

## **ENDORSEMENT FOR POLICIES ISSUED IN BRITISH COLUMBIA, ALBERTA AND MANITOBA**

This endorsement shall be attached to and forms part of your insurance policy underwritten by Royal & Sun Alliance Insurance Company of Canada.

### **The following wording shall be added:**

**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.**

### **The following wording shall be added and replaces any wording contained in your policy relating to the Limitation Period or Limitation of Actions:**

#### **Limitation Period**

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act (British Columbia, Alberta and Manitoba). Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Limitations Act (Ontario), or other applicable legislation.

### **The following wording shall be added and replaces the Statutory Conditions wording contained in your policy:**

#### **Statutory Conditions**

**The Contract** – The application, this policy, any document attached to this policy when issued, and any amendment to the contract agreed on in writing after this policy is issued, constitute the entire contract, and no agent has authority to change the contract or waive any of its provisions.

**Waiver** – The insurer shall be deemed not to have waived any condition of this contract, either in whole or in part, unless the waiver is clearly expressed in writing signed by the insurer.

**Copy of Application** – The insurer shall, upon request, furnish to the insured or to a claimant under the contract a copy of the application.

**Material Facts** – No statement made by the insured or a person insured at the time of application for this contract shall be used in defence of a claim under or to avoid this contract unless it is contained in the application or any other written statements or answers furnished as evidence of insurability.

#### **Notice And Proof Of Claim**

- 1) The insured or a person insured, or a beneficiary entitled to make a claim, or the agent of any of them, shall
  - a) give written notice of claim to the insurer
    - i. by delivery thereof, or by sending it by registered mail to the head office or chief agency of the insurer in the Province, or
    - ii. by delivery thereof to an authorized agent of the insurer in the Province,not later than 30 days after the date a claim arises under the contract on account of an accident, sickness or disability;
  - b) within 90 days from the date a claim arises under the contract on account of an accident, sickness or disability, furnish to the insurer such proof as is reasonably possible in the circumstances of the happening of the accident or the commencement of the sickness or disability and the loss occasioned thereby, the right of the claimant to receive payment, his or her age, and the age of the beneficiary if relevant; and

- c) if so required by the insurer, furnish a satisfactory certificate as to the cause or nature of the accident, sickness or disability for which claim may be made under the contract and as to the duration of such disability.
- 2) Failure to give notice of claim or furnish proof of claim within the time required by this condition does not invalidate the claim if
  - a) the notice or proof is given or furnished as soon as reasonably possible, and in no event later than one year after the date of the accident or the date a claim arises under the contract on account of sickness or disability, and it is shown that it was not reasonably possible to give the notice or furnish the proof in the time required by this condition, or
  - b) in the case of the death of the person insured, if a declaration of presumption of death is necessary, the notice or proof is given or furnished no later than one year after the date a court makes the declaration.

**Insurer To Furnish Forms For Proof Of Claim** – The insurer shall furnish forms for proof of claim within fifteen days after receiving notice of claim, but where the claimant has not received the forms within that time the claimant may submit his or her proof of claim in the form of a written statement of the cause or nature of the accident, sickness or disability giving rise to the claim and of the extent of the loss.

**Rights Of Examination** – As a condition precedent to recovery of insurance money under this contract,

- a) the claimant shall afford to the insurer an opportunity to examine the person of the person insured when and so often as it reasonably requires while the claim hereunder is pending, and
- b) in the case of death of the person insured, the insurer may require an autopsy subject to any law of the applicable jurisdiction relating to autopsies.

**When Money Payable** – All money payable under the contract shall be paid by the insurer within 60 days after it has received proof of claim.

Other than as stated above, all other terms and conditions of the policy remain unchanged.

# EMERGENCY MEDICAL TRAVEL INSURANCE

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Once the appropriate premium is paid and a policy confirmation number is issued, this document becomes your insurance policy.

## SECTION 1 - IMPORTANT NOTICE

### Your Safe Trip Begins Here...

- **What safer way to begin your trip than by purchasing travel insurance?**

Insurance is designed to guard against the financial consequences of unexpected and unforeseen events. Still, no single coverage can protect against every risk. That is why it is important for you to understand the nature of the insurance you have purchased.

- **Read your policy**

Please read this policy carefully, particularly the sections relating to the insurance coverage(s) you have purchased. Some of the terms may limit the benefits payable to you.

- **Check the exclusion for pre-existing medical conditions**

A pre-existing medical condition exclusion applies to medical conditions and/or symptoms that existed prior to your trip. Check to see how this applies in your policy and how it relates to your date of purchase or date of departure.

- **Medical history review**

In the event of an accident, injury or sickness, your prior medical history may be reviewed when a claim is reported.

- **Definitions**

Throughout this policy, words in italics have a specific meaning and are defined in the "Definitions" section.

- **Currency**

All amounts are in Canadian currency, unless indicated otherwise.

## What To Do in an Emergency

In the event of an emergency during a covered trip, you must call **Global Excel** immediately, prior to seeking treatment:

### 24-HOUR EMERGENCY MEDICAL ASSISTANCE

1-800-715-8833 . . . . . (toll free from the USA and Canada)  
001-800-514-0691 . . . . . (toll free from Mexico)  
1-800-002-554 . . . . . (toll free from Australia)  
1-888-751-4335 . . . . . (toll free from the Dominican Republic)  
819-566-8839 . . . . . (collect from anywhere)

If it is not reasonably possible for you to contact **Global Excel** prior to seeking treatment, due to the nature of your emergency, you must have someone else call on your behalf or you must call as soon as medically possible. Failure to do so limits benefits (see Section 5 - Limitations and Restrictions - Paragraph 3, page 15).

### Why are you required to call Global Excel?

If **Global Excel** is not notified, you may receive medical treatment or services which are not covered under this policy.

**Pre-Approval Requirement** - **Global Excel** must approve in advance any surgery, invasive procedure, diagnostic testing or treatment (including, but not limited to, cardiac catheterization), prior to the insured undergoing such surgery, procedure, testing or treatment. It remains your responsibility to inform your attending physician to call **Global Excel** for approval, except in extreme circumstances where such action would delay surgery required to resolve a life-threatening medical crisis.

**Direct Payment** - Direct payment of eligible medical expenses approved in advance is part of our service, but if it is not possible for the Insurer to pay directly, you may be required to provide payment yourself and submit a claim supported by proper documentation.

**Global Excel** will work closely with you to:

- recommend an appropriate physician or hospital at your trip destination, wherever possible;
- monitor your care so that only appropriate, medically necessary treatment is given and to ensure that your medical needs are met;
- contact your family and physician on your behalf;
- pay hospitals, physicians and other medical providers directly, whenever possible;

- approve and arrange air ambulance transportation when medically necessary;
- inform you of any expenses not covered by the policy or to explain the policy's terms and provisions as they relate to your medical emergency;
- provide multilingual interpreters to communicate with physicians and hospitals.

## SECTION 2 - ELIGIBILITY

1. This insurance must be purchased prior to your departure from your province, territory of residence or Canada (exception: Optional Extensions).
2. The applicant must not be travelling:
  - a. against the advice of a physician;
  - b. while he requires kidney dialysis; or
  - c. after being diagnosed with a terminal illness. Terminal Illness means the applicant has a medical condition that is cause for a physician to estimate that he has less than 6 months to live or for which palliative care has been received.
3. The applicant must be a Canadian resident or a landed immigrant to apply for this insurance. If you apply for this insurance without being covered under a provincial or territorial government health plan in Canada your benefits are limited to a maximum of \$20,000. Please refer to Section 5 - Limitations and Restrictions - Paragraph 2, page 15 for the applicable coverage limitation.
4. To purchase the Single Trip Daily Plan, the applicant must be 59 years of age or under on the date of application and be travelling on a covered trip of 183 days (212 for Ontario Residents) or less.
5. To purchase the Multi-Trip Annual Plan, the applicant must be 0 to 59 years of age on the date of application for trips of 9, 16, 30 or 60 consecutive days.

**Note:** This insurance shall be null and void if purchased in a manner other than as stated in this Section and the Insurer's liability shall be limited to the refund of the insurance premium paid.

## SECTION 3 - INSURANCE AGREEMENT

### A. The Contract

Note that this Policy, the Application and the Policy Confirmation all form part of *your* insurance contract and must be read as a whole. The Insurer will pay benefits specified in the Policy upon payment of the required premium, submission of a correct and complete application form and occurrence of an *emergency*, subject to the terms, conditions, limitations, exclusions, definitions and other provisions of this Policy.

### B. Trip Duration

Plan	Age	Maximum Trip Duration
Single Trip Daily	0-59	183* days (212 for Ontario)
Multi-Trip Annual	0-59	9, 16, 30 or 60 days

\* Coverage can be purchased up to 365 days provided *you* receive written permission from *your* government to maintain *your* Canadian government health insurance plan. In the event of a claim, *you* will be requested to provide such written permission.

### C. Period of Coverage

#### 1. Single Trip Daily Plan

- a. **Effective Date** – Coverage begins on the later of the following:
  - i. the date of departure; or
  - ii. the effective date indicated on the Policy Confirmation.
- b. **Expiry Date** – Coverage terminates on the earlier of the following:
  - i. the date *you* return to *your* province or territory of residence, except in the circumstances noted below; or
  - ii. the date of termination indicated on the Policy Confirmation.

**NOTE:** If *you* return to *your* province or territory of residence for a temporary visit prior to *your* expiry date and provided *you* have not incurred a claim, *your* coverage may resume with no additional premium once *you* leave *your* province or territory of residence to resume *your* trip. The number of *days* of *your* temporary return will not be refunded or reissued. If during *your* temporary visit *you* are *treated* or *you* receive *medical treatment* for a medical condition (other than a *minor ailment*), *your* policy will terminate and *you* may be eligible for a refund.

#### 2. Multi-Trip Annual Plan

- a. **Effective Date of *your* plan** – Coverage begins on the date indicated on *your* Policy Confirmation
- b. **Effective Date of each trip** – Coverage for each trip begins on *your* departure date from *your* province, territory of residence or Canada.
- c. **Expiry Date of *your* plan** – Coverage terminates on the *day* prior to the one-year anniversary of *your* effective date.
- d. **Expiry Date of each trip** – Coverage for each trip terminate on the earlier of:
  - i. the expiry date of *your* Multi-Trip Annual Plan as indicated on *your* Policy Confirmation;
  - ii. the date *you* return to *your* province or territory of residence;
  - iii. the date *you* reach the maximum number of days outside of Canada allowed under the Multi-Trip Annual Plan option *you* selected, as indicated on *your* Policy Confirmation.

### D. Plans Offered

#### 1. Single Trip Daily Plan

- a. All benefits are available under the Single Trip Daily Plan.
- b. Provides coverage for a single trip.

#### 2. Top Up Plan

- a. If *you* are currently insured under the **Multi-Trip Annual Plan**:
  - i. additional coverage may be purchased to top up *your* insurance beyond its initial duration;
  - ii. *you* must purchase the Top Up Plan prior to departure for the number of the remaining *days* of *your* covered trip;
  - iii. *you* must pay the required premium prior to *your* date of departure.
- b. **Top Up Plan to another insurer's plan** (e.g. credit card, group insurance, etc.):

**IMPORTANT** - It is *your* responsibility to ensure that *your* initial travel insurance contract will approve the top up of its insurance coverage:

- i. *you* must purchase the Top Up Plan prior to departure and for the number of the remaining *days* of *your* covered trip;
- ii. *you* must pay the required premium prior to *your* date of departure;
- iii. the addition of the Top Up Plan to another insurer's plan is subject to the terms, insured risks, benefits, conditions, exclusions and limitations specified in the efts Emergency Medical Travel Insurance Policy.

#### 3. Multi-Trip Annual Plan

- a. Provides coverage between the effective date and expiry date for any number of *covered trips* to a maximum of 9, 16, 30 or 60 *days* each for *covered trips* outside of Canada beginning on the first *day* of departure and an unlimited number of *days* for travel within Canada depending on the option *you* selected at the time of purchase and for which *you* are eligible (see Section 2- Eligibility – 5).
- b. Individual trips must be separated by a return to *your* province or territory of residence.
- c. *You* are not required to provide advance notice of the departure date and return date of each *covered trip*. However, *you* will be required to provide evidence of *your* departure date and return date when filing a claim (e.g. airline tickets, customs or immigration stamp).

**Note:** While on a *covered trip*, a Multi-Trip Annual Plan cannot be used as a Top Up to another Multi-Trip Annual Plan, unless *your* total trip duration does not exceed the maximum trip duration selected.

#### 4. Family Coverage

- a. Covers the *spouse* and the *children* of the *insured person*.
- b. In case of divorce, all *insured persons* named on the Policy Confirmation remain covered until the expiry date.
- c. Under a Multi-Trip Annual Plan, all *insured persons* may travel independently of one another.

### E. Automatic Extension of Coverage

*Your* coverage will be extended automatically without additional premium for up to five days, upon notifying *Global Excel*, if *your* return to *your* province or territory of residence is delayed beyond the expiry date of this insurance due to the following reasons:

1. The delayed arrival or departure of a *common carrier* which *you* are travelling aboard causes *you* to miss *your* scheduled return to *your* province or territory of residence.
2. The *vehicle* in which *you* are travelling is involved in an *accident* or mechanical breakdown that prevents *you* from returning to *your* province or territory of residence on or before *your* expiry date of this insurance.
3. *You* or *your travel companion's* return is delayed beyond the expiry date of this insurance as a direct result of *sickness* or *injury* for which *you* or *your travel companion* are not deemed medically *stable* to return to *your* province or territory of residence in the opinion of *Global Excel*.

**Note:** *Your* coverage will be automatically extended if *you* or *your travel companion* must remain *hospitalized* beyond

## SECTION 4 - BENEFITS

the expiry date of this insurance for *medical treatment* of a *sickness* or *injury*, to a maximum of 365 days, until *you* or *your travel companion* are deemed medically *stable* to return to *your province* or territory of residence in the opinion of *Global Excel* plus five consecutive days thereafter.

### F. Optional Extension Procedures

Coverage under the Single Trip Plan can be extended by contacting *Global Excel* provided that:

1. a claim has not been made under this policy;
2. *you* remain eligible for this insurance;
3. the extension is requested by phone not more than 10 days prior to the expiry date of *your* coverage;
4. the total time outside *your* province or territory of residence (including the extension) does not exceed the maximum trip duration for which *you* are eligible;
5. the required premium is charged to *your* credit card.

**Note:** The cost of the additional *days* of insurance will be calculated based on the total trip duration less the initial premium paid.

### G. Premium Payment

Coverage is valid upon payment of premium subject to the eligibility requirements. The premium must be paid before *your* effective date. Coverage will be null and void if the premium is not received, if a cheque is not honoured for any reason, if credit card charges are invalid or if no proof of *your* payment exists.

### H. Refunds

Contact RSA to request premium refunds.

#### 1. Single Trip Daily Plan:

- a. A full refund of the premium paid will be made if *you* must cancel the trip prior to the effective date.
- b. A partial refund (less an administration fee of \$25 per policy) of the premium paid will be made if *you* return early; provided that *you* contact RSA upon early return and that no claim has been received or is pending. Satisfactory proof of the return date must be received.

Requests for refunds must be made in writing within 90 days of the expiry date of this insurance to RSA. If RSA receives satisfactory proof (e.g. airline ticket or customs/immigration stamps) of *your* actual return date to *your* province or territory of residence, *your* refund will be calculated from that date. Otherwise, calculation of such refunds will be based on the date of the postmark of *your* written request. Minimum refund is \$10 per insurance policy.

#### 2. Multi-Trip Annual Plan:

The premium paid is non-refundable after the effective date of coverage.

### A. Coverage Offered

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

\* Limitations may apply. Please refer to Section 5 – Limitations and Restrictions - Paragraph 2, page 15.

### B. Benefits

1. **Hospital Accommodation:** Charges up to the semi-private room rate (or an intensive or coronary care unit where *medically necessary*).
2. **Physician Fees:** *Medical treatment* by a *physician*.
3. **Diagnostic Services:** Laboratory tests and x-rays prescribed by the attending *physician* due to an *emergency*. **Note:** This policy does not cover magnetic resonance imaging (MRI), cardiac catheterization, computerized axial tomography (CAT) scans, sonograms, ultrasounds and biopsies unless such services are approved in advance by *Global Excel*.
4. **Paramedical Services:** Services of a licensed chiropractor, chiropodist, osteopath, podiatrist or physiotherapist, including x-rays, to a maximum of \$300 per profession listed, when approved in advance by *Global Excel*.
5. **Prescription Drugs:** Drugs, serums and injectables that can only be obtained upon medical prescription, that are prescribed by a *physician* and that are supplied by a licensed pharmacist when required as a result of an *emergency*. This benefit does not cover drugs, serums and injectables needed to stabilize a chronic condition or a medical condition which *you* had before *your* trip. Limited to a 30-day supply per prescription, unless *you* are *hospitalized*. To file a claim *you* must supply original receipts issued by the pharmacist, *physician* or *hospital*, indicating the total cost, prescription number, name of medication, quantity, date and name of the prescribing *physician*.
6. **Ambulance Services:** When reasonable and *medically necessary*, licensed ground ambulance service (also covers taxi fare in lieu of ground ambulance) to the nearest *hospital*.

7. **Medical Appliances:** When approved in advance by *Global Excel*, minor appliances such as crutches, casts, splints, canes, slings, trusses, braces, walkers and/or the temporary rental of a wheelchair when prescribed by the attending *physician* and required due to a covered *emergency*.
8. **Private Duty Nursing:** The professional services of a registered private nurse (other than an *immediate family member*) as the result of a covered *emergency*, when *medically necessary* and while *hospitalized*, to a maximum of \$5,000 per *insured person*, when approved in advance by *Global Excel*.
9. **Emergency Air Transportation:** When approved and arranged in advance by *Global Excel* (see Section 5 - Limitations and Restrictions, #4):
  - a. air ambulance to the nearest appropriate medical facility or to a Canadian *hospital* for *medical treatment*;
  - b. transport on a licensed airline with an attendant (when required) for *emergency* return to *your* province or territory of residence for immediate medical attention;
  - c. the fare for additional airline seats to accommodate a stretcher to return *you* to *your* province or territory of residence; or
  - d. up to the cost of a one-way economy airfare to *your* province or territory of residence.
10. **Qualified Medical Attendant:** Fees for a qualified medical attendant (other than an *immediate family member*) to accompany *you* to *your* province or territory of residence when recommended by the attending *physician* and approved in advance and arranged by *Global Excel*. This includes return economy airfare and overnight lodging and meals (where necessary).
11. **Transportation to Bedside:** When approved in advance by *Global Excel*, a round-trip economy airfare from Canada and up to \$150 per *day* to a maximum of \$1,500 per policy for the cost of meals and commercial accommodation (original receipts are required) will be provided for a person of *your* choice to:
  - a. be with *you* when *you* are travelling alone and have been *hospitalized* for at least seven consecutive *days* outside *your* province, territory of residence or Canada. *You* must provide written certification from the attending *physician* that the situation is serious enough to warrant the visit. This benefit is provided immediately if *you* are 20 years of age or less; or
  - b. identify the deceased *insured* prior to the release of the body, where necessary.Furthermore, the person required at bedside, or mandated to identify the deceased will be covered under the same terms and limitations of *your* policy.

12. **Return of Insured Travel Companion:** When approved in advance by *Global Excel*, the cost of a one-way economy airfare to return *your insured travel companion* to your province or territory of residence if *you* are returned under the *Emergency* Air Transportation or Preparation and Return of Remains benefit.
13. **Treatment of Dental Accidents:** *Emergency* dental treatment at trip destination to a maximum of \$2,000 to repair or replace sound natural teeth or permanently attached artificial teeth injured as the result of an accidental blow to the face, provided *you* consult a *physician* or a dentist immediately following the *injury*. An *accident* report is required from the *physician* or dentist for claims purposes. This benefit excludes crowns and root canals.
14. **Emergency Relief of Dental Pain:** Up to \$350 per *insured person* for *emergency* relief of dental pain at trip destination. This benefit excludes crowns and root canals.
15. **Out-of-Pocket Expenses:** When approved in advance by *Global Excel*, reasonable, necessary expenses incurred by *you* or an *insured travel companion* for commercial lodging and meals, commercial automobile rental or taxi transportation to a maximum of \$1,500 per policy, subject to a limit of \$150 per *day* if a covered *emergency* causes *you* to miss *your* scheduled return or requires that *you* be relocated for treatment. To file a claim, *you* must supply original receipts from commercial organizations and a certificate from the attending *physician* to the effect that *you* were unable to travel.
16. **Vehicle Return:** Up to \$3,000 if neither *you*, nor someone travelling with *you*, is able to operate *your* owned or rented *vehicle* during *your* trip due to *sickness* or *injury*.  
Arrangements and payment will be made for the return of the *vehicle* to *your* home in *your* province or territory of residence or the nearest appropriate rental agency. Benefits will only be payable for one person to return the *vehicle* when approved and arranged in advance by *Global Excel*. This benefit does not cover wages lost by the person driving *your vehicle*. Original receipts are required.
17. **Preparation and Return of Remains:** In the event of *your* death, up to a maximum benefit of \$5,000 towards the actual cost incurred for preparation of remains, homeward transportation of the deceased *insured person* to his province or territory of residence; or cremation and/or burial at the place of death of the *insured person*. The cost of the casket or urn is not covered by this benefit.

18. **Escort of Children and Grandchildren:** When approved in advance by *Global Excel*:
  - a. organization, escort and payment up to the cost of a one-way economy airfare for the return of *your insured children* or grandchildren, provided they are under 21 years of age or of any age and have a permanent physical impairment or a permanent mental deficiency; or
  - b. reimbursement of up to \$1,000 for the services of a *caregiver* (other than an *immediate family member*) contracted by *you* for *your insured children* or grandchildren, provided they are under 21 years of age or of any age and have a permanent physical impairment or a permanent mental deficiency, in the event an *insured* parent or legal guardian (on the trip) must be medically repatriated or *hospitalized*.
19. **Pet Return:** The return to Canada of *your* accompanying cat or dog, in the event that *you* are *hospitalized* or repatriated during a covered *emergency*, to a maximum of \$500.
20. **Remote Evacuation:** *Your emergency* evacuation from a mountainous area, the sea, or other such remote location to the nearest, most reasonably accessible medical facility or *hospital*, to a maximum of \$5,000.
21. **Return to Trip Destination:** A one-way economy airfare for *you* to be returned to *your* trip destination after *you* are returned to *your* province or territory of residence for immediate *medical treatment* provided *your* attending *physician* determines that *you* require no further treatment for *your emergency*, when approved in advance by the Insurer. Once *you* return to *your* trip destination, a recurrence of the *sickness* or *injury*, which caused the initial *emergency*, or any problems or complications related thereto, will not be covered under this policy.  
**Note:** This benefit is valid only if *you* were returned to Canada with the *Emergency* Air Transportation benefit and *your* insurance policy is still effective.
22. **Hospital Allowance:** When *you* are *hospitalized* due to *sickness* or *injury* during a covered *trip* outside *your* province or territory of residence, the Insurer will reimburse *you* for *your* telephone, parking and television charges up to \$50 per *day* to a maximum of \$2,000.

## SECTION 5 - LIMITATIONS AND RESTRICTIONS

1. **Pre-Approval of Surgery, Invasive Procedure, Diagnostic Testing and Treatment** - *Global Excel* must approve in advance any surgery, invasive procedure, diagnostic testing or treatment (including, but not limited to, cardiac catheterization), prior to the *insured* undergoing such surgery, procedure, testing or treatment. It remains *your* responsibility to inform *your* attending *physician* to call *Global Excel* for approval, except in extreme circumstances where such action would delay surgery required to resolve a life-threatening medical crisis.
2. **Benefits Limited to \$20,000** - Only Canadian residents and landed immigrants covered under a Canadian government health insurance plan (GHIP) are eligible for the complete coverage maximum of \$5 million.  
**Note:** If *you* have no coverage under GHIP or if *you* lose such coverage during *your* trip, then this insurance is limited to a total of \$20,000 for all eligible expenses.
3. **Failure to Notify Global Excel** - In the event of an *emergency* during a covered *trip*, *you* must call *Global Excel* immediately, prior to seeking treatment. If it is not reasonably possible for *you* to contact *Global Excel* prior to seeking treatment, due to the nature of *your emergency*, *you* must have someone else call on *your* behalf or *you* must call as soon as medically possible. Failure to do so limits benefits payable to *you* to:
  - a. in the event of *hospitalization*, 70% of eligible expenses, based on *reasonable and customary costs*; and
  - b. in the event of an out-patient medical consultation, a maximum of one visit per *sickness* or *injury*.  
*You* will be responsible for payment of any remaining charges.
4. **Transfer or Medical Repatriation** - During an *emergency* (whether prior to admission, during a *hospitalization* or after *your* release from the *hospital*), the Insurer reserves the right to:
  - a. transfer *you* to one of its preferred health care providers; and/or
  - b. return *you* to *your* province or territory of residence, for the *medical treatment* of *your sickness* or *injury* without danger to *your* life or health. If *you* choose to decline the transfer or return when declared medically *stable* by the Insurer, the Insurer will be released from any liability for expenses incurred for such *sickness* or *injury* after the proposed date of transfer or return. *Global Excel* will make every provision for *your* medical condition when

choosing and arranging the mode of *your* transfer or return and, in the case of a transfer, when choosing the *hospital*.

5. **Limitation of Benefits** - Once *you* are deemed medically *stable* to return to *your* province or territory of residence (with or without a medical escort) either in the opinion of the Insurer or by virtue of discharge from *hospital*, *your emergency* is considered to have ended, whereupon any further consultation, treatment, recurrence or complication related to the medical *emergency* will no longer be eligible for coverage under this policy.
6. **Availability and Quality of Care** - The Insurer is not responsible for the availability, quality or results of any *medical treatment* or transportation, or *your* failure to obtain *medical treatment* or *hospitalization*.
7. **Benefits Limited to Incurred Expenses** - The total benefits paid to *you* from all sources cannot exceed the actual expenses which *you* have incurred.

## SECTION 6 - EXCLUSIONS

### A. Pre-Existing Medical Condition Exclusions

Pre-existing Key:

PTA = Prior to Application Date

PTED = Prior to **each** Departure

Plan	Age	Pre-existing exclusion	Pre-existing period
Single Trip Daily	0-59	1	90 days (PTA)
Multi-Trip Annual	0-59	1	90 days (PTED)

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

#### Pre-Existing Medical Exclusion 1

1. Any *sickness*, *injury* or medical condition (other than a *minor ailment*) that was not *stable* at any time during the applicable pre-existing period required by *your* plan.
2. *Your* heart condition if **any** heart condition was not *stable* at any time during the applicable pre-existing period required by *your* plan.
3. *Your* lung condition, if:
  - a. **any** lung condition was not *stable*; or
  - b. *you* have been *treated* with home oxygen or taken oral steroids (e.g., Prednisone) for **any** lung condition,

at any time during the applicable pre-existing period required by *your* plan.

### B. General Exclusions

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

1. Expenses for which no charge would normally be made in the absence of insurance.
2. Committing or attempting to commit an illegal act or criminal act.
3. *Your* participation in and/or voluntary exposure to any risk from: war or act of war, whether declared or undeclared; invasion or act of foreign enemy; declared or undeclared hostilities; civil war, riot, rebellion; revolution or insurrection; act of military power; or any service in the armed forces.
4. Medication, drugs or toxic substance abuse or overdose (whether or not *you* are sane); alcohol abuse, alcoholism or an *accident* while being impaired by drugs or alcohol or having an alcohol concentration that exceeds 80 milligrams in 100 millilitres of blood.
5. Suicide (including any attempt thereof) or self-inflicted *injury* whether or not *you* are sane.
6. Radiotherapy or chemotherapy.
7. A disorder, disease, condition or symptom that is emotional, psychological or mental in nature unless *hospitalized*.
8. Treatment or surgery during a trip when the trip is undertaken for the purpose of securing or with the intent of receiving medical or *hospital* services, whether or not such trip is taken on the advice of a *physician*; or a *sickness*, *injury* or related condition for which it was reasonable to expect treatment or *hospitalization* during *your covered trip*.
9. Treatment or *hospitalization* of mother or *child(ren)* as a result of pregnancy, miscarriage, childbirth or complications of any of these conditions occurring in the nine weeks before and/or after the expected delivery date.
10. *Sickness* or *injury* which first appeared, was diagnosed or received treatment after the departure and prior to the effective date of the Single Trip Plan if purchased as a Top Up to another insurer's travel insurance product.
11. Any medical condition for which *you* incur a claim after *your* departure date and prior to the effective date of the Top Up or extension, if the Top Up or extension was purchased after *your* departure date.
12. Treatment, surgery, medication, services or supplies that are not required for the immediate relief of acute pain or suffering, or that *you* elect to have provided outside *your* province or territory of residence when medical evidence

indicates that *you* could return to *your* province or territory of residence to receive such treatment. The delay to receive treatment in *your* province or territory of residence has no bearing on the application of this exclusion.

13. Cardiac catheterization, angioplasty, and/or cardiovascular surgery including any associated diagnostic test(s) or charges unless approved by *Global Excel* prior to being performed, except in extreme circumstances where such surgery is performed on an *emergency* basis immediately upon admission to a *hospital*.
14. Magnetic resonance imaging (MRI), computerized axial tomography (CAT) scans, sonograms or ultrasounds and biopsies unless such services are authorized in advance by *Global Excel*.
15. *Hospitalization* or services rendered in connection with general health examinations for "check-up" purposes, treatment of an ongoing condition, regular care of a chronic condition, home health care, investigative testing, rehabilitation or ongoing care or treatment in connection with drugs, alcohol or any other substance abuse.
16. Non-compliance with any prescribed medical therapy or *medical treatment* (as determined by the Insurer) or failure to carry out a *physician's* instructions.
17. Treatment of a *sickness* or *injury* after the initial medical *emergency* has ended (as determined by the Insurer).
18. *Emergency* air transportation and/or car rental unless approved and arranged in advance by *Global Excel*.
19. Treatment not performed by or under the supervision of a *physician*, licensed dentist or licensed practitioner (as specified under Benefit 4).
20. Expenses incurred as a result of symptomatic or asymptomatic HIV infection, HIV-related conditions and AIDS (Acquired Immune Deficiency Syndrome), including any associated diagnostic tests or charges.
21. Participation in:
  - a. any sports as a professional athlete (person who engages in an activity as one's main paid occupation);
  - b. any competitive motorized sporting events, racing or speed contests.
22. The purchase replacement cost (prescribed or not) loss or damage to hearing devices, eyeglasses, sunglasses, contact lenses or prosthetic teeth, limbs or devices and resulting prescription therefrom.
23. Services provided by an optometrist or for cataract surgery.
24. The replacement of an existing prescription, whether by reason of loss, renewal or inadequate supply, or the



- purchase of drugs and medication (including vitamins) which are commonly available without a prescription or which are not legally registered and approved in Canada or which are not required as a result of a medical *emergency*.
25. Upgrading charges and cancellation penalties for airline tickets, unless approved in advance by *Global Excel*.
  26. Elective and/or cosmetic surgery or treatment whether or not for psychological reasons.
  27. *Sickness, injury* or medical condition *you* suffer or contract in a specific country, region or area for which the Department of Foreign Affairs and International Trade of the Canadian Government has issued a travel advisory or formal notice, before *your* departure date, advising Canadians not to travel to that specific country, region or area. If the Canadian Government issues a travel advisory or formal notice to leave that specific country, region or area, after *your* departure date, *your* coverage for *sickness, injury* or medical condition is limited to a period of 10 *days* from the date the advisory was issued, or to a period that is reasonably necessary to safely evacuate the country, region or area. In this exclusion "*sickness, injury* or medical condition" means any *sickness, injury* or medical condition that is attributable to the reason for which the travel advisory or formal notice was issued or complications arising from such "*sickness, injury* or medical condition".
  28. Crowns and root canals.
  29. Flight *accident* (unless *you* are travelling as a fare-paying passenger on a commercial airline).
  30. A trip outside *your* province or territory of residence on a commercial *vehicle* for the purpose of delivering goods or carrying a load. This exclusion applies to the driver, the operator, a co-driver, a crewmember and any other passenger of the commercial *vehicle*.

## SECTION 7 - HOW TO FILE A CLAIM

### A. Claims Procedure

*You* must substantiate *your* claim by providing all required documents for the applicable insurance coverage. Failure to do so may result in non-payment of *your* claim. (The Insurer is not responsible for charges levied in relation to any such documents.) Note that incomplete documentation will be returned to *you* for completion.

### B. *You* must submit the following documents:

1. A completed claim form (available by contacting *Global Excel*).

2. Original itemized bills from the licensed medical provider(s) stating the patient's name, diagnosis, date and type of treatment, and the name, address and telephone number of the provider, as well as the original transaction documents proving that payment was made to the provider. (Copies of itemized bills are accepted only if the *insured* has already dealt directly with his government health insurance plan.)
3. Original prescription drug receipts from the pharmacist, *physician* or *hospital* indicating the name of the prescribing *physician*, prescription number, name of preparation, date, quantity and total cost.
4. For out-of-pocket expenses: an explanation of expenses accompanied by the original receipts.
5. If *you* are covered by other insurance:
  - a. the full name and address of *your* employer;
  - b. the policy number, name and address of any other insurance company.

### PLEASE SEND ALL DOCUMENTS FOR YOUR CLAIM TO:

Global Excel Management Inc.  
73 Queen Street  
Sherbrooke, Québec J1M 0C9  
Telephone: 1-800-715-8833 toll-free  
or 819-566-8839 collect

## SECTION 8 - INTERNATIONAL ASSISTANCE SERVICES

*Global Excel* answers *your* questions 24 hours a *day*, 7 *days* a *week*.

### Emergency Call Centre

No matter where *you* travel, professional assistance personnel are ready to take *your* call. We can also provide *you* with Canada Direct instructions and codes so that *you* deal only with Canadian telephone operators.

### Referrals

*Global Excel* can refer *you* to a medical provider (*hospitals*, clinics and *physicians*) that is closest to where *you* are staying. With a referral, it is less likely that *you* will have to pay for services out-of-pocket.

### Benefit Information

Explanation of *your* policy is available to *you* and to the medical providers who are treating *you*.

### Case Management

Our experienced and professional team, available 24 hours a *day*, will monitor the services given in the event of an

*emergency*. If necessary, we will help *you* to return to Canada for the care *you* need.

### Urgent Message Relay

In the event of an *emergency*, we will contact *your travel companion* to keep him apprised of *your* medical situation, and we will help *you* exchange important messages with *your* family.

### Interpretation Service

We can connect *you* to a foreign language interpreter when required for *emergency* services in foreign countries.

### Direct Billing

Whenever possible, we will instruct the *hospital* or clinic to bill *Global Excel* directly.

### Claims Information

We will answer any questions *you* may have about the eligibility of *your* claim, our standard verification procedures and the way that *your* policy benefits are administered.

## SECTION 9 - GENERAL PROVISIONS

### Subrogation

If an *insured person* suffers a loss covered under this policy, the Insurer is granted the right from the *insured person* to take action to enforce all the rights, powers, privileges and remedies of the *insured person* upon making payment or accepting the claim to the extent of the incurred losses, against any person, legal person or entity which caused such loss. Additionally, if No Fault benefits or other collateral sources of payment of expenses are available to the *insured person*, regardless of fault, the Insurer is granted the right to make a demand for, and recover those benefits. If the Insurer institutes an action, the Insurer may do so at its own expense, in the *insured person's* name, and the *insured person* will attend at the place of loss to assist in the action. If the *insured person* institutes a demand or action for a covered loss he shall immediately notify the Insurer so that it may safeguard its rights.

The *insured person* shall take no action after a loss that will impair the rights of the Insurer set forth in this paragraph and shall do such things as are necessary to secure the Insurer's rights.

### Other Insurance

This insurance is a second payor plan. For any loss or damage insured by, or for any claim payable under any other liability, group or individual basic or extended health insurance plan, or contracts including any private or provincial or territorial auto insurance plan providing *hospital*, medical, or therapeutic coverage, or any other insurance in force concurrently herewith, amounts payable hereunder are limited to those covered

benefits incurred outside the province of residence that are in excess of the amounts for which an *insured person* is insured under such other coverage.

All coordination with employee related plans follows Canadian Life and Health Insurance Association Inc. guidelines. In no case will the Insurer seek to recover against employment related plans if the lifetime maximum for all in-country and out-of-country benefits is \$50,000 or less. If the lifetime maximum for all in-country and out-of-country benefits is over \$50,000, the Insurer will coordinate benefits only above this amount.

#### **Misrepresentation and Non-Disclosure**

The entire coverage under this policy shall be void if the Insurer determines, whether before or after loss, *you* have concealed, misrepresented or failed to disclose any material fact or circumstance concerning this policy or *your* interest therein, or if *you* refuse to disclose information or permit the use of such information, pertaining to any of the *insured persons* under this contract of insurance.

#### **Arbitration**

Notwithstanding any clause in the present policy, the parties hereto undertake to submit to an arbitration procedure, to the exclusion of the courts, any present or future dispute relating to a claim. The arbitration proceedings shall be governed by arbitration laws in force in the Canadian province or territory of residence of the *insured*. The parties agree that any action will be referred to arbitration.

#### **Applicable Law**

This contract of insurance is governed by the laws of *your* Canadian province or territory of residence. Any legal proceeding by *you*, *your* heirs or assigns shall be brought in the courts of the Canadian province or territory of residence of the *insured*.

#### **Payment of Benefits**

All payments are payable to *you* or on *your* behalf. In case of death of the *insured person*, benefits are payable to the estate of the *insured* unless another beneficiary is designated in writing to *Global Excel* or the Insurer. Any claims paid to *you* will be payable in Canadian funds. If *you* have paid a covered expense, *you* will be reimbursed in Canadian currency at the prevailing rate of exchange on the date that the claim payment is made to *you*. No sum payable shall bear interest. Once *Global Excel* receives *your* claim, *you* may be required to provide additional information. Any information not provided may lead to a delay in processing *your* claim.

#### **Safeguarding your Privacy**

The Insurer places great importance on the protection of *your* privacy. The Insurer collects *your* personal information when *you* apply for this insurance and in the event of a claim, to provide *you* with insurance services and to analyze *your* claim. This

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

For privacy information, please see [www.rsagroup.ca](http://www.rsagroup.ca), or call us at 1-800-716-4339.

## **SECTION 10 - STATUTORY CONDITIONS**

#### **The Contract**

The application, this policy, any document attached to this policy when issued, and any amendment to the contract agreed upon in writing by the Insurer after the policy is issued, constitute the entire contract, and no agent has authority to change the contract or waive any of its provisions.

#### **Waiver**

The Insurer shall be deemed not to have waived any condition of this contract, either in whole or in part, unless the waiver is clearly expressed in writing signed by the Insurer.

#### **Copy of Application**

The Insurer shall, upon request, furnish to the *insured* or to a claimant under the contract a copy of the application.

#### **Material Facts**

No statement made by *you* at the time of application for this contract shall be used in defense of a claim under or to avoid this contract unless it is contained in the application or any other written statements or answers furnished as evidence of insurability.

#### **Notice and Proof of Claim**

The *insured* or a beneficiary entitled to make a claim, or the agent of any of them shall:

- a. give written notice of claim to *Global Excel* by delivery thereof or by sending it by registered mail to *Global Excel* not later than 30 days from the date the claim arises under the contract on account of an *accident* or *sickness*;
- b. within 90 days from the date a claim arises under the contract on account of an *accident* or *sickness*, furnish *Global Excel* such proof of claim as is reasonably possible in the circumstance of the happening of the *accident* or the commencement of the *sickness* and the loss occasioned thereby, the right of the claimant to receive payment, his or her age, and the age of the beneficiary, if relevant; and

- c. if so required by *Global Excel*, furnish a satisfactory certificate as to the cause or nature of the *accident*, *sickness* or disability for which a claim may be made under the contract.

#### **Failure to Give Notice or Proof**

Failure to give notice of claim or furnish proof of claim within the prescribed period above does not invalidate the claim if the notice or proof is given or furnished as soon as is reasonably possible, and in no event later than one year from the date of *emergency* if it is shown that it was not reasonably possible to give notice or furnish proof within the time so prescribed.

#### **Insurer to Furnish Forms for Proof of Claim**

The Insurer shall furnish forms for proof of claim within 15 days after receiving notice of claim, but where the claimant has not received the forms within that time the claimant may submit his or her proof of claim in the form of a written statement of the cause or nature of the *accident* or *sickness* giving rise to the claim and of the extent of the loss.

#### **Rights of Examination**

As a condition precedent to recovery of insurance money under this contract:

- a. the claimant shall afford to the Insurer and *Global Excel* an opportunity to examine the *insured person* when and so often as it reasonably requires while the claim hereunder is pending; and
- b. in the case of death of the *insured*, the Insurer and *Global Excel* may require an autopsy subject to any law of the applicable jurisdiction relating to autopsies.

#### **When Money Payable**

All money payable under this contract shall be paid by the Insurer within 60 days after it has received proof of claim.

#### **Limitation of Actions**

An action, arbitration or similar proceeding against the Insurer for the recovery of a claim under this contract shall not be commenced more than one year (two years in the Northwest Territories, three years in the province of Québec) after the date the insurance money became payable or would have become payable if it had been a valid claim. If this limitation is invalidly shorter than the limitation prescribed by the laws of the province or territory in which this policy was issued, an action, arbitration or similar proceeding against the Insurer shall not be commenced later than the shortest limitation period prescribed by the laws of that province or territory of residence. The limitation periods stated in this section apply to all plans and benefits of this policy and to all endorsements thereof.

## SECTION 11 - DEFINITIONS

**Accident** means a fortuitous, sudden, unforeseen and unintentional event exclusively attributable to an external cause resulting in bodily *injury*.

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

**Child(ren)** means an unmarried *child* of the *insured* or his *spouse* who is, at the date of purchase, dependent on *you* for support and is:

- a. under 21 years of age;
- b. a full-time student under 26 years of age;
- c. of any age with a permanent impairment or a permanent mental deficiency.

**Common Carrier** means a conveyance (bus, taxi, train, boat, airplane or other *vehicle*) which is licensed, intended and used to transport paying passengers.

**Day** means 24 consecutive hours.

**Emergency** means that *you* require immediate *medical treatment* for the relief of acute pain or suffering resulting from an unexpected and unforeseen *sickness* or *injury* occurring while on a trip and that such *medical treatment* cannot be delayed until *your* return to *your* province or territory of residence.

**Global Excel** means the company appointed by the Insurer to provide medical assistance and claims services.

**Hospital** means an institution which is designated as a hospital by law; which is continuously staffed by one or more *physicians* at all times; which continuously provides nursing services by graduate registered nurses; which is primarily engaged in providing diagnostic services and medical and surgical treatment of a *sickness* or *injury* in the acute phase, or active treatment of chronic conditions; which has facilities for diagnosis, major surgery and in-patient care. The term hospital does not include convalescent, nursing, rest or skilled nursing facilities, whether separate from or part of a regular general hospital, nor a facility operated exclusively for the treatment of persons who are mentally ill, aged, drug or alcohol abusers.

**Hospitalized** or **Hospitalization** means an *insured* who occupies a *hospital* bed for more than 24 hours for *medical treatment* and for which admission was recommended by a *physician* when *medically necessary*.

**Immediate Family Member** means *your* mother, father, sibling, *child*, *spouse*, grandparent, grandchild, aunt, uncle, niece, nephew, mother-in-law, father-in-law, daughter-in-law, son-in-law, brother-in-law and sister-in-law.

**Injury** means an unexpected and unforeseen harm to the body caused by an *accident*, occurring while on a trip and requiring immediate *emergency* treatment that is covered by this policy.

**Insured, Insured Person, You, Your and Yourself** refers to any eligible person who is named on the Policy Confirmation.

**Medical Treatment** means any reasonable procedure which is medical, therapeutic or diagnostic in nature, which is *medically necessary* and which is prescribed by a *physician*. Medical Treatment includes *hospitalization*, basic investigative testing, surgery, prescription medication (including prescribed as needed) or other treatment directly related to the *sickness*, *injury* or symptom.

**Medically Necessary**, in reference to a given service or supply, means such service or supply:

- a. is appropriate and consistent with the diagnosis according to accepted community standards of medical practice;
- b. is not experimental or investigative in nature;
- c. cannot be omitted without adversely affecting *your* condition or quality of medical care;
- d. cannot be delayed until *your* return to *your* province, territory of residence or Canada.

**Minor Ailment** means any *sickness* or *injury* which does not require the use of medication for a period greater than 15 *days*, more than one follow-up visit to a *physician*, *hospitalization*, surgical intervention, or referral to a specialist, and which ends at least 30 consecutive *days* prior to the departure date. However, a chronic condition or any complication of a chronic condition is not considered a minor ailment.

**Physician** means a medical practitioner whose legal and professional standing within his jurisdiction is equivalent to that of a doctor of medicine (M.D.) licensed in Canada, who is duly licensed in the jurisdiction in which he practices, who prescribes drugs and/or performs surgery and who gives medical care within the scope of his licensed authority. A physician must be a person other than *yourself* or an *immediate family member*.

**Reasonable and Customary Costs** means costs that are incurred for approved, eligible medical services or supplies that do not exceed the standard fee of other providers of similar standing in the same geographical area, for the same *medical treatment* of a similar *sickness* or *injury*.

**Sickness** means a disease or disorder of the body which results in loss while this coverage is in effect. The sickness must be sufficiently serious to prompt a reasonably prudent person to consult a *physician* for the purpose of *medical treatment*.

**Spouse** means the person to whom *you* are legally married or with whom *you* have been residing for at least the last 12 months.

**Stable** means any medical condition (other than a *minor ailment*) for which all the following statements are true:

- a. there has been no new diagnosis, treatment or prescribed medication;
- b. there has been no change in treatment or change in medication, including the amount of medication to be taken, how often it is taken, the type of medication or change in treatment frequency or type. Exceptions: the routine adjustment of Coumadin, Warfarin, insulin or oral medication to control diabetes (as long as they are not newly prescribed or stopped) and a change from a brand name medication to a generic brand medication (insofar as the dosage is not modified);
- c. there has been no new symptom, more frequent symptom or more severe symptom;
- d. there have been no test results showing deterioration;
- e. there has been no *hospitalization* or referral to a specialist (made or recommended) and *you* are not awaiting results and/or further investigations for that medical condition.

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

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

**Vehicle** means any automobile, motorcycle, watercraft or recreational vehicle used exclusively for the transportation of passengers other than for hire, in which *you* are a passenger or driver during *your* trip.

**IDENTIFICATION OF THE INSURER**



etfs Emergency Medical Travel Insurance is underwritten by Royal & Sun Alliance Insurance Company of Canada and administered by RSA Travel Insurance Inc., operating as RSA Travel Insurance Agency in British Columbia.

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

**THIS POLICY CONTAINS CLAUSES  
WHICH MAY LIMIT THE AMOUNT PAYABLE.**

**NOTES:**

Horizontal lines for notes

**Important Notice to the Insured**

**In the event of an *emergency* during a *covered trip*, you must call *Global Excel* immediately, prior to seeking treatment:**

**24-HOUR EMERGENCY  
MEDICAL ASSISTANCE**  
1-800-715-8833 . . . . . (toll free from the USA and Canada)  
001-800-514-0691 . . . . . (toll free from Mexico)  
1-800-002-554 . . . . . (toll free from Australia)  
1-888-751-4335 . . . . . (toll free from the Dominican Republic)  
819-566-8839 . . . . . (collect from anywhere)

**REMEMBER TO:**

- 1. Keep all original invoices and/or receipts for payment and confirmation of *your* insurance in a safe place.
- 2. Keep *your* policy with *you* at all times during *your covered trip*.
- 3. Read *your* policy carefully.