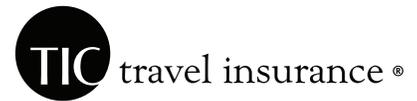


INTERNATIONAL STUDENT HOSPITAL & MEDICAL INSURANCE – EMERGENCY PLAN



IMPORTANT NOTICE

Please read your policy carefully.

What am I covered for?

Please read the section titled 'Benefits'. This policy is intended to cover losses arising from sudden, unexpected and unforeseeable circumstances.

What is not covered?

This policy does not cover everything. Your insurance has exclusions, conditions and limitations. You should carefully read and understand your policy when you receive it. Pre-existing medical conditions may be excluded. Any medical condition and/or symptoms you are aware of prior to the *effective date*, whether diagnosed or not, may not be covered.

What if I have an emergency or claim?

You must notify TIC Emergency Assistance (toll free 1-800-995-1662 or worldwide collect 416-340-0049) prior to any *medical consultation* or any surgery being performed, or within 24 hours of admission to a *hospital*. Failure to notify TIC, without a reasonable cause, prior to surgery or in case of hospitalization will result in the reduction of eligible benefit amounts payable by 20%. To apply for benefits, complete the claim form and include all original bills. Incomplete forms will cause delay.

Is my personal information protected?

We are committed to protecting the privacy, confidentiality and security of the personal information we collect, use and disclose. Your personal information, including your medical history, will be collected, used and disclosed only for the purpose of providing you with the requested insurance services. For a copy of TIC's privacy policy, please contact us or visit our website www.travelinsurance.ca.

I want to stay longer. Can I purchase further coverage?

Yes, you can, subject to policy terms and conditions. Just call your agent/school or TIC (during business hours) prior to the expiry of your policy. You must be in good health and not have incurred any losses during the *period of coverage*.

Assistance

TIC or Co-operators Life Insurance Company will use their best efforts to provide assistance for a *sickness* or *injury* arising anywhere in the world. They or their agents will not be responsible for the availability, quantity, quality, or results of any medical treatment received, or for failure to obtain medical service.

Mandatory Statement of Health and Consent

We may require you to complete and sign an application, which may include a statement on your state of health with a consent to access your medical history when necessary.

Note: Words in italics indicate they are defined on pages 4 to 5.

RIGHT TO EXAMINE POLICY

Please review this policy to ensure it meets your needs. Unless your school has made it a condition of registration you have 10 days after purchase to return this policy for a full refund, provided your coverage has not begun. Please refer to the sections of the policy that explain when coverage begins. For refunds after coverage has begun, refer to our refund policy also explained in this document.

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ELIGIBILITY

To be eligible for coverage a person must:

- be a *student*; or
- be a *dependant* of such insured *student*; all of whom live together in the same residence as the insured *student*; and
- be currently in good health and know of no reason to seek *medical consultation* during the *period of coverage*; and
- be less than 65 years of age; and
- not be insured or eligible for benefits under a Canadian government health insurance plan; and
- not reside in a nursing home, convalescent home, or rehabilitation centre; and
- not require assistance with daily living activities.

Coverage begins

When an application has been made and the premium has been paid, coverage begins on the latest of the date and time:

- the completed application is accepted by TIC or its representative; or
- indicated as the *effective date* on the application; or
- the *insured* departs from their *country of origin*;

except coverage for loss resulting from *sickness* begins 48 hours thereafter, unless this coverage was purchased prior to arrival in Canada or before the *expiry date* of a TIC International Student Hospital & Medical Insurance – Emergency Plan policy.

Coverage Ends

Coverage ends on the earliest of the date:

- indicated as the *expiry date* on the confirmation of coverage; or
- the *insured* is no longer a *student* or a *dependant*; or
- the date the *insured* becomes eligible under a Canadian government health insurance plan.

DESCRIPTION OF COVERAGE

- The *insurer* agrees to pay up to an *aggregate limit* of \$1 million for *reasonable and customary* costs incurred unexpectedly by an *insured* during the *period of coverage*. Costs are paid for *emergency hospitalization*, *emergency medical*, or other covered costs as provided in the Benefits section, due to *sickness* or *injury* occurring during the *period of coverage*. Eligible costs will be reimbursed in accordance with the applicable provincial *medical association schedule of fees* or the applicable provincial *dental association schedule of fees*.
- The *insurer* will pay for eligible costs incurred, up to the *aggregate limit* for *emergency sickness* or *injury* incurred during the *period of coverage* while the *insured* is travelling outside of Canada for up to 30 days.

BENEFITS

Benefits are payable for the following costs:

1. Emergency Hospital

The insurer agrees to pay for semi-private hospital accommodation and for reasonable and customary services and supplies necessary for the emergency care of the insured during confinement as a resident in-patient.

2. Emergency Medical

The insurer agrees to pay for:

- a) The emergency services of a legally licensed physician, surgeon, anaesthetist or registered graduate nurse (all of whom are not related by blood or marriage to the insured).
- b) When performed at the time of the initial emergency, lab tests and/or X-ray examination as ordered by a physician for the purpose of diagnosis.
- c) Up to an aggregate limit of \$10,000, for:
 - i. The use of a licensed local land or sea ambulance (including mountain or sea evacuation) to the nearest hospital, when reasonable and necessary up to a maximum of \$10,000 per sickness or injury.
 - ii. Rental of crutches, wheelchair or hospital-type bed (standard non-electric model only), not exceeding the purchase price; and the cost of splints, trusses, braces or other approved prosthetic appliances.
 - iii. Oxygen and rental of equipment for its administration;*
 - iv. Blood and blood plasma*, except when donated;* Must be pre-approved by TIC.
- d) Drugs or medications that require a physician's written prescription, not exceeding a one-month supply, will be reimbursed to a maximum \$500 per insured. Prescription drugs and medications are covered at 100% when the insured is hospitalized.
- e) The services of a legally licensed physiotherapist, chiropractor, osteopath or podiatrist (all of whom are not related by blood or marriage to the insured) when ordered by the attending physician as treatment for a covered injury. Not to exceed \$500 per injury for out-patient treatment.
- f) The services of a legally licensed doctor of chiropractic (who is not related by blood or marriage to the insured) for treatment of a covered injury. Not to exceed \$500.

3. Maternity Benefit

When pregnancy commences after the effective date of this policy the insurer agrees to pay up to \$1,000 per pregnancy, for costs incurred by the insured for emergency and non-emergency medical expenses incurred as the result of her pregnancy. No benefits will be payable for expenses incurred for childbirth, voluntary termination of pregnancy or for any expenses incurred in the 8 weeks prior to the expected delivery date or after the expected delivery date.

4. Eye Examination

When a minimum of 12 months consecutive coverage has been purchased the insurer agrees to pay for the services of a registered optometrist for diagnostic procedures to determine the presence of any observed abnormality in the visual system. Limited to one visit in any consecutive 12-month period of coverage.

The insured is not eligible for this benefit if residing in a province where eligibility for a Canadian health insurance plan is granted within 12 months of residence.

5. Accidental Dental

Up to \$5,000 will be reimbursed for treatment or services to whole or sound natural teeth (including capped or crowned teeth) which are damaged as a result of an accidental blow to the face. These costs cannot exceed the minimum fee specified in the Canadian dental association schedule of fees of the province or territory in which the dental cost was incurred. Treatment relating to any dental claim must begin within 48 hours from the onset of the emergency and must be completed within the period of coverage.

6. Wisdom Teeth

Up to \$100 per tooth will be reimbursed for dental and/or oral surgical procedures which are necessary for the extraction of impacted wisdom teeth.

7. Dental Emergencies

Up to \$500 will be reimbursed for the immediate relief of dental pain caused by other than a blow to the face. Dental conditions for which the insured has previously received treatment or advice are not covered. Treatment relating to any dental claim must begin within 48 hours from the onset of the emergency and must be completed within the period of coverage.

8. Follow up visits

Out-patient follow-up visits are limited to five visits to the insured's physician when medically required following treatment of a covered emergency sickness or injury unless approved in advance by TIC.

9. Accidental Death & Dismemberment

The insurer agrees to pay up to the sum insured of \$10,000, for loss of life, limb or sight resulting directly from accidental injury occurring during the period of coverage, except while boarding, riding or alighting from an aircraft. Loss of life, limb or sight must occur within one year from the injury.

Benefits are payable according to the following schedule.

- a) 100% of sum insured resulting from the same accidental injury for loss of:
 - i. life; or
 - ii. entire sight of both eyes; or
 - iii. both hands; or
 - iv. both feet; or
 - v. one hand and entire sight of one eye; or
 - vi. one foot and entire sight of one eye.
- b) 50% of sum insured resulting from the same accidental injury for loss of:
 - i. entire sight of one eye; or
 - ii. one hand; or
 - iii. one foot.

Loss of hand or hands, or foot or feet means severance through or above the wrist joint or ankle joint, respectively.

Loss of eye or eyes means total and irrecoverable loss of the entire sight.

Only one amount is payable (the largest) if the insured suffers more than one of these losses.

Exposure and Disappearance

If the insured is exposed to the elements or disappears as a result of an accident, the loss will be covered if:

- a) as a result of such exposure, the insured suffers one of the losses specified in the schedule of losses above; or
- b) the body of the insured has not been found within 52 weeks from the date of the accident it will be presumed, subject to evidence to the contrary, that the insured suffered loss of life.

10. Emergency Air Transportation / Return Home

When approved and arranged by TIC the cost one-way transportation by the most appropriate means will be paid, including the use of an air ambulance or stretcher accommodation and medical escort if deemed medically necessary by TIC, to the nearest appropriate medical facility or to the insured's country of origin if a covered sickness or injury necessitates the immediate transportation or return of the insured.

11. Return of Deceased

In the event of death due to a covered sickness or injury, up to \$10,000 will be reimbursed for costs incurred to return the insured in a standard transportation container, to their country of origin, or up to \$4,000 for cremation or burial at the place of death.

12. Psychologist and Psychiatric Care

Expenses incurred for treatment of mental, nervous or emotional disorders, including trauma counselling, shall be covered as follows;

- a) inpatient hospitalization, up to a lifetime maximum of \$10,000, and
- b) outpatient services, up to a maximum of \$200 in any 12 consecutive month period.

13. Physical Examination

When a minimum of 12 months consecutive coverage has been purchased the *insurer* agrees to pay for the cost of one routine physical examination per *insured* in any 12 consecutive month period is payable in accordance with the applicable provincial *medical association schedule of fees*.

The *insured* is not eligible for this benefit if residing in a province where eligibility for a Canadian health insurance plan is granted within 12 months of residence.

14. Family Transportation

Up to \$1,500 for one round-trip economy class transportation by the most direct route, and up to a maximum of \$500 for reasonable costs incurred after arrival by a *family member* or close friend of the *insured* if:

- a) the *insured* is hospitalized due to a covered *sickness* or *injury* and the attending *physician* advises the *necessary* attendance by such persons; or
- b) local authorities legally require the attendance of such persons to identify the *insured's* remains in the event of death due to a covered *sickness* or *injury*.

SPECIFIC CONDITIONS

1. TIC must be notified prior to any *medical consultation* or any surgery being performed, or within 24 hours of admission to a *hospital*. Failure to notify TIC, without a reasonable cause, prior to surgery or in case of hospitalization will result in the reduction of eligible benefit amounts payable by 20%.
2. TIC reserves the right as reasonably required, to transfer an *insured* to any *hospital* or to transport an *insured* to his/her *country of origin* if due to a covered *sickness* or *injury* requires complex, continuous and prolonged care during the *period of coverage*. If the *insured* refuses to be transferred or transported when declared medically fit to travel, any continuing costs incurred after the *insured's* refusal will not be covered and the payment of such costs becomes the sole responsibility of the *insured*. Coverage ceases upon the *insured's* refusal and no coverage will be provided to the *insured* for the remainder of the *period of coverage*.
3. General Provisions apply. Refer to page 5.

EXCLUSIONS

Benefits are not payable for costs incurred due to:

A1 Any *sickness, injury* or medical condition that exhibited symptoms for which a diagnosis need not have been made or required any or all of: *medical consultation*, prescription medication, medical treatment or hospitalization, within 90 days immediately preceding the *effective date*.

A2 Any *sickness, injury*, or medical condition for which a diagnosis need not have been made or state of health which, prior to the *effective date* was such as to render *expected medical treatment* or hospitalization.

A3 Any *sickness* for which symptoms occurred within 48 hours of the *effective date*, except when application for this insurance is completed a) prior to arrival in Canada, or b) before the expiry of an existing TIC International Student Hospital & Medical Insurance – Emergency Plan policy.

A4 Losses while sane or insane due to: emotional, mental or nervous disorders resulting from any cause, including but not limited to anxiety or depression, except as specifically provided under the Psychologist and Psychiatric Care Benefit (Benefit 12); suicide, attempted suicide or intentional self-inflicted injury.

A5 *Act of war*, kidnapping, *act of terrorism*, including those caused directly or indirectly by *nuclear, chemical or biological* means, riot, strike or civil commotion, unlawful visit in any country, participation in protests, participation in armed forces activities or a commercial sexual transaction or the commission or attempted commission of any criminal offence, contravention of any statutory law or regulation in the area where the loss occurred by the *insured*, a *family member* or travelling companion.

A6 Any *sickness, injury* or medical condition, for which a diagnosis need not have been made, where the trip is undertaken for the purpose of securing medical treatment or advice.

A7 Loss, death or *injury*, if at the time of the loss, death or *injury*, evidence supports the *insured* was affected by, or the medical condition causing the loss was in any way contributed to by, the use of alcohol, prohibited drugs or any other intoxicant; the non-compliance with a prescribed treatment or medical therapy; or the misuse of medication.

A8 Any treatment, investigation or hospitalization which is subsequent to *emergency* treatment of a *sickness* or *injury*, or treatment which can be reasonably delayed until the *insured* returns to their *country of origin* (whether or not they intend to return) by the next available means of transportation except as specifically provided in the policy, unless approved in advance by TIC.

A9 Travelling against the advice of a *physician* or any loss resulting from a *sickness* or medical condition that was diagnosed by a *physician* as *terminal* prior to the *effective date* of this policy.

A10 Any rehabilitation or convalescent care.

A11 *Injury* resulting from training for or participating in speed contests usually and customarily in excess of 60 km per hour, *professional* sport activities, or organized motor sport contests.

A12 Any loss incurred as a result of pregnancy, abortion, miscarriage, childbirth or complications thereof, except as specifically provided under the 'Maternity Benefit' (Benefit 3).

A13 *Sickness* or *injury* resulting from a motor vehicle *accident* where the *insured* is entitled to receive benefits pursuant to any policy or legislative plan of motor vehicle insurance.

A14 Cosmetic surgery unless such surgery is a result of a covered *sickness* or *injury*.

A15 Dental care, services or supplies, except as specifically provided under 'Accidental Dental' (Benefit 5), 'Wisdom Teeth' (Benefit 6) or 'Dental Emergencies' (Benefit 7).

A16 Treatment or services that contravene, or are prohibited by, legislation under a provincial or territorial hospital/medical plan.

A17 Naturopathic, holistic or acupuncture treatment.

A18 Costs that exceed the *reasonable and customary* rate for the area where the treatment or services are being performed.

A19 Eye glasses, contact lenses, hearing aids and/or prescriptions for any of these items, unless required as the result, and within a year, of an *accidental injury* occurring during the *period of coverage*.

A20 Any nuclear occurrence, however caused.

A21 Any *medical consultation* that is non-emergency, elective or the consequence of a prior elective procedure and general assessments or check-ups except as specifically provided under the Physical Examination Benefit (Benefit 13), or any services requested by a third party.

A22 The purchase of:

- a) medications or drugs not approved for use by the appropriate government authority;
- b) vitamins or vitamin preparations;
- c) drugs or medications which can be purchased without a prescription;
- d) acne medications;
- e) nicotine resin products;
- f) dietary supplements or weight loss products;
- g) quantities of any drug or medication which exceed a 30-day supply within one month prior to the policy *expiry date*;
- h) contraceptives prescribed for any purpose;

- i) contraceptive consultation or testing;
- j) fertility drugs or testing;
- k) drugs, medications, or other costs paid for by any other agency; or
- l) experimental drugs, preventative medications or vaccines.

A23 Any loss incurred outside of Canada, except for loss due to *emergency hospital* and other covered *emergency* costs due to *sickness* or *injury* occurring during the *period of coverage* while the *insured* is on a trip less than 31 days.

DEFINITIONS

Accident(al) means a sudden, unexpected, unforeseeable, unavoidable external event.

Act of terrorism means an act, including but not limited to the use of force or violence and/or the threat thereof or commission or threat of a dangerous act, of any person or group(s) or government(s), committed for political, religious, ideological, social, economic or similar purposes including the intention to intimidate, coerce or overthrow a government (whether defacto or de jure) or to influence, affect or protest against any government and/or to put the civilian population, or any section of the civilian population, in fear.

Act of war means any loss or damage arising directly or indirectly from, occasioned by, happening through or in the consequence of war, invasion, acts of foreign enemies, hostilities or warlike operations (whether war is declared or not) by any government or sovereign, using military personnel or other agents, civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power.

Aggregate limit means the maximum value of insured losses resulting from any one *accident* or event causing loss.

Country of origin means the country in which the *insured* maintained a permanent residence prior to entry into Canada.

Dental association schedule of fees means the official schedule of fees published by the dental association, society or college of the province or territory in which the treatment or service occurred. If the province or territory does not publish an official schedule of fees, benefits payable under this policy will be in accordance with the provincial dental association schedule of fees in Canada closest to where the treatment or service occurred.

Dependant(s) means a) the *student's* legally married spouse or a person with whom the *student* has been cohabitating in a common-law relationship for at least twelve (12) consecutive months prior to the date of application, and/or b) any unmarried children residing with the *student*, who are 15 days of age to under age 21 and dependent upon the *student* for their sole means of support. Dependents are covered only when family coverage is selected and paid for at the time of application.

Effective date means the date and time coverage begins as provided for in the section titled 'Coverage Begins'.

Emergency means a sudden, unforeseen *sickness* or *injury* occurring during the *period of coverage*, which requires immediate intervention by a *physician* or legally licensed dentist and cannot reasonably be delayed. An emergency is deemed to no longer exist when medical evidence indicates that the *insured* is able to continue their trip or return to their place of ordinary residence or *country of origin*.

Expected medical treatment means *medical consultation* or hospitalization, which has been shown, by prior medical history, as probable or certain to occur.

Expiry date means the date coverage ends as indicated in the section titled 'Coverage Ends'.

Family member means the *insured's* legal or common-law spouse, parent, brother, sister, legal guardian, step-parent, step-child, step-brother, step-sister, aunt, uncle, niece, nephew, grandparent, grandchild, in-law, ward, natural or adopted child.

Hospital means a facility incorporated or licensed as a hospital by the jurisdiction where such services are provided and which has accommodation for resident in-patients, a laboratory, a registered graduate nurse and *physician* always on duty and an operating room where surgical operations are performed by a *physician*. In no event shall this include a convalescent or nursing home, home for the aged, health spa, or an institution for the care of drug addicts or alcoholics.

Injury means bodily harm which is directly caused by or resulting from an *accident*, being a sudden and unforeseen event, excluding bodily harm that results from deliberate or voluntary action and independent of *sickness* and all other causes.

Insured means a person named on the application / enrollment listing, who meets the eligibility requirements under this policy and who has been accepted for coverage under this policy by TIC or its authorized representative, and has paid the required premium.

Insurer means Co-operators Life Insurance Company.

Medical consultation means any medical services obtained from a licensed medical practitioner for an ailment, *sickness* or medical condition, including but not limited to any or all of: history taking, medical examination, investigative testing, advice or treatment, and for which a diagnosis of the condition need not have been definitively made. This does not include regular medical checkups where no medical signs or symptoms existed or were found during the check-up.

Medical association schedule of fees means the official schedule of fees published by the medical association, society or college of the province or territory in which the treatment or service occurred. If the province or territory does not publish an official schedule of fees, benefits payable under this policy will be in accordance with the provincial medical association schedule of fees in Canada closest to where the treatment or service occurred.

Necessary means medically required treatment for an unexpected *sickness* or *injury*.

Nuclear, chemical or biological means the use of any nuclear weapon or device or the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical agent and/or biological agent, including the resultant contamination where:

- **Nuclear** means any occurrence causing bodily *injury*, *sickness*, disease, or death or loss of or damage to property, or for loss of use of property, arising out of or resulting from the radioactive, toxic, explosive, or other hazardous properties of source, special nuclear, or by-product material.
- **Chemical agent** shall mean any compound which, when suitably disseminated, produces incapacitating, damaging or lethal effects on people, animals, plants or material property.
- **Biological agent** shall mean any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) which cause illness and/or death in humans, animals or plants.

Period of coverage means the period from the *effective date* to the *expiry date* as indicated in this policy and for which premium has been paid.

Physician means a person other than the *insured*, who is legally qualified and licensed to practice medicine or perform surgery in the location where the services are performed, and is not related to the *insured* by blood or marriage.

Professional means an activity engaged in by the *insured*, who earns the majority of their income from such activity.

Reasonable and customary means the services customarily provided or the costs customarily incurred for covered losses, which are not in excess of the standard practice or fee in the geographical area where the services are provided or costs are incurred for comparable treatment, services or supplies for a similar *sickness* or *injury*.

Sickness means illness or disease.

Student means a person:

- a) whose *country of origin* is not Canada and who is residing in Canada on a temporary basis; and
- b) who regularly attends an accredited school, college, university, or other accredited educational institution in Canada; and
- c) who is enrolled full time, as defined by the educational institution.

Terminal means a *sickness* or medical condition for which a *physician* gave a prognosis of eventual death or for which palliative care was received, prior to the *effective date*.

GENERAL PROVISIONS

Assignment

Any benefits payable or which may become payable under this policy cannot be assigned by the *insured* and the *insurer* is not responsible for and will not be bound by any assignment entered into by the *insured*.

Automatic Extension of Coverage

1. This coverage shall be automatically extended for up to 72 hours if, during the *period of coverage*, the conveyance in which the *insured* is riding or is scheduled to ride as a passenger, scheduled to arrive at destination during the *period of coverage*, is delayed due to circumstances beyond their control.
2. Coverage will be automatically extended for up to 5 days, if the *insured* is hospitalized due to a covered *sickness* or *injury* on or before the coverage *expiry date*.

Benefit Payments

Unless otherwise stated, all provisions in this policy apply to each *insured* during one *period of coverage*.

Benefits are only payable under one policy, for each *insured* during the *period of coverage*. If more than one TIC policy is in effect at the same time benefits will only be paid under one insurance policy, the one with the greatest sum insured. Benefits are only payable for the plans and the specific sum insured selected, paid for and accepted by TIC at the time of application. Any benefits payable do not include interest charges.

Claim Submission

The *insured* or the claimant, if other than the *insured*, shall be responsible for the verification of:

1. Any medical costs incurred and shall obtain itemized accounts of all medical services which have been provided;
2. Any payment made by any other insurance plan or contract;
3. And providing substantiating medical documentation from their *country of origin* at the request of TIC.

Failure to provide substantiating documents shall invalidate all claims under this insurance.

Contract

The application, any completed medical questionnaire, confirmation of coverage, this policy, any document attached to this policy when issued, and any amendment to the policy agreed upon in writing after it is issued, constitute the entire contract. Each policy or term of coverage is considered a separate contract. TIC reserves the right to decline any application or any request for extensions of coverage. No condition of this policy shall be deemed to have been waived, either in whole or in part, unless the waiver is clearly expressed in writing and signed by TIC.

Coordination of Benefits

Coverage under this policy is in excess of all or any existing coverage concurrently in force held by the *insured*, including but not limited to homeowners, tenants, multi-risk, any credit card, third party liability, group or individual basic or extended health insurance or any private or legislative plan of motor vehicle insurance providing *hospital*, medical or therapeutic coverage. TIC will coordinate all benefits in accordance with the Canadian Life and Health Insurance Association guidelines. Reimbursement will not be made for any costs, services or supplies that are payable to the *insured* under a motor vehicle insurance policy or legislative plan pursuant to the 'no-fault' benefits schedule under any Insurance Act, or for which the *insured* receives benefits from any other party pursuant to any policy or legislative plan of motor vehicle insurance.

The *insured* may not claim or receive in total, more than 100% of the loss caused by the insured event.

Currency

All amounts stated in the policy, including premium, are in Canadian currency. At the option of TIC, benefits may be paid in the currency of the country where the loss occurred.

Governing Law

This policy will be governed by the laws of the Canadian province or territory where the policy was issued. At no time will this policy be governed by the laws and regulations of any other country.

Limit on Liability

It is a condition precedent to liability under this policy that at the time of application, the *insured* knows of no reason to seek medical attention.

Misrepresentation or Nondisclosure

A failure to disclose or misrepresentation of any material fact by the *insured*, or fraud, either at the time of application or at the time of claim, shall render the entire contract null and void, and any claim submitted thereunder shall not be payable.

Premium

The required premium is due and payable at the time of application and prior to the *effective date* and/or in accordance with the educational institution's premium payment schedule which has been approved by TIC.

Rights of Examination

The claimant shall provide TIC with the opportunity to examine the *insured* when and so often as it reasonably requires while a claim is pending. In the case of an *insured's* death TIC may require an autopsy, subject to any laws of the applicable jurisdiction relating to autopsies.

Subrogation (Right of Recovery)

In the event of any payment of benefits under this policy, TIC shall be subrogated to all the rights of the *insured* including without limitation the right to proceed in the *insured's* name, but at the *insurer's* expense, against any third party that may be responsible for giving rise to a claim under this policy. The *insured* shall execute all documents required and shall co-operate fully with the *insurer* to secure such rights. The *insured* shall do nothing after the loss to prejudice the *insurer's* right of recovery.

Time

Expiry time of coverage is the time within the time zone where the *insured* was residing when the application was made.

REFUNDS

- a) A request for premium refund must be submitted in writing to the agent/ school where coverage was originally purchased, together with documentation for the reason for cancellation of the policy. Premium refunds must be obtained from the agent/school where coverage was originally purchased, unless purchased directly from TIC.
- b) There will be no refund of premium for remaining policy periods of less than 31 days or if any claim has been paid or is pending.

Subject to the rules of the educational institution, refunds are payable when:

1. The *student* fails to meet visa entry eligibility requirements.
2. The *insured* permanently returns to his/her *country of origin* 30 days or more prior to the *expiry date* of coverage.
3. The *insured* becomes covered under a provincial or territorial health/medical plan.

CLAIMS PROCEDURES

Important notes:

1. In the event of a *sickness* or *injury*, TIC must be notified prior to any *medical consultation* or any surgery being performed or within 24 hours of admission to a *hospital*. Failure to notify TIC, without a reasonable cause, prior to surgery or in case of hospitalization will result in the reduction of eligible benefit amounts payable by 20%. To make your claim, fill out the claim form completely and include all original bills. Incomplete information will cause delay.
2. Claims must be reported within 30 days of occurrence.
3. Written proof of claim must be submitted within 90 days of occurrence.
4. Any costs incurred for documentation or required reports are the *insured's* or claimant's responsibility.

When submitting your claim please include:

1. A completed and signed claim form with all original bills and receipts. Incomplete forms will delay your claim.
2. Medical records including an emergency room report and diagnosis from the medical facility or a Medical Certificate completed by the treating *physician*. Any fee for completion of the certificate is not a benefit under this insurance.

Further documentation may be required upon review of your claim.

For Accidental Death & Dismemberment Benefits – in addition to the above please include:

1. Police report including any witness' statements, if applicable
2. Coroner's report
3. Death certificate

All claims forms are available online at: www.travelinsurance.ca or by calling the TIC Claims Department.

SUBMIT CLAIMS TO:

TIC Claims Department
2100 – 250 Yonge Street
Toronto, Ontario, Canada M5B 2L7

Collect worldwide: 416-340-8809
Toll free Canada/U.S.A.: 1-800-869-6747

STATUTORY CONDITIONS

Notwithstanding any other provisions herein contained, this contract is subject to the Statutory Conditions in the Insurance Act respecting contracts of Accident and Sickness Insurance. For Québec residents, this contract is subject to the mandatory provisions of the Civil Code of Québec respecting contracts of Accident and Sickness Insurance.

In witness whereof, CO-OPERATORS LIFE INSURANCE COMPANY has caused this policy to be signed by its COO.



Administered by:
TIC Travel Insurance Coordinators Ltd.
2100 – 250 Yonge Street
Toronto, Ontario, Canada M5B 2L7

Underwritten by:
Co-operators Life Insurance Company
1920 College Avenue
Regina, Saskatchewan, Canada S4P 1C4

EMERGENCY PROCEDURES

In the event of a *sickness* or *injury*, TIC Emergency Assistance must be notified prior to any *medical consultation* or any surgery being performed or within 24 hours of admission to a *hospital*. Failure to notify TIC, without a reasonable cause, prior to surgery or in case of hospitalization will result in the reduction of eligible benefit amounts payable by 20%. We are here to help. Our service is available 24 hours a day, 7 days a week. TIC Emergency Assistance also provides support and recommendations for non-medical emergencies, providing you with access to resources to help resolve any unexpected difficulties you encounter during your *period of coverage*.

TIC EMERGENCY ASSISTANCE

Toll free Canada/U.S.A.: 1-800-995-1662

Toll free worldwide: 800-842-08420 or 00-800-842-08420

If unable to contact us through the toll free numbers call collect: 416-340-0049

Contact us at www.travelinsurance.ca and initiate your claim and we will contact you.

