, medication or drugs, or any event, act or omission caused or contributed to by the use or abuse of alcohol, medication or drugs; any participation in the armed forces; or any willful exposure to peril.
9. Expenses incurred related to complications of pregnancy or childbirth, occurring in the nine (9) weeks before or after the expected date of delivery.
10. Expenses resulting from participation in professional sports, any speed contest, SCUBA diving (unless PADI, ACUC or SSI certified), extreme sports including but not restricted to: parachuting, mountaineering, skydiving, rodeo, hang gliding, bungee cord jumping, acrobatic or stunt flying or a flight accident unless riding as a passenger on a commercially licensed airline.
11. Expenses resulting from war (declared or not) or act of foreign rebellion.
12. Expenses incurred from default by a *travel supplier* when at the time of booking the *travel supplier* was in receivership, insolvent or bankrupt.

Specific Conditions and Limitations

1. You must purchase this insurance prior to your *departure date* and within seven (7) days of purchasing a flight or *trip* that is non-refundable after the date of booking or prior to incurring any cancellation penalties.
2. If the value of your *trip* is \$12,000 or greater, you must complete a medical questionnaire at time of application.
3. Cancellation due to injury or sickness must be on the written advice of the attending *physician* at the location where sickness or injury leading to cancellation occurred.
4. When *cause of cancellation* occurs prior to the *departure date*, you must cancel your *trip* with the *travel supplier* on the day the *cause of cancellation* occurs or on the next business day and notify GMS at the same time. Claims settlements shall be limited to the amounts that are non-refundable at the time of the *cause of cancellation* up to the *sum insured*.
5. In the event of the default of a *travel supplier*, reimbursement will be on an "excess only" basis to all other insurance plans or reimbursement from any source. Reimbursement must be sought from other insurance, travel agency, tour company or travel provider, provincial compensation plan or credit card.
6. When *cause of cancellation* or interruption is due to an *act of terrorism* or default of a *travel supplier*, claims will be paid to an aggregate limit of \$200,000 per calendar year. If it is estimated that claims will exceed the annual limit, claims will be paid on a prorated basis after the end of the calendar year.
7. In cases of interruption, travel must be taken on the earliest of:
 - a) The date when your travel is medically possible;
 - b) Within ten (10) days following your originally scheduled *return date* if your delay is not the result of hospitalization;
 - c) Within thirty (30) days following your originally scheduled *return date* if your delay is the result of hospitalization.
8. If you are deemed medically unfit to travel as a result of an insured risk and if this advice is provided prior to the *return date* of this policy as indicated on the application page and if this advice is provided, in writing, by the attending *physician*, this insurance will automatically be extended for five (5) days. If additional days are required, please apply to GMS, and extensions may be granted for extra premium.

Changes to Coverage

1. Changes to travel dates for Trip Cancellation & Interruption may be made anytime prior to departure, if the change is necessitated by the *travel supplier*.
2. The addition or deletion of an applicant must be made prior to departure, by contacting GMS.
3. Coverage is limited to the maximum number of days noted by your provincial health plan, unless otherwise authorized in writing by GMS.
4. Extensions may be approved while you are outside your province of residence provided that GMS is notified two (2) working days prior to the expiration date of the existing coverage and you have not required medical services in excess of \$500 during your entire *trip*. Payment must be made using a Visa or MasterCard credit card.

Requesting a Refund

1. A refund of the premium will only be issued under the following circumstances on the condition that no claims are paid or payable in these instances:
 - a) The *travel supplier* cancels the *trip* and all penalties are waived;
 - b) The *travel supplier* changes the travel dates and you are unable to travel on those dates and all penalties are waived;
 - c) You cancel the *trip* before any cancellation penalties are in effect;
 - d) No refund will be issued for any amount under \$5.

Making a Claim

1. Claims must be reported to the GMS office within seven (7) days of the cause of claim.
2. Claim forms must be submitted within ninety (90) days of the cause of claim.
3. The following documents must be submitted:
 - a) For *trip* cancellation claims you must provide itemized invoices, original unused tickets and statements from your travel agent where applicable;
 - b) For cancellation due to natural disaster, *accident* on the way to departure, jury duty, subpoena, transfer or involuntary loss of employment, a legal certificate (police report, subpoena, record of employment) confirming the circumstances of the cancellation;
 - c) For cancellation and interruption claims, original passenger coupon of new ticket purchase and receipt showing amount paid for ticket, and any credit or refunds received from the agents and/or carriers;
 - d) For any out-of-pocket claims due to *trip* interruption, we require an explanation of expenses in the event of a late return, along with original receipts;
 - e) If cancellation or interruption is due to a death or repatriation, we require a death certificate accompanied by receipts from the funeral home, airline, etc.;
 - f) When cancellation is due to an injury or sickness, you must provide a certificate from the *physician* at the location where the *treatment* was given stating:
 - i) Full diagnosis;
 - ii) Full date of risk incurred;
 - iii) Date of first consultation; and
 - iv) Date advised to discontinue travel and/or return home.
4. All supporting documents for payment of eligible expenses must be received by GMS within thirty (30) days of your return home and no more than twelve (12) months of the cause of claim.
5. Failure to provide applicable substantiation for a claim shall invalidate any claim under this insurance.

BAGGAGE LOSS, DAMAGE & DELAY INSURANCE

If you have purchased TravelStar® Baggage Loss, Damage, & Delay insurance, GMS will provide payment for the following benefits outside of your province of residence:

Benefits

BAGGAGE LOSS, DAMAGE & DELAY INSURANCE

Benefits are payable to the maximum of the *sum insured*, to an overall maximum of \$5,000 per person per *trip*.

1. Baggage
 - a) Reimbursement of your losses, subject to a maximum of \$500 for any one (1) item or set of items.
 - b) Reimbursement for the expense of replacing one (1) or more of the following documents, to a maximum of \$100, in the event of loss or theft: passport, driver's licence, birth certificate or travel visa.
 - c) Reimbursement of personal currency when caused directly by theft or robbery up to a maximum amount of \$100.
 - d) Reimbursement for personal items expenses if baggage is delayed for greater than twelve (12) hours, to a maximum amount of \$400.

2. Additional Coverage

If you have purchased the following Additional Coverage, GMS will provide payment for the following benefits outside your province of residence.

- a) Golf Clubs, Skis & Sporting Goods
Reimbursement to a maximum of \$2,000 per item or set of items, of specifically identified sporting goods which you own and use during your *trip*.

- b) Laptops & Computer Equipment
Reimbursement to a maximum of \$2,000 per item or set of items, of specifically identified computer equipment which you own and use during your trip.
- c) Increased Per Item Limit
Reimbursement to a maximum of \$1,000 per specifically identified item or set of items, which you own and use during your trip. This is additional coverage beyond the baggage coverage, already included with your Baggage Loss, Damage & Delay Plan.

Insured Risks

Loss of or damage to specifically identified item(s) that you own and use during your trip, by reason of theft, burglary, fire or transportation hazards during your trip.

Exclusions

The following expenses are not covered:

1. Animals, perishables, bicycles except while checked as baggage with a common carrier, household effects and furnishings, artificial teeth and limbs, hearing aids, eyeglasses, sunglasses, contact lenses, tickets, securities and documents, professional or occupational items, antiques and collector items, breakage of brittle or fragile articles, property illegally acquired, kept, stored or transported.
2. All handheld electronic devices such as MP3 players, cellular telephones, and smart phones (including but not limited to BlackBerry smartphones or iPhones). Entertainment equipment such as DVD players, CD players, stereo equipment and all gaming and entertainment devices.
3. Any expenses arising from loss caused by wear and tear, deterioration, defect or mechanical breakdown.
4. Any expense arising from loss caused by your imprudent act or omission.
5. Any expense arising from loss of articles specifically insured on a valued basis by another insurer while this insurance is in effect.
6. GMS is not liable beyond the actual cash value of the property at the time of loss.

Specific Conditions and Limitations

1. To be eligible for the Baggage Loss, Damage & Delay Insurance you must also first purchase a plan from GMS providing trip cancellation and interruption benefits.
2. To be eligible for Additional Coverage, you must also first purchase a plan from GMS providing trip cancellation and interruption as well as baggage loss, damage and delay insurance. Coverage must be purchased for each item or set of items and a full description of the insured item(s) must accompany the application.
3. In the event of theft, burglary, robbery, malicious mischief, disappearance or loss of an item covered under this insurance, you must:
 - a) 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 within five (5) days upon your return to your departure point. Failure to comply with this condition will invalidate any claim under this insurance.
4. 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.
5. GMS reimbursement is limited to the actual cash value of the property at the time of loss.
6. If an article, which is part of a set, is lost or damaged, the measure of the loss or damage to such article is reasonable and fair proportion of the total value of the set, but not the total loss of or damage to the set.
7. This policy is in excess only of all other refunds or credits received from all travel suppliers, or any other insurance plan.
8. We reserve the option to repair or replace your property with another of a similar kind, quality and value and to ask you to submit damaged items for appraisal.
9. Benefits for Baggage Loss, Damage & Delay including Additional Coverage are payable to the sum insured disclosed at the time of application, to a maximum of \$5,000 per person per trip.

Making a Claim

1. Claims must be reported to the GMS office within seven (7) days of the cause of claim.
2. Claim forms must be submitted within ninety (90) days of the cause of claim.
3. The following documents must be provided:
 - a) a physical police incident report;
 - b) proof of travel dates; and
 - c) proof of ownership of all claimed item(s).
 - d) You may also be required to supply a copy of your homeowners/tenants insurance policy and proof or decline of payment.
4. All supporting documents for payment of eligible expenses must be received by GMS within thirty (30) days of your return to your home and no more than twelve (12) months after the cause of claim.
5. Failure to provide applicable substantiation for a claim shall invalidate any claim under this insurance.

GENERAL CONDITIONS

(applies to all insurance plans)

1. Coverage is not effective until GMS approves the application, and the appropriate premium has been paid.
2. All amounts stated in this policy are in Canadian funds.
3. Benefits payable do not include interest charges.
4. This policy shall be interpreted and construed in accordance with the law of the Province of Saskatchewan and the federal laws of Canada applicable therein, and the parties hereby attorn to the non-exclusive jurisdiction of the Courts of the Province of Saskatchewan.
5. If eligible expenses are incurred due to the fault of a third party, GMS may take legal action against the person(s) at fault, in your name to recover these expenses. You agree to fully cooperate with GMS in any action that might be taken.
6. This policy is in excess only of all other insurance plans or amounts recoverable by any other party. If GMS pays eligible expenses to you and a third party makes payment for those same benefits, you are responsible for reimbursing GMS the amount previously paid by GMS.
7. In the event that you have concurrent insurance from another source(s) in respect of benefits provided under this policy, benefits shall be coordinated with your other insurer(s) as follows:
 - a) All benefits from any government plan shall be determined and recovered first;
 - b) GMS will pay eligible expenses only in excess of amounts covered by that of the other insurer(s) including but not limited to any employment related plan, extended health care plan, private or provincial vehicle insurance, credit card policy, or any other insurance, whether collectible or not;
 - c) If, however, if the other source(s) of coverage is also "excess only", all benefits shall be determined and recovered from the policies based on the following priority:
 - i) any plan not containing a coordination of benefits statement; then
 - ii) any employment/retirement related plan; then
 - iii) any other plan, including GMS. In this case, the benefits shall be prorated according to the maximum amounts that would have been payable as the result of the benefit contained under the respective plans. You agree that prorated sharing is what was intended when the policy was entered into and that sharing on any other basis including on the basis of independent or several liability and/or equal sharing is not what was intended or agreed to; then
 - iv) the private plan (Individual Health Plan) where the insured is covered as a member.
8. If a covered person is entitled to similar benefits under any other individual or group contract, the benefits payable under this policy shall be coordinated so that the total payment from all coverages shall not exceed the amount for which the claim is made.
9. Insurance is in effect only for those coverages and for the sum insured indicated on your TravelStar® application for which the premium has been paid. Benefits are payable in accordance with the classification of coverages and are limited to the sum insured.
10. If GMS determines that there is no coverage for a claim(s) under this policy, notwithstanding that amounts may have been advanced to you or on your behalf, all amounts so advanced to you or on your behalf must be repaid by you to GMS on demand. In such circumstances any payment(s) made by GMS will not constitute an acceptance of coverage.
11. It is your responsibility to provide proof that the dates of travel are consistent with the terms of this policy.

12. GMS reserves the right to investigate or obtain a private opinion on any claim and to obtain any and all information relating to a claim.
13. Any material misrepresentation, provision of incorrect information or non-disclosure of information by you will result in non-payment of any claim and will void your coverage.
14. By purchasing this policy you are authorizing:
 - a) Any physician, health care provider, other person, hospital or institution to release to GMS and/or its authorized agents, representatives, affiliates or other service providers (collectively "GMS") any information covering your medical history, symptoms, treatment, examination, diagnosis and/or services rendered to you, or and or your dependants.
 - b) GMS to collect, store and use any information which is provided by you and any information obtained pursuant to clause (a) and (c).
 - c) GMS to obtain information from, or disclose information to any government plan; the operator of any hospital, clinic or other health facility; a physician or other health care provider; any insurance company; or any other service provider or third party as may be reasonably required. This information is intended for the purpose of administering the plan and communicating with you.
 - d) Subject to legal or contractual restrictions, you may (upon reasonable written notice to GMS), choose to withdraw your consent to the collection, use and disclosure of such information. It is important to note that if your consent is withdrawn, you will restrict our ability to administer your plan. Further, if you withdraw your consent, we may not be able to offer you our products and services and you will limit our ability to pay your claim(s).
15. You agree to fully cooperate with GMS to provide the documentation and authorization required by GMS to administer your plan, including the assessment of your claim(s). Failure to do so with respect to the assessment of your claim(s) will result in the non-payment of the claim(s), in accordance with the general conditions.
16. Despite any other provision of this contract, the contract is subject to the statutory conditions in the insurance act respecting contracts of accident and sickness insurance of the Canadian province or territory where the policy was issued.
17. The application, this policy, any document attached to this policy when issued, and any amendments to the policy agreed upon in writing after the policy is issued, constitute the entire contract, and no agent has the authority to change the contract or waive any of its provisions.
18. GMS shall be deemed not to have waived any condition of this policy, either in whole or in part, unless the waiver is clearly expressed in writing signed by GMS.
19. No statement made by GMS or the policyholder at the time of application for this policy shall be used in defense of a claim under or to avoid this policy unless it is contained in the application or any other written statements or answers furnished as evidence of insurability.

DEFINITIONS

(applies to all insurance plans)

Accident/Accidental: a happening due to external, sudden, fortuitous causes beyond your control.

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.

Application date: the date that the application is received at GMS's head office or the office of an authorized agent. Coverage will not be effective until GMS has approved the application and received the appropriate premium.

Business meeting: a meeting scheduled before the application date of this Insurance between companies with unrelated ownership, pertaining directly to your full-time employment.

Cause of cancellation: the date of the ultimate diagnosis or occurrence, which results in the cancellation of the trip.

Caregiver: a person you have entrusted with the care of your dependant on a permanent, full-time basis and whose services cannot reasonably be replaced.

Check-up: a medical examination conducted by a physician, which includes a review of your medical history, a physical examination and routine tests.

Common carrier: a conveyance (bus, taxi, train, boat, airplane or other vehicle), that is licensed, intended and used to transport paying passengers.

Contracted: in reference to a destination, a date or the time and place of arrival or departure, means that indicated in the travel documents for the covered trip.

Departure date: the day you leave your province of residence.

Departure point: the province, territory or country you depart from on the first day of your intended travel period.

Dependant: any unmarried child of you or your spouse (including step-child, adopted child or a child for whom you have been granted custody pursuant to an Order of the Court) who is chiefly dependent upon you or your spouse for support and maintenance, and is:

- a) eighteen (18) years of age and under; or
- b) twenty-four (24) years of age and under if the child is undergoing full-time student educational training in the same province as the policyholder; or
- c) a developmentally or physically disabled child, regardless of age, if satisfactory proof of disability is received.

Effective date: the date that the application is received at GMS's office or the office of an authorized agent of GMS. Coverage will not be effective until GMS has approved the application and received the appropriate premium.

Emergency: a sudden or urgent happening that is acute and poses an immediate risk, requiring immediate medical intervention and/or treatment. In the case of an emergency incurred during your trip, an emergency no longer exists when the medical evidence indicates that no further treatment is required at your destination, or indicates you are able to return to your province of residence for further treatment.

Expiry date: the date on which your coverage ends under our Insurance.

GMS: Group Medical Services and/or its authorized agents, representatives, affiliates or other service providers.

Government plan: any plan of insurance provided by or under the administrative control of any government or governmental agency in accordance with any law (other than The Employment Insurance Act of Canada) or any plan providing insurance coverage regulated by any government.

Heart disease: any disease of the heart including, angina, irregular heartbeat, heart attack, congestive heart failure, ischemic heart disease, valvular heart disease and myocardial infarction.

Hospital: an institution licensed, accredited or otherwise officially designated as a hospital and which is primarily engaged in providing medical, diagnostic and surgical services for the care and treatment of sick or injured persons on an in-patient basis, and, which has a laboratory, a registered graduate nurse and a physician always on duty and an operating room where surgical operations are performed by legally licensed medical physicians. In no event shall the term "hospital" or "general active treatment hospital" mean any hospital or institution or part of such hospital or institution licensed or used principally as a clinic, continued care or extended care facility, convalescent facility, rehabilitation centre, rest home, personal care home, nursing home, health spa or treatment centre for drug addiction or alcoholism.

Immediate family member: your legal or common-law spouse, parent, brother, sister, legal guardian, step-parent, step-child, step-brother, step-sister, grandparent, grandchild, in-law or natural or adopted child.

Key employee: an employee whose continued presence is critical to the ongoing affairs of the business during your absence.

Non-adherence: the failure or refusal of a patient to cooperate by carrying out that portion of the medical care plan under his or her control.

Physician: a duly qualified doctor of medicine entitled under the laws of the province, state or country where the services are rendered to practice medicine and surgery without restriction, but does not include a naturopath, herbalist or homeopath.

Policyholder: the person who has applied and paid the premiums to GMS for a plan and whose application has been approved by GMS.

Policy year: the twelve (12) months following the effective date of the policy.

Reasonable and customary: charges that are reasonably comparable to those normally charged for the applicable goods or services in the particular area where the goods or service is purchased or received.

Return date: the date on which you are scheduled to return to your departure point, as shown on your application.

Spouse: a legal spouse by virtue of a religious or civil marriage or a person who has been residing with the policyholder continuously for at least one (1) year and who has been maintained and publicly represented by the policyholder as the policyholder's spouse.

Stable: any medical condition or related medical condition related directly to your original condition for which:

- a) there have been no new symptoms, more frequent or more severe symptoms;
- b) there has been no change in treatment or change in medication (*);
- c) a dosage adjustment of an anti-hypertensive or cholesterol lowering medication done in the pre-existing timeframe does not constitute a change;

- d) there has been no deterioration of *your* medical condition;
- e) there has been no hospitalization or referrals to a specialist including initial follow-up visits, tests or investigations booked in conjunction with a medical condition/symptom;
- f) there is no further testing, *treatment* or investigation advised and/or booked or results pending;
- g) you have not experienced a symptom that remains undiagnosed;
- h) no further medical *treatment* after departure from *your* province of residence would be anticipated.

(*) Any newly prescribed medication, change in medication type, increase/decrease in dosage or discontinuation of a medication constitutes a change. It does not include a change from a brand name medication to a generic brand medication of the same dosage. If you are taking Coumadin/Warfarin for anticoagulation therapy or are insulin dependent or take oral medication for diabetes and are required to have your blood levels tested on a regular basis and your medical condition remains unchanged, yet you are required to adjust the dosage of your medication only to ensure correct blood levels are maintained, this is not considered a change in medication, except for an adjustment (stop and start) in an anticoagulation medication dosage due to surgery within ten (10) days prior to your *departure date* or, if used as a top-up, on the *effective date*, constitute a change.

Sum insured: the maximum sum payable, which you selected at the time of purchase and premium payment for, or which applies automatically to, a given insurance coverage.

Surgeon: a *physician* who is licensed under the laws of the province, state or country where the services are rendered to practice surgery without restriction.

Termination date: the earlier of the date which you return from *your trip*, the date which GMS returns you to *your* province of residence, or the date *your* policy expires.

Traveling companion: is a person who is listed on *your* application and who has prepaid shared accommodations or transportation with you, to a maximum of four (4) persons including yourself.

Travel supplier: a tour operator, travel wholesaler, ground transporter, airline or accommodation facility that has *contracted* to supply services to you and whose services were arranged by a Canadian travel agent. Excludes travel agency, agent or broker.

Treatment: any medical, therapeutic or diagnostic measure prescribed or recommended by a *physician* in any form including prescription medication, investigative testing, hospitalization, surgery or other prescribed or recommended action directly referable to the applicable condition, symptom or problem.

Trip: the entire *trip* *contracted* by you, and for which the premium was paid.

You or your: any person who is eligible for coverage for any benefit under this policy.

War: the armed conflict, whether or not war has been declared, between nations or factions within a nation.

Contact GMS

For medical emergencies and assistance, we're available 24-hours a day, 7 days a week.

toll-free 1.800.459.6604

(within Canada & USA)

collect 905.762.5196

(from all other locations)

Always call GMS travel assistance before you seek medical attention to ensure the best possible medical care and coverage of your expenses. Our 24-hour travel assistance centre is available to help you obtain medical treatment, coordinate medical care and transportation, verify coverage and provide foreign language support.



Group Medical Services

2055 Albert Street PO Box 1949 Regina, SK S4P 0E3
toll-free 1.800.667.3699 email info@gms.ca
www.gms.ca

Products available for purchase in the provinces of British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, Prince Edward Island, Nova Scotia and Newfoundland