Travel Insurance
Policy Wording

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It is your responsibility to read and understand your entire message centre; in the event of an injury or sickness, your prior medical referral to legal assistance; if your health changes after you have purchased your travel assistance (for lost documents, lost luggage, etc.); weather information; currency exchange information.

Your policy may not provide coverage for pre-existing conditions. It is your responsibility to review the pre-existing condition exclusions and stability requirements and understand how they apply to you and how they relate to your departure date, date of purchase and/or effective date.

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

If your health changes after you have purchased your insurance, you are not required to call to update your Health Questionnaire (if applicable) or modify your application. However, your health change may affect your coverage for pre-existing conditions and you may choose to contact us to review pre-existing condition coverage and discuss whether other coverage options are available.

PLEASE READ YOUR POLICY CAREFULLY BEFORE YOU TRAVEL.

This is your insurance document. This document contains clauses that may exclude or limit your coverage. Please read it carefully.

A Guide to Your Policy

WELCOME

Thank you for choosing BCAA Travel Insurance for your travel insurance needs. Please ensure you travel with this policy wording (which is available anytime online at bcaa.com/wordings), your wallet card and/or policy declaration. These materials comprise your complete insurance policy. They also provide important contact information should you need to extend your policy while you are travelling, or in the event of a claim.

1. **In an emergency, contact Claims at TuGo immediately.**
   For a complete list of numbers, refer to Contact Information on page 4.

2. **You can get treatment for medical emergencies from any medical provider, anywhere in the world when you have selected Emergency Medical Insurance.**
   With BCAA Travel Insurance, you choose your medical provider—you may obtain treatment in any hospital anywhere in the world. If you are not familiar with the medical providers at your location, we can help you find appropriate medical attention. For instructions on How to Claim please refer to page 76.

3. **When you have selected Emergency Medical Insurance, the following services are available to assist you in a medical emergency:**
   Payment to hospitals and other medical providers for emergency medical expenses guaranteed where possible, relieving you of credit responsibilities, multilingual assistance, travel assistance for your family, family/employer communications, medical assistant to travel with you, assistance in locating the nearest medical facility and more.
   We also submit all the paperwork to your government health care plan and extended benefit plans.

4. **As a BCAA Travel Insurance customer, the following travel assistance is available to you:**
   a) **Before you leave:**
      - tourist visa/passport information;
      - information regarding inoculation/vaccination requirements;
      - weather information;
      - currency exchange information.
   b) **While you’re travelling:**
      - referral to legal assistance;
      - message centre;
      - travel assistance (for lost documents, lost luggage, etc.);
      - referral to Canadian consular services worldwide.
   Please refer to the Customer Service/Policy Extensions section under Contact Information on page 5.

5. **Please keep in mind exclusions may apply.**
   Please read carefully the General Exclusions section as well as the Exclusions applicable to the specific coverage you have purchased.

6. **If you have an extended benefit plan and have made a claim that was paid for by Claims at TuGo, we may recoup the amount back from your extended benefit plan if your lifetime maximum limit is over $100,000. However, Claims at TuGo will ensure that your extended benefit plan is never reduced below $100,000 due to a claim made under this Policy. For more details, refer to General Condition number 2 on page 57.**

7. **You can extend your period of coverage by calling your BCAA Insurance Advisor while in BC during regular business hours at 1.888.268.BCAA (2222) or TuGo® at 1.866.419.4183 (in Canada and the USA) or at 001.800.514.9976 or 01.800.681.8070 (in Mexico) or by calling collect during regular business hours at 604.304.2727 before your policy expires. To extend your coverage, you must meet the following conditions:**
   a) you have not seen a physician or other registered medical practitioner since your departure date or the effective date of the Policy;
   b) you have not submitted a claim and have no intent to submit a claim;
   c) you are in good health and you do not know of any reason to seek medical attention;
   d) your period of coverage has not already expired.
   A service fee will be charged in addition to the premium for the additional number of days required.
8. You can renew your Annual BCAA Travel Insurance policy. You will be notified well in advance of your expiry date so you will never need to worry.

9. Additional coverages are available for an extra premium.

**BCAA Privacy Policy Statement**

BCAA (including its member companies) collects, uses and discloses your personal information for the purposes and in the manner set out in BCAA’s privacy policy located at bcaa.com/privacy. BCAA provides you with services on the basis that you agree to its use of all your personal information, whenever collected, as described in that policy. BCAA protects your personal information in accordance with its privacy policy and applicable law. Please review the privacy policy to make sure you understand how your information is collected, used and disclosed, how your information is protected and how to access your personal information. You are encouraged to review the terms of the privacy policy now and from time to time as it is sometimes amended.

**Contact Information**

**Contact Claims at TuGo** anytime by phone or online at tugo.com/claims

Keep these numbers handy when you travel

**Claims/Hospitalization**

In the event of hospitalization, call Claims at TuGo immediately:

**From Canada & USA** 1.877.293.BCAA (2222)

**From Mexico** 001.800.514.9976 or 01.800.681.8070

**Outside N. America & Mexico** (global toll-free)

*800.663.00399

**Worldwide** (collect) **604.278.4108

If you can’t reach us using the numbers listed or by making a collect call, call us direct at 1.604.278.4108 and we will reimburse the charges incurred for making this call.

*To use the global toll-free service when you are travelling outside North America and Mexico, you must first dial the international access code shown on page 5 (subject to change without notice) to reach Canada, then enter our 11-digit toll-free number. For example, if you are in Australia, dial 0011 + 800.663.00399.

**If you are unable to use the global toll-free service and international access codes shown on page 5 (subject to change without notice), call us collect. To call us collect, contact the local operator and let them know that you wish to make a collect call to Canada at the following numbers:

- For policy extensions and customer service, call TuGo at 604-304-2727.
- For claims and hospitalizations, call 604-278-4108.

**Customer Service/Policy Extensions**

(only available during general business hours) To extend your policy while travelling, simply call BCAA:

**From Canada & USA** 1.888.268.BCAA (2222)

or call TuGo:

**From Canada & USA** 1.866.419.4183

**From Mexico** 001.800.514.9976 or 01.800.681.8070

**Outside N. America & Mexico** (global toll-free)

*800.663.00399

**Worldwide** (collect) **604.304.2727

**Other Policy Changes**

To make changes to your policy before you leave, other than an extension:

**From British Columbia** 1.888.268.BCAA (2222)

If/when necessary, please send all correspondence other than claims to BCAA:

**By Mail**


**By Email**

info@bcaa.com
BCAA Travel Insurance

All words in italics have a specific meaning with a corresponding definition. Refer to the Definitions section for details.

10-Day Full Refund Provision

You have 10 days starting from the application date of the Policy to review this Policy to ensure it meets your Insurance needs. A full refund is available provided no travel has taken place.

This does not apply to the Non-medical Travel Package.

To cancel your Policy, you must contact BCAA Insurance Agency or TuGo during general business hours. The request must be received no later than 10 days starting from the application date of the Policy.

Other refunds may be available, please refer to the Refunds section of the plan you have purchased.

Insuring Agreement

In consideration of having paid the required premium for the coverage(s) chosen and having completed in full the application which has been provided to you by BCAA Insurance Agency or TuGo, this policy wording booklet becomes your Policy of Insurance. The company hereby agrees to provide Insurance in accordance with the terms and conditions of the Policy as set forth in this Policy.

Insurance will be provided for the coverage(s) chosen by you, as indicated on your application/declaration.

All the limits of Insurance under each benefit are aggregate limits per insured, per trip, unless otherwise stated.

Validation of Coverage

At the time the required premium is paid, your coverage will be validated when the company or the designated representative provides you with a completed, time dated and numbered application/declaration.

Emergency Medical Insurance: Annual & Single Trip

Eligibility

You are eligible for coverage if:

1. You are a Canadian resident;
2. You are not travelling against a physician’s advice;
3. You have not been diagnosed with a terminal condition;
4. You are not receiving palliative care or palliative care has not been recommended.

Period of Coverage

Applicable to Annual

This Policy is in effect at 12:01 AM on the effective date of the Policy and continues in force for a period of one year from the effective date of the Policy. You may travel as many times as you wish during the period of coverage provided that no one trip exceeds the maximum number of days as specified and contracted for at the time of application.

Coverage commences at the time and on the date of each departure from your home province.

Coverage terminates each time you return to your home province or at 11:59 PM on the expiry date of the Policy, whichever occurs first.

When travel is within Canada but outside of your home province, coverage is automatically provided beyond the maximum number of days selected at the time of purchase but limited to the expiry date of the Policy.

When travel is outside of Canada, coverage is limited to the maximum number of days selected. The trip duration begins on the date you leave Canada and terminates when you return to Canada.

Applicable to Single Trip

Coverage commences on the later of:
1. The date and time you depart from your home province or Canada; or,
2. The date and time you depart from your home province when travel is within Canada only but outside your home province; or,
3. The effective date as shown on your application/declaration.

Coverage terminates on the earliest of the following:
1. At 11:59 PM on the expiry date of the Policy;
2. On the date and time when you return to your home province.

One temporary visit to your home province is permitted during your period of coverage provided the temporary visit is unexpected and beyond your control; your Policy will not terminate; however you will not be covered while in your home province. There will be no refund for the number of days you spend in your home province.

For policies providing Emergency Medical coverage for travel worldwide excluding USA, coverage is limited to travel outside the USA except for transit through or stopovers in the USA of up to five days at any one time.

Applicable to Annual and Single Trip

Coverage shall be void if purchased after the date of departure from your home province or for a trip not originating in Canada unless authorized in advance by TuGo in which case it will be subject to the waiting period requirements.

Top-up

1. When this Policy is purchased before departure to top-up another emergency medical insurance plan, coverage commences either:
a) the day following the expiry date of the insurance plan being topped-up; or,
b) the day following the expiry date of the trip length of the annual insurance plan being topped-up.

2. When symptoms or medical treatment for an emergency sickness or injury begin prior to the effective date of this top-up Policy and while you are covered by the other emergency medical travel insurance plan, the company will pay eligible expenses incurred on or after the date this top-up Policy takes effect as if the emergency sickness or injury began under this top-up Policy, unless other insurance policies, plans or contracts, including but not limited to any private or provincial automobile insurance, cover the loss, and subject to all other policy terms and conditions.

Expenses incurred before this Policy takes effect are not covered.

**BENEFITS**

**Maximum limit - $10,000,000**

The wording in this section applies to Emergency Medical:

- Annual and Single Trip Worldwide
- Single Trip Worldwide excluding USA
- Single Trip Within Canada

The company will pay the actual, reasonable and customary expenses up to the coverage limits for acute, sudden and unexpected emergency sickness or injury, resulting from an emergency that occurs while you are travelling outside your home province.

Eligible medical and related expenses are described below.

1. **Emergency Medical Treatment**
   a) **Hospital Services**
      i. Hospitalization services (limited to a semi-private room). Any coverage related to hospitalization terminates upon release from the hospital other than what is specified under the Follow-up Visit Benefit.
      ii. Out-patient medical treatment provided by a hospital.
   b) **Physician**
      The services of a physician.
   c) **Ambulance Services**
      The services of a licensed ground, air or sea ambulance and paramedics from the scene of the accident or place of onset of the sickness to the nearest hospital. Fire rescue expenses are also covered if a fire rescue team is dispatched in response to your medical emergency. If an ambulance is medically required but is unavailable, the company will pay for taxi expenses, taxi receipt required.
   d) **X-ray Examinations**
      X-ray examinations and diagnostic laboratory procedures when performed at time of initial emergency.
   e) **Prescription Drugs**
      Prescription drugs (excluding over the counter medication, vitamins, minerals and dietary supplements) that require a physician's written prescription (original pharmacy prescription receipts indicating the medication name, quantity, dosage, prescribing physician and cost are required). Coverage is available for a maximum supply of 30 days, for prescription drugs that are purchased in the 30-day period from the date of the initial emergency or the follow-up visit. While you are confined to hospital, the company will pay the total cost of all prescription drugs, in addition to the 30-day maximum supply of related prescriptions that are filled in the 30 days following release from the hospital.

   - **Lost or Stolen Prescription Drugs**
     In the event your prescription drugs are lost or stolen, the company will pay one physician visit to obtain a new prescription and the cost of the new prescription drugs (excluding over the counter medication, vitamins, minerals and dietary supplements). This benefit is payable up to a maximum of $200.

   - **Essential Medical Appliances**
     The cost to rent or purchase essential medical appliances including, but not limited to wheelchairs, crutches and canes. When appliances are purchased, the reimbursement will not exceed the total cost that would have been incurred if the appliances had been rented.

   - **Private Duty Nursing**
     Private duty nursing services, performed by a registered nurse (R.N.) other than a family member, when ordered in writing by the attending physician.

2. **Follow-up Visit**
   One follow-up visit within the 14 days after the initial emergency medical treatment, provided the follow-up visit is required as a direct result of the initial emergency.

3. **Fracture Treatment**
   Following the initial emergency medical treatment and the one follow-up visit, the company will pay up to a maximum of $1,000 for the following treatments related to fractures:
   a) X-ray examinations; and,
   b) Re-examination physician visits; and,
   c) Casting and re-casting, if medically necessary; and,
   d) Cast removal
   Eligible expenses must be incurred during the same covered trip and prior to your return to your home province.
   This benefit is only available in lieu of the Airfare to Return Home for Treatment Benefit.

4. **Hospital Allowance**
   Expenses of $75 per day to cover incidental hospital charges, which are billed by the hospital, such as TV rental and telephone charges.
5. **Other Professional Medical Services**
   Up to a maximum of $600 for any one emergency, per practitioner for the services of the following licensed practitioners to relieve an acute emergency:
   - Physiotherapist
   - Osteopath
   - Chiropractor
   - Acupuncturist
   - Chiropodist
   - Holistic doctor
   - Naturopath
   - Podiatrist
   - Optometrist
   - Naturopath
   - Acupuncturist

6. **Dental Services**
   The services of a licensed dentist or dental surgeon for emergency dental treatment, including the cost of prescription drugs and x-rays, as follows:
   a) Dental expenses you incur while on your trip for an accidental blow to the face requiring the repair or replacement of natural teeth or permanently attached artificial teeth, including crowns, bridges and dental implants. You are also covered for continuing treatment after your return to your home province, provided the treatment is related to the accidental blow to the face and the initial treatment began prior to your return to your home province. All treatment must be completed within the 90 days after the treatment began. This benefit does not include dental treatment for veneers or dentures.
   b) Dental expenses you incur while on your trip for any dental emergencies other than pain caused by an accidental blow to the face, up to a maximum limit of $600. All treatment must be completed within the 90 days after the treatment began and prior to your return to your home province.

7. **Unexpected Birth of a Child**
   Up to a maximum of $20,000 for the medical expenses incurred by your newborn child/children following the unexpected birth of the child/children. This benefit is not payable during the nine weeks immediately prior to or after and including the expected date of delivery. Coverage terminates upon release from hospital or when the maximum limit has been reached, whichever occurs first.

8. **Emergency Air Transportation**
   This benefit is payable only when pre-approved and arranged by Claims at TuGo.
   At the time of hospitalization, medical air evacuation for return to Canada or medical air evacuation between medical facilities when the first medical facility is not equipped to provide the required medical treatment.

9. **Airfare to Return Home for Treatment**
   This benefit is payable only when pre-approved by Claims at TuGo.
   The cost of a one-way economy airfare on a commercial flight via the most direct route to return to your home province for immediate medical treatment as a result of an emergency. The medical treatment must be sought in the 10 days from arrival to your home province and the attending physician providing treatment outside your home province must indicate in writing that the medical treatment is required.
   The cost of an airline seat upgrade is included if the attending physician providing treatment outside your home province indicates in writing that it is also medically required.
   For fracture claims, this benefit is only available in lieu of the Fracture Treatment Benefit.

10. **Medical Attendant**
    This benefit is payable only when pre-approved by Claims at TuGo.
    If you are returned under the Emergency Air Transportation Benefit or the Airfare to Return Home for Treatment Benefit, the company will pay:
    a) The cost of a round trip economy airfare on a commercial flight via the most direct route for a qualified medical attendant (or travelling companion in lieu) to accompany you if the attending physician providing treatment outside your home province indicates in writing that it is medically required; and,
    b) The cost of an airline seat upgrade for the medical attendant (or travelling companion in lieu) if the attending physician providing treatment outside your home province indicates in writing that it is medically required.

11. **Airline Seat Upgrade**
    Following emergency medical treatment, the company will pay the cost of your airline seat upgrade when you are flying home on your regularly scheduled return flight, if the attending physician providing treatment outside your home province indicates in writing that it is medically required.

12. **Return of Excess Baggage**
    This benefit is payable only when pre-approved by Claims at TuGo.
    If you are returned under your home province under the Emergency Air Transportation Benefit, the Airfare to Return Home for Treatment Benefit or the Repatriation Benefit, the company will pay up to $800 for the return of your excess baggage. If there was room aboard the aircraft for your baggage during the Emergency Air Transportation, this benefit is not applicable.

13. **Return of Travelling Companion**
    This benefit is payable only when pre-approved by Claims at TuGo.
    If you are returned under the Emergency Air Transportation Benefit, the Airfare to Return Home for Treatment Benefit or the Repatriation Benefit, the company will pay for the cost of one way economy airfare for one travelling companion to return to the place
you departed from or to continue the trip with you as originally scheduled. This benefit can only be offered once during the same trip, and will not apply after your original expected return date.

14. **Return of Children/Grandchildren**

This benefit is payable only when pre-approved by **Claims at TuGo**.

If you are returned to your home province under the Emergency Air Transportation Benefit, the Airfare to Return Home for Treatment Benefit or the Repatriation Benefit, the company will pay for:

a) A one-way economy airfare for dependent children or grandchildren travelling with you to return back to the original departure point; and,

b) The cost of a chaperone when necessary.

15. **Repatriation**

In the event of your death during a trip covered under the Policy benefits, the company will pay for:

a) The preparation and return of your body, including the cost of the standard shipping container (excluding the cost of a burial coffin), to your home province; or,

b) Up to a maximum of $5,000 for burial at the place of death (excluding the cost of funeral and related expenses or a burial coffin) including one death certificate, in the event your body is not returned to your home province; or,

c) Up to a maximum of $5,000 for cremation at the place of your death (excluding the cost of funeral and related expenses or an urn) including one death certificate and the standard shipping cost to return your ashes to your home province; and

d) Transportation costs of one family member to go to the place of your death to identify your body when it is necessary to be identified prior to the release of your body and up to a maximum of $400 per day to a maximum of $2,000 for meals and commercial accommodation.

The family member identifying your body will also be covered as an insured under this Policy for the period of time required to identify your body. Coverage for the family member is limited to the Emergency Medical Insurance plan and is subject to the terms and conditions of the Policy.

16. **Return to Your Destination**

If you are returned to your home province under the Emergency Air Transportation Benefit or the Airfare to Return Home for Treatment Benefit, the company will pay the cost of a one-way economy airfare by the most direct route to return you to the place you departed from or to continue your trip as originally scheduled. Your Policy will not terminate; however you will not be covered while in your home province. There is also no refund for the number of days you spend in your home province.

Once you are returned to your trip destination, a recurrence of the same medical condition which necessitated a return to your home province; or the occurrence of a related condition will not be covered under this Policy. This benefit can only be offered once during the same covered trip, and will not apply after your original expected return date.

17. **Family Transportation**

This benefit is payable only when pre-approved by **Claims at TuGo**.

If an attending physician considers it necessary, the company will pay one round trip economy airfare or ground transportation costs for one family member to be with you while you are hospitalized if you are travelling alone; or for one additional family member other than your travelling companion if you are not travelling alone, and up to a maximum of $400 per day to a maximum of $2,000 for reasonable and necessary commercial accommodation, meals, telephone calls, internet charges, taxi or bus fare.

The family member attending your bedside will also be covered as an insured under this Policy while you are hospitalized. Coverage for the family member is limited to the Emergency Medical Insurance plan and is subject to the terms and conditions of the Policy.

18. **Out of Pocket Expenses**

Up to $500 per day to a maximum of $5,000 for your commercial accommodation, meals, telephone calls, internet charges, taxi fare, parking charges, bus fare and rental car, if:

a) Your travelling companion is transferred to a different hospital in another city for emergency medical treatment; or,

b) Your travelling companion is confined to hospital on or after the date you are scheduled to return to your home province.

If you are claiming under part b), there is no coverage for any out-of-pocket expenses you incur before the date you are scheduled to return to your home province.

19. **Child Care**

Up to $500 per day to a maximum of $5,000 for child care costs for insured children 18 years and under who are travelling with you (excluding child care provided by a family member) when:

a) You are confined to hospital; or,

b) You are transferred to a different hospital in another city for emergency medical treatment.

20. **Remote Evacuation**

This benefit is payable only when pre-approved by **Claims at TuGo**, unless contacting **Claims at TuGo** is not possible.

Up to a maximum of $8,000, for reimbursement of expenses for non-medical emergency evacuation from a remote location (including mountain, sea or other location) by professional services to the nearest accessible point. This includes search and rescue services for mountain, sea or other remote locations.
21. **Return of Vehicle**
This benefit is payable only when pre-approved by **Claims at TuGo**.

If the attending physician determines that as a result of an emergency, you are incapable of continuing your trip by means of the vehicle used to depart from your home province and the vehicle you intended to use to return to your home province, and your travelling companion is unable to do so for you, the company will pay either:

a) The actual reasonable and necessary charges incurred for a commercial agency to return a vehicle that you
own or rent to either your home province or the nearest appropriate vehicle rental agency; or,

b) A one-way economy airfare to the destination where the vehicle is located; and gas, meals and accommodation for a family member or friend to return a vehicle that you own or rent to your home province.

The maximum benefit payable is limited to the amount it would cost the insurer to return your vehicle.

22. **Vision Care and Hearing Aids**
Up to a maximum limit of $1,000 for:

a) The replacement of prescription glasses (including prescription sunglasses) or contact lenses (up to a 30-day supply) due to theft, loss or breakage. Replacement of prescription glasses or contact lenses must be purchased and received during the same trip when the theft, loss or breakage occurred and prior to your return to your home province.

b) The replacement of a hearing aid due to theft, loss or breakage. Replacement of a hearing aid must be purchased during the same trip when the theft, loss or breakage occurred and prior to your return to your home province.

Replacement of prescription glasses, contact lenses and hearing aids must be of similar or lesser value to the ones that were stolen, lost or broken during the trip.

23. **Domestic Services in Canada**
This benefit is payable only when pre-approved by **Claims at TuGo**.

If you have been returned to your home province under the Emergency Air Transportation Benefit or the Airfare to Return Home for Treatment Benefit, the company will reimburse up to a maximum of $250 for necessary and reasonable cooking, cleaning, child care and/or pet care services that are required at your principal residence. The services cannot be provided by a family member and receipts are required.

Coverage is available within the 15 days after the date you return to your home province.

24. **Medical Follow-Up in Canada**
This benefit is payable only when pre-approved by **Claims at TuGo**.

If you have been returned to your home province under the Emergency Air Transportation Benefit or the Airfare to Return Home for Treatment Benefit, after being hospitalized during your trip, the company will reimburse the following expenses in Canada:

a) Up to $1,000 for a semi-private room in a hospital, rehabilitation centre or convalescent home; and,

b) Up to $100 per day for home care nursing or a caregiver when it is medically necessary; and,

c) Up to $300 for licensed ambulance services or taxi services to receive medical care; and,

d) Up to $200 to rent or purchase crutches, a standard walker, canes, trusses, an orthopedic corset and/or oxygen. When medical appliances are purchased, the reimbursement will not exceed the total cost that would have been incurred if the medical appliance had been rented.

Coverage is available within the 15 days after the date you return to your home province.

**AUTOMATIC EXTENSIONS TO COVERAGE**

At the time the period of coverage ends your coverage will be automatically extended at no additional premium:

**Hospitalization**

If you, your family or your travelling companion are confined to hospital. The automatic extension will be provided to you for the remaining period of the hospitalization, plus up to seven days after hospital release to recover and/or travel home.

**Medically Unfit to Travel**

If you, your family or your travelling companion are unable to travel on the scheduled return date due to a sickness or injury that does not require hospitalization. The automatic extension will be provided to you for up to seven days to recover and/or travel home. Written documentation must be provided to **Claims at TuGo** by the attending physician to substantiate the inability to travel home as originally scheduled.

**Delay of Common Carrier**

If your common carrier is delayed due to circumstances beyond your control, preventing you from returning to your home province. The automatic extension will be provided to you for up to seven days. Written documentation must be provided to **Claims at TuGo** to substantiate the common carrier delay.

**Vehicle Accident or Mechanical Breakdown**

If the vehicle you are travelling in is involved in an accident or mechanical breakdown. The automatic extension will be provided to you for up to seven days. Written documentation must be provided to **Claims at TuGo** to substantiate the reason for delay.
PRE-EXISTING CONDITION STABILITY REQUIREMENTS

In addition to the Emergency Medical Insurance Exclusions below and to the General Exclusions shown on page 55, the company will not be liable to provide coverage or services, or to pay claims for expenses incurred directly or indirectly as a result of:

Applicable to Insureds 59 Years and Under (on the effective date)

Pre-existing conditions including minor ailments, which have not remained stable within the 90 days before the date of departure.

Applicable to Insureds 60 Years and Over (on the effective date)

Pre-existing conditions including minor ailments, which have not remained stable within the 180 days before the date of departure.

Pre-existing conditions that do not meet the stability requirements set out above are not covered.

Pre-existing conditions are not excluded under the Travel Within Canada plan.

Refer to the following definitions: alteration, medical treatment, minor ailment, pre-existing condition and stable.

If you have purchased the optional Pre-existing Condition Coverage, refer to that section heading for coverage applicable to your pre-existing conditions that are not stable.

EXCLUSIONS

In addition to the General Exclusions on page 55, the company will not be liable to provide coverage or services, or to pay claims for expenses incurred directly or indirectly as a result of:

1. A trip that is undertaken against a physician's advice.
2. A trip that is undertaken after the diagnosis of a terminal condition.
3. A trip that is undertaken while you are receiving palliative care or after palliative care has been recommended.
4. Conditions or any related conditions for which, prior to departure, diagnostic tests took place, were scheduled to take place or were recommended and for which results had not yet been received at the time of departure. This includes diagnostic tests that were recommended or scheduled prior to departure, but had not yet taken place at the time of departure. This exclusion does not apply to:
   a) Tests to monitor an existing condition if there have been no new or more frequent symptoms, whether or not results have been received; or,
   b) Screening tests intended to prevent illness or to detect conditions before symptoms are noticed, whether or not results have been received.
5. Tests and investigation, except when performed at the time of initial emergency sickness or injury.
6. Expenses incurred once the emergency ends and in the opinion of the attending physician or dentist, you are able to travel to your home province for any further treatment relating to the sickness or injury that led to the emergency (other than specified under the Follow-up Visit, the Fracture Treatment and the Dental Services Benefits).
7. Any medical treatment, other than continuous treatment as specified in the Fracture Treatment and the Dental Services Benefits, which is a continuation of or subsequent to an emergency sickness or injury during the same covered trip, including its recurrence or any complications related directly or indirectly thereto, unless you were declared by an attending physician medically unfit to return to your home province because the initial emergency had not ended.
8. Any expenses incurred as a result of sickness that originated or was symptomatic during the waiting period. This exclusion does not apply when this Policy is purchased to top-up any other insurance plan.
9. Expenses incurred for emergency air transportation and any expenses incurred after emergency air transportation, when the emergency air transportation was not arranged by Claims at TuGo.
10. Emergency sickness or injury incurred if you choose to travel to a destination after a formal written travel advisory and/or travel warning has been issued by Global Affairs Canada or Public Health Agency of Canada (PHAC) recommending that you avoid all or non-essential travel to that destination during your trip. This exclusion applies if the advisory/warning is issued before the date you leave for your trip and the sickness or injury is directly or indirectly caused by the reason for the travel advisory/warning.
11. Expenses incurred when coverage is purchased after departure, unless authorized in advance by TuGo.
12. Any medical and related expenses in excess of $50,000, if you are not covered by a provincial or territorial government health care plan at the time your claim occurred.
13. Any condition(s) for which you are registered on a waiting list in Canada for treatment or diagnosis.
14. Any treatment related to symptoms that arose or worsened after the date of departure but prior to the effective date of this Insurance, except as specified under the heading Period of Coverage, sub-heading Top-up.
15. A medical condition for which symptoms were present or medical treatment was received during a temporary visit to your home province during the period of coverage or any condition wholly or partly, directly or indirectly, related thereto.
16. Loss, theft, or breakage of prosthetic devices or dentures.

DEDUCTIBLE

The company will pay eligible medical expenses for losses incurred in excess of the amount of the deductible as shown on the application/declaration, per insured per condition or event. This deductible applies to the portion of eligible expenses listed
in section Benefits, under Benefit number 1 Emergency Medical Treatment and Benefit number 2 Follow-up Visit, remaining after payment by your provincial or territorial government health care plan or other insurance policies, plans or contracts, including private or provincial automobile insurance.

Applicable to insureds 60 years and over
If you qualify for the coverage selected but you or a representative purchasing insurance on your behalf have failed to answer truthfully and accurately any question asked in the Health Questionnaire, any condition or event claimed will be subject to an extra deductible of $10,000 in addition to any other applicable deductible amount, and no future coverage will be provided under this Policy unless you pay the additional premium reflecting true and accurate answers to those questions.

REFUNDS

Applicable to Annual and Single Trip
1. Refunds are not available if a claim has been or will be submitted.
2. When the request for refund is received PRIOR to the effective date of the Policy, a full refund is available.
3. When no travel has taken place and the request for refund is received AFTER the effective date of the Policy:
   a) A full refund is available in the 10 days from the application date of the Policy; or,
   b) For Single Trip plans, a partial refund less a cancellation fee is available when the request for refund is received more than 10 days after the application date of the Policy but prior to the expiry date of the Policy.
   c) For Annual plans, a partial refund less a cancellation fee is available when the request for refund is received more than 10 days after the application date but within 90 days after the effective date of the Policy.
   d) Refunds must be requested in writing. Refer to Contact Information on page 4.

Applicable to Single Trip Only
1. In the case of early return to your home province, a partial refund less a cancellation fee may be available provided:
   a) A satisfactory proof of return to your home province is sent to BCAA Insurance Agency.
   b) The request is received by BCAA Insurance Agency within the 90 days after the expiry date of the Policy. Refunds will be calculated from the date of return.
   c) Refunds must be requested in writing. Refer to Contact Information on page 4.

Non-medical Travel Package: Annual & Single Trip
The Non-medical Travel Package is subject the Insuring Agreement, Validation of Coverage, General Exclusions, General Conditions, Authorized Extensions to Period of Coverage, Automatic Annual Renewal Option, Definitions, Statutory Conditions and How to Claim sections of the Policy, as well as the terms and conditions as specified for each of the Insurance coverages listed below.

This package is also available as an Optional Coverage. Refer to page 53 for details.

This package includes the following coverages:

- **Trip Cancellation & Trip Interruption Insurance**
  Maximum limit for sum insured prior to departure – Up to the sum insured as indicated on the application/declaration per Policy
  Maximum limit for sum insured after departure – Up to $25,000 per Policy

- **Baggage Insurance**
  Maximum limit — $1,500 per insured, per trip
  Maximum limit — $3,000 per family, per trip

- **TravelGold Accident Insurance**
  Maximum limit for Common Carrier Accident — $100,000 per trip
  Maximum limit for 24/7 Travel Accident — $25,000 per trip

- **Additional Air Travel Related Expenses**
  Up to the limit of each benefit as specified in the section

Eligibility
You are eligible for coverage if:
1. You are a Canadian resident; or,
2. You are a visitor to Canada purchasing the Non-medical Travel Package:
   a) Prior to arriving in Canada, provided part of or all of your trip is in Canada; or,
   b) After arriving in Canada, for subsequent travel anywhere in the world provided that travel originates in Canada.

Conditions
If you have purchased this insurance as an Optional Coverage, the following conditions apply:
1. This optional coverage can be purchased as an endorsement to an Emergency Medical Insurance, a Rental Car Protection or a Visitors to Canada Emergency Medical Insurance base plan. Coverage will be subject to the terms and conditions of the base plan it is purchased with.
2. This optional coverage cannot be purchased as an endorsement to an Emergency Medical Insurance plan...
when this Policy is purchased to top-up another emergency medical insurance plan. If you would like to purchase this optional coverage with the Emergency Medical Insurance plan, you must purchase the Emergency Medical Insurance for the full duration of your trip.

Trip Cancellation & Trip Interruption Insurance

- Trip cancellation means an event occurring prior to your departure date, causing you to cancel your trip.
- Trip interruption means an event occurring on or after your departure date causing you to disrupt your trip as originally scheduled or interrupt your trip and return earlier or later than your return date.

PERIOD OF COVERAGE

Annual

Trip Cancellation
This Policy begins at 12:01 AM on the effective date of the Policy and continues in force for a period of one year from the effective date of the Policy and ends at 11:59 PM on the expiry date of the Policy.

Coverage for each trip commences at the time the trip is booked and terminates on the earlier of:

1. The date of the cause of cancellation prior to your departure date; or,
2. At 11:59 PM on the day prior to your departure date; or,
3. At 11:59 PM on the expiry date of the Policy.

If a trip has already been booked when you purchase this Insurance, the effective date of the Policy must be the same as the application date of the Policy.

Trip Interruption
This Policy begins at 12:01 AM on the effective date of the Policy and continues in force for a period of one year from the effective date of the Policy and ends at 11:59 PM on the expiry date of the Policy.

Coverage for each trip commences on the departure date and terminates on the earlier of:

1. The date you return to your departure point; or,
2. At 11:59 PM on the expiry date of the Policy.

If your return is delayed due to a covered risk, coverage commences on the date you return to your departure point or within 30 days after the original scheduled date of return, whichever is earlier.

Single Trip

Trip Cancellation
Coverage commences on the application date of the Policy and terminates on the earlier of:

1. The date of the cause of cancellation prior to your departure date; or,
2. At 11:59 PM on the day prior to your departure date.

Trip Interruption
Coverage commences on the departure date and terminates on the earlier of:

1. The date you return to your departure point; or,
2. At 11:59 PM on the expiry date of the Policy.

If your return is delayed due to a covered risk, coverage commences on the date you return to your departure point or within 30 days after the original scheduled date of return, whichever is earlier.

COVERED RISKS

Benefits will only be payable if the trip has been cancelled or interrupted as a result of one of the following covered risks. Refer to pages 26 - 28 for a description of the benefits applicable to the covered risks described below.

Health

1. Sickness, injury, death or quarantine of you or your travelling companion.
   Trip cancellation benefits: 1, 2
   Trip interruption benefits: 5, 6, 7, 11, 13

2. Sickness, injury, death or quarantine of your immediate family or your travelling companion’s immediate family.
   Trip cancellation benefits: 1, 2
   Trip interruption benefits: 5, 6, 7, 13

3. Sickness, injury, death of your or your travelling companion’s business partner, employer or key employee, caregiver, or death of a friend not travelling with you on the trip.
   Trip cancellation benefits: 1, 2
   Trip interruption benefits: 5, 6, 7, 13

4. Sickness, injury, death or quarantine of your host at your final destination.
   Trip cancellation benefits: 1, 2
   Trip interruption benefits: 5, 6, 7, 13

5. Hospitalization of you, your travelling companion or your accompanying immediate family member that prevents you from returning on your regular scheduled return date and that causes you to incur boarding fees for your accompanying pets.
   Trip cancellation benefits: none
   Trip interruption benefits: 12

6. Hospitalization (including home based palliative care) or death of a family member not travelling with you that causes you to interrupt your trip before your scheduled return date.
   Trip cancellation benefits: none
   Trip interruption benefits: 9

7. Sickness or injury which is expected to prevent you or your travelling companion from participating in a sporting event when the purpose of your or your travelling companion’s trip was to participate in that sporting event.
   Trip cancellation benefits: 1, 2
   Trip interruption benefits: 5, 6, 7, 13
8. You or your travelling companion’s inability due to medical reasons to receive an injection or medication that is suddenly required for entry into a country, region or city originally indicated in your itinerary, provided that this requirement was not mandatory prior to the date the trip is booked or prior to the date this Insurance is purchased, whichever occurs later.
   Trip cancellation benefits: 1, 2
   Trip interruption benefits: 5, 6, 7, 13

Pregnancy and Adoption
9. You or your travelling companion being notified, after the trip is booked or after the date this Insurance is purchased, whichever occurs later, that the actual date of a legal adoption of a child by you or your travelling companion is scheduled to take place during your trip.
   Trip cancellation benefits: 1, 2
   Trip interruption benefits: 5, 6, 7, 13

10. You, your spouse’s or your immediate family member’s pregnancy, or your travelling companion’s, your travelling companion’s spouse’s or your travelling companion’s immediate family member’s pregnancy, being diagnosed after the date the trip is booked or after the date this Insurance is purchased, whichever occurs later, if you or your travelling companion’s trip is scheduled to take place in the nine weeks before or after and including the expected date of delivery.
   Trip cancellation benefits: 1, 2
   Trip interruption benefits: none

11. Complications of your, your spouse’s or your immediate family member’s pregnancy, or your travelling companion’s, your travelling companion’s spouse’s or your travelling companion’s immediate family member’s pregnancy, occurring within the first 31 weeks of pregnancy.
   Trip cancellation benefits: 1, 2
   Trip interruption benefits: none

Employment and Education
12. Your, your spouse or your travelling companion’s job transfer, which results in the relocation of your or your travelling companion’s principal residence.
   Trip cancellation benefits: 1, 2
   Trip interruption benefits: 5, 6, 7, 13

13. Involuntary loss of your, your spouse’s, your travelling companion’s or your travelling companion’s spouse’s permanent employment (excluding contract or self-employment) if you, your spouse, your travelling companion or your travelling companion’s spouse had been continuously employed with the same employer for at least six months prior to the date the trip is booked or prior to the date this Insurance is purchased, whichever occurs later.
   Trip cancellation benefits: 1, 2
   Trip interruption benefits: 5, 6, 7, 13

14. The cancellation of a business meeting at your final destination beyond your or your employer’s control or beyond your travelling companion’s or your travelling companion’s employer’s control. Only the travel costs related directly to the business meeting will be reimbursed.
   Trip cancellation benefits: 1, 2
   Trip interruption benefits: 5, 6, 7, 13

15. The re-scheduling of your or your travelling companion’s university or college classes or exams to a date during your trip due to unexpected circumstances beyond your, your travelling companion’s control and the control of the university or college, provided that both the unexpected circumstances and re-scheduling occurs after the date the trip is booked or after the date this Insurance is purchased, whichever occurs later.
   Trip cancellation benefits: 1, 2
   Trip interruption benefits: 5, 6, 7, 13

16. The cancellation of a conference, seminar, workshop, convention, symposium or retreat at your or your travelling companion’s final destination that is beyond your or your travelling companion’s control.
   Trip cancellation benefits: 1, 2
   Trip interruption benefits: 5, 6, 7, 13

Legal
17. You or your travelling companion being subpoenaed, after the trip is booked or after the date this Insurance is purchased, whichever occurs later, for jury duty, as a witness, or required to appear at a court proceeding during the period of travel (excluding law enforcement officers).
   Trip cancellation benefits: 1, 2
   Trip interruption benefits: 5, 6, 7, 13

18. You or your travelling companion being summoned to police, fire, paramedic or military service (active or reserve).
   Trip cancellation benefits: 1, 2
   Trip interruption benefits: 5, 6, 7, 13

19. A formal written travel advisory and/or travel warning issued by Global Affairs Canada or Public Health Agency of Canada (PHAC), advising you “to avoid all travel” or “avoid non-essential travel” to your travel destinations, provided such travel advisory/warning was issued after the date your trip is booked or after the date this Insurance is purchased, whichever occurs later, and the travel advisory/warning is still in effect on your scheduled departure date or at any time within the 7 days before your scheduled departure date.
   Trip cancellation benefits: 1, 2
   Trip interruption benefits: none

20. A formal written travel advisory and/or travel warning issued after your departure by Global Affairs Canada or Public Health Agency of Canada (PHAC), advising you to “avoid all travel” or “avoid non-essential travel” to your travel destinations, provided such travel advisory/warning was issued for your scheduled travel dates and this insurance was purchased prior to the travel advisory/warning being issued.
   Trip cancellation benefits: none
   Trip interruption benefits: 5, 6, 7, 13
21. The non-issuance of your or your travelling companion’s travel or student visa (not including an immigration or employment visa) for reasons beyond your or your travelling companion’s control, provided you or your travelling companion were eligible to make such an application, and the application was not submitted late. 
Trip cancellation benefits: 1, 2
Trip interruption benefits: none

22. Delay in receiving your or your travelling companion’s Canadian passport provided you or your travelling companion were eligible to make such an application and where receipt of the passport is delayed by Passport Canada for at least five weeks beyond the estimated processing time published by Passport Canada as of the date the passport application was received by Passport Canada. If the trip is booked or if this Insurance is purchased after the passport application was received by Passport Canada, coverage is valid only when purchased within the number of days of the estimated processing time published by Passport Canada. 
Trip cancellation benefits: 1, 2
Trip interruption benefits: none

Cancellations and Delays

23. The earlier departure, the later departure or the later arrival of your or your travelling companion’s common carrier causing a missed connection. 
Trip cancellation benefits: 1, 2
Trip interruption benefits: 5, 6, 7, 12, 13

24. The earlier departure, the later departure or the later arrival of your or your travelling companion’s common carrier by at least 4 hours when there is no connection. 
Trip cancellation benefits: 1, 2
Trip interruption benefits: 5, 6, 7, 12, 13

25. The cancellation of a common carrier for any reason other than bankruptcy, insolvency or quarantine. 
Trip cancellation benefits: 1, 2
Trip interruption benefits: 5, 6, 7, 12, 13

26. An accident on the way to the departure point involving a private vehicle in which you are a passenger or driver; or a common carrier in which you are a passenger (a police report or written confirmation from the common carrier is required). 
Trip cancellation benefits: 1, 2
Trip interruption benefits: 5, 6, 7, 13

27. The delay of a private vehicle resulting from mechanical failure of the vehicle, weather conditions, earthquakes, volcanic eruption, a traffic accident, or an emergency police-directed road closure. 
Trip cancellation benefits: 1, 2
Trip interruption benefits: 5, 6, 7, 13

28. You or your travelling companion are detained by immigration or customs officials due to mistaken identity. 
Trip cancellation benefits: none
Trip interruption benefits: 5, 6, 13

29. The cancellation of your cruise due to bankruptcy, insolvency, grounding, quarantine of the cruise ship. 
Trip cancellation benefits: 3
Trip interruption benefits: 10

30. Your travelling companion is taken off the cruise ship for medical reasons to the nearest medical facility equipped to provide the required treatment. 
Trip cancellation benefits: none
Trip interruption benefits: 13
The benefit under this covered risk is only applicable during your travelling companion’s hospitalization.

31. The repositioning of your cruise ship. 
Trip cancellation benefits: 3
Trip interruption benefits: 10, 13

32. The earlier departure, the later departure or the later arrival of your or your travelling companion’s tour. 
Trip cancellation benefits: 4
Trip interruption benefits: 10

33. The cancellation of your or your travelling companion’s tour by the tour operator. 
Trip cancellation benefits: 4
Trip interruption benefits: 10

Other

34. A natural disaster or unforeseeable event completely independent of any intentional or negligent act, which renders your or your travelling companion’s principal residence uninhabitable or place of business inoperative. 
Trip cancellation benefits: 1, 2
Trip interruption benefits: 5, 6, 7, 13

35. A natural disaster or unforeseeable event completely independent of any intentional or negligent act, which renders your principal residence uninhabitable and that causes you to interrupt your trip before your scheduled return date. 
Trip cancellation benefits: none
Trip interruption benefits: 8

36. Hijacking of which you are or your travelling companion is a victim. 
Trip cancellation benefits: 1, 2
Trip interruption benefits: 5, 6, 7, 13

37. The cancellation or reschedule of a wedding, concert, theatre or sporting event beyond your control, when the primary reason for your trip is to attend this event. Supporting documentation, including tickets, is required to substantiate the claim. 
Trip cancellation benefits: 1, 2
Trip interruption benefits: none
**BENEFITS**

**Maximum limit – Up to the sum insured as indicated on the application/declaration.**

Sum insured amounts are aggregate limits per Policy and are payable up to the maximum limit as shown on the application/declaration except for benefits 3, 4, 10, 11, 12 and 13 which are payable up to the amount listed in the Policy per trip.

**Trip Cancellation Before Departure**

Benefits outlined below are payable if cancellation of your trip results in unexpected expenses.

1. Reimbursement of non-refundable prepaid airfare and/or other prepaid travel costs that cannot be recovered from another source.
   
   **Note:** If you choose not to cancel your trip, reimbursement of the change fees charged by the transportation supplier when such an option is available to you.

2. Reimbursement of the additional single supplement commercial accommodation expense in the event a travelling companion cancels their trip.

3. Reimbursement of your non-refundable prepaid transportation that is not part of your cruise up to a maximum limit of $1,000.

4. Reimbursement of your non-refundable prepaid transportation that is not part of your tour, up to a maximum limit of $1,000.

**Trip Interruption After Departure**

Benefits outlined below are payable if interruption of your trip results in unexpected expenses.

5. Reimbursement of either:
   
   a) Your non-refundable, unused prepaid airfare costs; or,
   
   b) The change fees; or,
   
   c) The cost of a one-way economy airfare to the original departure point to return earlier or later than the return date; or,
   
   d) An airline seat upgrade when medically necessary to the original departure point to return earlier or later than the return date; or,
   
   e) Transportation costs or a one-way economy airfare to catch-up to your next travel destination.

6. Reimbursement of your other non-refundable unused prepaid travel costs excluding the cost of unused prepaid transportation back to the original departure point from a destination where you have already been reimbursed for a one-way economy airfare under Benefit number 5c) to return you to your original departure point.

7. Reimbursement of the additional single supplement commercial accommodation expense in the event your travelling companion cancels or interrupts their trip.

8. Reimbursement of the cost of a round-trip economy airfare to return you to the original departure point and back to your original travel destination point provided the return to your original travel destination takes place within the same trip.

   If you return to your home province under this benefit, your Policy will not terminate, however, you will not be covered for any expenses incurred in your home province. There is also no refund for the number of days you spend in your home province.

   This benefit is not applicable to Visitors to Canada purchasing this Insurance.

9. Reimbursement of the cost of a round-trip economy airfare to return you to the original departure point or the place of hospitalization or death of your family member and back to your original travel destination point, provided the return to your original travel destination takes place within the same trip.

   For airfare to a location other than the departure point, the cost of the ticket is limited to the cost for a round-trip economy airfare to the departure point.

   If you return to your home province under this benefit, your Policy will not terminate, however, you will not be covered for any expenses incurred in your home province. There is also no refund for the number of days you spend in your home province.

   This benefit is not applicable to Visitors to Canada purchasing this Insurance.

10. Reimbursement up to a maximum limit of $1,000, for the lesser of the change fees charged by the common carrier involved to return you to the original departure point (if such option is available to you) or for the extra cost of a one-way economy airfare on a commercial flight via the most direct route to return you to your original departure point, if cancellation occurs prior to the departure of the cruise ship or tour but after your departure.

11. Repatriation – In the event of your death during a trip, as result of an injury or an unexpected sickness, the company will pay for:

   a) Preparation and return of your body, including the cost of a standard shipping container (excluding the cost of a burial coffin), to your home province or country of permanent residence, to a maximum of $12,000; or,
   
   b) Burial at the place of death (excluding the cost of funeral and related expenses or a burial coffin) including one death certificate, in the event your body is not returned to your home province or country of permanent residence, to a maximum of $5,000.
   
   c) Cremation at the place of death (excluding the cost of funeral and related expenses or an urn) including one death certificate and the standard shipping cost to return your ashes to your home province or country of permanent residence, to a maximum of $5,000.
12. Reimbursement for the cost of additional boarding fees for your accompanying pets up to a maximum of $150. The company will pay the additional boarding charges incurred, but will not cover any veterinary fees.

13. Reimbursement of the reasonable out-of-pocket expenses up to the limit of $350 per day to a maximum of $3,000 for commercial accommodation, meals, internet, telephone and facsimile charges and taxi expenses.

**CONDITIONS**

In addition to the General Conditions on page 57, the following conditions apply:

1. When the reason for cancellation occurs prior to departure, you must:
   a) Contact the travel agent or airline on the day the reason for cancellation occurs or on the next business day; and,
   b) Advise Claims at TuGo within the same period. Claim payment will be limited to the cancellation penalties specified in the trip contracts which are in effect at the time the cause of cancellation occurs.

2. If you make a claim based on delay in receiving a passport, you must provide a receipt issued by Passport Canada showing the date Passport Canada received the passport application.

3. No claims will be considered unless the original unused transportation ticket(s) or electronic ticket(s) is/are provided to Claims at TuGo. If applicable, Claims at TuGo will also require copies of substitute transportation tickets and travel agent or tour operator invoices.

4. Trip Cancellation—If you need to cancel your trip because of a sickness or injury, the patient must consult a physician before you cancel your trip and prior to the date and time you are scheduled to leave from your departure point. If it’s not possible for the patient to consult a physician on or before the date and time you are scheduled to leave from your departure point, the patient must consult a physician within one business day from the scheduled date of departure.

   Trip Interruption—If you need to interrupt your trip because of a sickness or injury, the patient must consult a physician at the place where the sickness or injury occurred, on or before the date and time you interrupt or disrupt your trip.

   In both cases, you must provide a medical certificate or letter completed by the attending physician at the place where the sickness or injury occurred, advising against travel that includes: a complete diagnosis, the date of onset of the condition, the dates and type of treatment, and the medical necessity of cancelling or interrupting or disrupting your trip. If a physician was not consulted as required or if you do not provide the complete written certificate, your claim will be denied.

5. If you purchased a single trip policy and your travel dates change, you must notify the company of your new travel dates. Failure to do so will result in denial of your claim.

6. The benefits are only applicable if:
   a) You had left enough travel time to comply with the travel provider’s recommended check-in time prior to departure;
   b) Your trip, whether booked online or through a travel agent, meet the minimum connection times approved by the applicable travel provider.

7. If you purchased an Annual Non-medical Travel Package, your trip must start and end within the Period of Coverage of this Policy, unless authorized by TuGo.

8. The company does not insure or reimburse the cash value of any travel costs that have been booked and paid for with points, air miles or any type of travel reward program.

9. **Duplication of Coverage**—If you are insured under more than one Policy, Plan or Optional Coverage administered by TuGo and they are in effect at the time of loss, the total amount paid to you cannot exceed your total expenses. Expenses are paid to an overall maximum limit of $100,000 for the Trip Cancellation & Trip Interruption plan.

10. If you increase your Policy sum insured, exclusions number 1, 2, 3, 4, 5, 8 and 9 will also apply to the date you increased your sum insured, for the amount of the increase.

**EXCLUSIONS**

In addition to the General Exclusions on page 55, the company will not be liable to provide coverage or services, or to pay claims for expenses incurred directly or indirectly as a result of:

1. A trip booked or for which Insurance is purchased after the diagnosis of a terminal condition.

2. A trip booked or for which Insurance is purchased after a physician has advised you or your travelling companion not to travel.

3. A trip booked or for which Insurance is purchased while receiving palliative care or after palliative care was recommended.

4. Cancellation or interruption caused by or related to a circumstance known to you or any person purchasing Insurance on your behalf prior to the date and time the trip is booked or prior to the date and time this Insurance is purchased, whichever occurs later, and which eventually prevents or interrupts travel as booked.

5. A sickness or death (other than death caused by an injury) occurring within 72 hours after the date this Insurance is purchased, if the Policy was purchased more than 72 hours after the transportation and/or commercial accommodations are booked.

6. Travel undertaken to visit an ailing family member where the medical condition or death of that family member is the cause of cancellation or interruption of the trip.

7. An early or late return due to sickness or injury, unless ordered in writing by the attending physician that you return to your home province or country of permanent residence.
8. Any pre-existing condition affecting you or your immediate family member, caregiver, friend, business partner, host at final destination, employer or key employee, unless the pre-existing condition was stable:

**Applicable to Annual**

a) During the 60 days prior to the date your trip is booked when the Insurance is purchased prior to the booking date; or,
b) During the 60 days prior to the date this Insurance is purchased when the Insurance is purchased after the date your trip is booked.

**Applicable to Single Trip**

During the 60 days prior to the date this Insurance is purchased.

9. Any pre-existing condition affecting your travelling companion or your travelling companion’s immediate family member, caregiver, friend, business partner, host at final destination, employer or key employee, unless the pre-existing condition was stable:

**Applicable to Annual**

a) During the 60 days prior to the date your trip is booked when the Insurance is purchased prior to the booking date; or,
b) During the 60 days prior to the date this Insurance is purchased when the Insurance is purchased after the date your trip is booked.

**Applicable to Single Trip**

During the 60 days prior to the date this Insurance is purchased.

10. The non-issuance of a travel visa due to late visa application.

11. Any unused prepaid travel expenses when a refund or a travel credit is available, when you choose not to cancel the travel credit.

12. Cancellation due to sickness or injury when a physician has not been consulted and has not advised against travel, on or before the date and time of cancellation. When it’s not possible for the patient to consult a physician on or before the date and time you are scheduled to leave from your departure point, the patient must consult a physician within one business day from the scheduled date of departure.

Interruption due to sickness or injury when a physician has not been consulted at the place where the sickness or injury occurred and has not advised against travel, on or before the date and time of interruption or disruption.

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**Baggage Insurance**

Baggage Insurance is also available as a separate Optional Coverage.

**PERIOD OF COVERAGE**

Coverage commences on the date and time you leave for your trip. Coverage terminates on the earliest of the following:

1. At 11:59 PM on the expiry date of the Policy,
2. On the date and time you return to your ordinary place of residence, except as outlined below:
   a) If you are also covered under the Trip Cancellation & Trip Interruption Insurance and your trip is interrupted before the scheduled return date as a result of hospitalization or death of a family member not travelling with you, or as a result of a natural disaster or unforeseeable event rendering your principal residence uninhabitable and then you resumed your trip. In this case, your Policy will not terminate, however you will not be covered while in your ordinary place of residence. There will be no refund for the number of days you spend in your ordinary place of residence.
   b) If you are also covered under the Emergency Medical Insurance and you are returned to your home province under the Emergency Air Transportation Benefit or the Airfare to Return Home for Treatment Benefit during the period of coverage, coverage will be suspended during your temporary return and will resume once you return to your trip destination under benefit number 16, Return to Your Destination. In this case, your Policy will not terminate, however you will not be covered while in your home province. There will be no refund for the number of days you spend in your home province.

**BENEFITS**

Maximum limit—$1,500 per insured to a maximum of $3,000 for the family

**Baggage and Personal Effects**

The company agrees to pay for the loss, damage, destruction or theft of personal effects owned by you while in transit, or while in any hotel or other building, en route anywhere in the world, on land or water or in the air.

**Currency**

The company agrees to pay for loss of currency through theft or robbery of personal currency (excluding unexplained disappearance; police report required), up to a limit of $100.

**Baggage Delay**

If your baggage is delayed beyond 12 hours while you are en route and before you return to your ordinary place of residence, the company will pay for personal necessities up to a maximum of $200, until your baggage has been returned to you.
CONDITIONS
In addition to the General Conditions shown on page 57, the following conditions apply:

1. This insurance offers coverage on a first payor basis unless the property that is lost, stolen or damaged is insured for a specific value under another insurance policy.

2. Notice of Loss—If the insured property is lost or damaged through perils insured against, you must promptly notify police, hotel proprietors, steamship lines, railroad or station authorities, airlines or any other carrier or bailee in whose custody the property was at the time of loss, damage or theft. You must also notify Claims at TuGo within 30 days of return from journey and take all reasonable measures to protect, save and/or recover the property. This coverage is conditional upon your compliance with this clause.

3. Payment of Loss—Any claim hereunder for damage and/or destruction shall be paid immediately after presentation to Claims at TuGo of evidence substantiating such damage and/or destruction.

4. Valuation—The company shall reimburse the repair, replacement with a like kind and quality or actual cash value of the property at the time any loss or damage occurs, whichever is less.

5. Duplication of Coverage—If you are insured under more than one Policy, Plan or Optional Coverage administered by TuGo and they are in effect at the time of loss, the total amount paid to you cannot exceed your total expenses. Expenses are paid to an overall maximum limit of $5,000 per insured for the Baggage plan. The overall maximum limit for a family is $7,500 for the Baggage plan.

If you have purchased this Insurance as an Optional Coverage, the following conditions also apply:

6. This optional coverage can be purchased as an endorsement to an Emergency Medical Insurance, a Non-medical Travel Package, a Rental Car Protection or a Visitors to Canada Emergency Medical Insurance base plan. Coverage will be subject to the terms and conditions of the base plan it is purchased with.

7. This optional coverage cannot be purchased as an endorsement to an Emergency Medical Insurance plan when this Policy is purchased to top-up another emergency medical insurance plan. If you would like to purchase this optional coverage with the Emergency Medical Insurance plan, you must purchase the Emergency Medical Insurance for the full duration of your trip.

LIMITATION
Coverage for risk of loss of or damage to your property for any single item is limited to not more than 50% of the sum insured per insured per claim.

EXCLUSIONS
In addition to the exclusions of the base plan this optional coverage is purchased with and to the General Exclusions shown on page 55, the company will not be liable to provide coverage or services, or to pay claims for expenses incurred directly or indirectly as a result of:

1. Loss, damage, or theft of animals; self-propelled conveyances of any kind or their equipment, trailers, boats, motors, aircraft or other conveyances or their appurtenances; bicycles except while checked as baggage with a common carrier; household effects and furnishings; artificial teeth and limbs; hearing aids; eye glasses, contact lenses; money (except as specified under the Currency Benefit), securities, tickets and documents; personal entertainment devices including but not limited to portable DVD players, mp3 players including but not limited to iPods, personal computers, software, pagers or cellular phones; professional or occupational equipment or property; antiques and collectors items; property illegally acquired, kept or stored, or transported; works of art, jewellery, furs, cameras or camera equipment.

2. Loss or damage caused by wear and tear, deterioration, moths or vermin.

3. Property insured for a specific value under another insurance policy.

4. Any loss caused by or related to a circumstance known to you or to any person purchasing this Policy on your behalf prior to the date and time this Insurance is purchased.

TravelGold Accident Insurance
TravelGold Accident Insurance is also available as a separate Optional Coverage.

Common Carrier Accident: Maximum limit—$100,000

24/7 Travel Accident: Maximum limit—$25,000

PERIOD OF COVERAGE
Coverage commences on the date and time you leave for your trip.

Coverage terminates on the earliest of the following:

1. At 11:59 PM on the expiry date of the Policy;
2. On the date and time you return to your ordinary place of residence, except as outlined below:
   a) If you are also covered under the Trip Cancellation & Trip Interruption Insurance and your trip is interrupted before the scheduled return date as a result of hospitalization or death of a family member not travelling with you, or as a result of a natural disaster or unforeseeable event rendering your principal residence uninhabitable and then you resumed your trip. In this case, your Policy will not terminate, however you will not be covered while in your ordinary place of residence. There will be no refund for the number of days you spend in your ordinary place of residence.
   b) If you also are covered under the Emergency Medical Insurance and you are returned to your home province under the Emergency Air Transportation Benefit or the Airfare to Return Home for Treatment Benefit during the
period of coverage, coverage will be suspended during your temporary return and will resume once you return to your trip destination under benefit number 16, Return to Your Destination. In this case, your Policy will not terminate, however you will not be covered while in your home province. There will be no refund for the number of days you spend in your home province.

COVERED RISKS

Common Carrier Accident
Death or dismemberment as a result of an injury sustained during the period of coverage while riding as a fare-paying passenger or while entering or leaving a lawfully operated licensed common carrier.

Coverage is also applicable to insured children under two years accompanied by a fare-paying passenger.

24/7 Travel Accident
Death or dismemberment as a result of an injury sustained during the period of coverage in any other situation not specifically mentioned under Common Carrier Accident above.

BENEFITS

In the case of your death or certain losses resulting from an injury, the company will pay to or on behalf of you, your estate or other beneficiary, the benefits as outlined below, but in no event shall payment exceed the maximum sum insured under this section:

1. 100% of the maximum sum insured for loss of life, double dismemberment or loss of sight in both eyes.
2. 50% of the maximum sum insured for single dismemberment or loss of sight in one eye.

Benefits for loss of life, limb or sight are payable for loss which occurs in the 90 days from the date of the accident.

Any claim for indemnity based on loss of life, dismemberment or loss of sight must be substantiated by a certificate from the attending physician at the place of the accident attesting to the injuries sustained.

EXCLUSIONS

In addition to the exclusions of the base plan this optional coverage is purchased with and to the General Exclusions shown on page 55, the company will not be liable to provide coverage or services, or to pay claims for expenses incurred directly or indirectly as a result of:

1. A trip that is undertaken against a physician's advice.
2. A trip that is undertaken after the diagnosis of a terminal condition.
3. A trip that is undertaken while you are receiving palliative care or after palliative care has been recommended.
4. Emergency sickness or injury incurred if you choose to travel to a destination after a formal written travel advisory and/or travel warning has been issued by Global Affairs Canada or Public Health Agency of Canada (PHAC) recommending that you avoid all or non-essential travel to that destination during your trip. This exclusion applies if the advisory/warning is issued before the date you leave for your trip and the expenses are directly or indirectly caused by the reason for the travel advisory/warning.

LIMITATION

The total aggregate limit is $10,000,000 for any one event under this Policy and all policies administered by TuGo and issued by the company. If the total sum of all claims resulting from the same event exceeds the total aggregate limit the $10,000,000 will be shared proportionately among all insureds. The proportionate share for each insured will not exceed the maximum limits of their plan. Payment will be processed after Claims at TuGo has completed the review of all submitted claims related to the same event.

CONDITIONS

If you have purchased this insurance as a separate Optional Coverage, the following conditions apply:

1. This optional coverage can be purchased as an endorsement to an Emergency Medical Insurance, a Rental Car Protection or a Visitors to Canada Emergency Medical Insurance base plan. Coverage will be subject to the terms and conditions of the base plan it is purchased with.

2. This optional coverage cannot be purchased as an endorsement to an Emergency Medical Insurance plan when this Policy is purchased to top-up another emergency medical insurance plan. If you would like to purchase this optional coverage with the Emergency Medical Insurance plan, you must purchase the Emergency Medical Insurance for the full duration of your trip.

Additional Air Travel Related Expenses

Additional Air Travel Related Expenses is also available as a separate Optional Coverage.

PERIOD OF COVERAGE

Coverage commences on the date and time you leave for your trip. Coverage terminates on the earliest of the following:

1. At 11:59 PM on the expiry date of the Policy;
2. On the date and time you return to your ordinary place of residence, except as outlined below:
   a) If your flight or baggage is delayed as outlined in the benefits listed on page 36, coverage terminates on the date you return to your ordinary place of residence or within 30 days after the original scheduled date of return, whichever is earlier.
   b) If you are also covered under the Trip Cancellation & Trip Interruption Insurance and your trip is interrupted before the scheduled return date as a result of hospitalization or death of a family member not travelling with you, or as a result of a natural disaster or unforeseeable event rendering your principal residence uninhabitable and
then you resumed your trip. In this case, your Policy will not terminate, however you will not be covered while in your ordinary place of residence. There will be no refund for the number of days you spend in your ordinary place of residence.

c) If you are also covered under the Emergency Medical Insurance and you are returned to your home province under the Emergency Air Transportation Benefit or the Airfare to Return Home for Treatment Benefit during the period of coverage, coverage will be suspended during your temporary return and will resume once you return to your trip destination under benefit number 16, Return to Your Destination. In this case your Policy will not terminate, however you will not be covered while in your home province. There will be no refund for the number of days you spend in your home province.

**BENEFITS**

The company will reimburse you in respect of the following additional expenses related to air travel:

a) Up to a maximum of $900 for necessary and reasonable hotel, motel or restaurant expenses when your flight is delayed for more than four hours.

b) Up to a maximum of $400 for additional transport expenses incurred when your flight is delayed for more than four hours.

c) Up to a maximum of $400 for entertainment expenses incurred when your flight is delayed for more than four hours.

d) Up to a maximum of $900 for the purchase of essential clothing and personal care items while your baggage is lost or delayed by the airline for more than six hours, until your baggage has been returned to you.

Replacement must be purchased during the same trip when the loss or delay occurred and prior to your return to your ordinary place of residence.

**EXCLUSION**

In addition to the exclusions of the base plan this optional coverage is purchased with and to the General Exclusions shown on page 55, the company will not be liable to provide coverage or services, or to pay claims for expenses incurred directly or indirectly as a result of:

1. Any loss caused by or related to a circumstance known to you or to any person purchasing this Policy on your behalf prior to the date and time this Insurance is purchased.

**CONDITIONS**

If you have purchased this insurance as a separate Optional Coverage, the following conditions apply:

1. This optional coverage can be purchased as an endorsement to an Emergency Medical Insurance or a Visitors to Canada Emergency Medical Insurance base plan.

2. Coverage will be subject to the terms and conditions of the base plan it is purchased with. Coverage is not subject to the deductible as specified in the sections entitled Emergency Medical Insurance or Visitors to Canada Emergency Medical Insurance.

3. This optional coverage cannot be purchased as an endorsement to an Emergency Medical Insurance plan when this Policy is purchased to top-up another emergency medical insurance plan. If you would like to purchase this optional coverage with the Emergency Medical Insurance plan, you must purchase the Emergency Medical Insurance for the full duration of your trip.

**Refunds**

Refunds are not available if a claim has been or will be submitted.

**Applicable to Annual**

1. A full refund is available if you have not travelled, no cancellation penalties are applicable and the request for refund is received prior to the effective date of the Policy.

2. A refund less a cancellation fee is available, if you have not travelled, no cancellation penalties are applicable and the request for refund is received within 90 days after the effective date of the Policy.

**Applicable to Single Trip**

A refund less a cancellation fee is available only if:

1. The tour operator (airline etc.) cancels the trip and all penalties are waived; or,

2. You cancel the trip prior to the effective date of any cancellation penalties; or,

3. The tour operator changes the travel date and if you are unable to travel on the new dates, the tour operator waives all cancellation penalties.

**Rental Car Protection: Annual & Single Trip**

**ELIGIBILITY**

You are eligible for coverage if:

1. You are a Canadian resident; or,

2. You are a visitor to Canada; and

3. You hold a valid driver’s license.

**PERIOD OF COVERAGE**

**Applicable to Annual**

This Policy begins at 12:01 AM on the effective date of the Policy and continues in force for a period of one year from the effective date of the Policy. Coverage commences on the date and time you take control of the rented or leased automobile.
Applicable to Single Trip
Coverage commences either when you take control of the rented or leased automobile or on the effective date of the Policy, whichever is later.

Applicable to Annual and Single Trip
Coverage terminates at the earliest of:
1. The time the rental or leasing agency or company assumes control of the automobile; or,
2. The time the rental or lease agreement expires or is terminated; or,
3. The expiry date of the Policy.

BENEFITS
Maximum limit – $75,000
The sum insured is an aggregate limit per automobile, per trip.
The company agrees to reimburse you up to a maximum of $75,000 per trip for physical damage to a rented or leased automobile anywhere in the world while the automobile is in your care, custody or control or of those persons permitted to operate the automobile under the terms of the rental or lease agreement.
This includes the reasonable general average costs of towing, salvage, fire department charges, custom duties and the reasonable loss of use of the rented or leased automobile for which you are responsible.
Coverage will be limited to the amount of physical damage which would have been waived had you purchased collision damage waiver from the automobile rental or leasing agency or company.

CONDITIONS
In addition to the General Conditions shown on page 57, the following conditions apply:
1. No coverage is provided for any form of third party automobile liability or personal accident insurance benefits.
2. No coverage is provided if collision damage waiver is purchased from the rental or leasing agency or company.
3. No coverage is provided unless all terms and conditions of the rental or lease agreement or contract have been met and no restrictions are violated.
4. Physical damage in excess of $2,000 must be documented by a police report.
5. Such automobile is leased or rented from a duly authorized rental or leasing agency or company.
6. The automobile is not used for carrying passengers for compensation or hire or for commercial vehicle.
7. This Insurance is only available for the original leased or rented automobile. There shall be no coverage if physical damage is incurred to any replacement automobile.
8. Such automobile is not operated in contravention of any law or regulation related to motor vehicles in the jurisdiction governing the rental or lease agreement.
9. Duplication of Coverage—if you are insured under more than one Policy, Plan or Optional Coverage administered by TuGo and they are in effect at the time of loss, the total amount paid to you cannot exceed your total expenses. Expenses are paid to an overall maximum limit of $150,000 for the Rental Car Protection plan.

EXCLUSIONS
In addition to the General Exclusions on page 55, the company will not be liable to provide coverage or services, or to pay claims for expenses incurred directly or indirectly as a result of:
1. Operation of the automobile contrary to the terms of the rental or leasing contract that results in damage or damage-related expenses.
2. Injury to or for the death of any person under this Insurance.
3. Damage to the property of third persons other than damage to the rental automobile of the licensed automobile rental or leasing agency.
4. Expenses resulting from any kind of race or speed contest.
5. Any amount payable under any automobile insurance policy.
6. Any amount assumed, waived or paid by the rental or leasing agency or company or its insurer.
7. Contents of the rental or leased automobile.
8. The mechanical failure or breakdown of any part of the rented or leased automobile, rust, corrosion, wear and tear, gradual deterioration, inherent defect or freezing.
9. Physical damage arising from the neglect or abuse of the leased or rented automobile by you or any persons listed in the rental or lease agreement.
10. Physical damage caused by theft from an unattended vehicle unless the vehicle was securely locked and displayed visible signs of forced entry.

REFUNDS

Applicable to Annual and Single Trip
1. Refunds are not available if a claim has been or will be submitted.
2. When the request for refund is received PRIOR to the effective date of the Policy, a full refund is available.
3. When you have not taken control of the leased or rented automobile and the request is received AFTER the effective date of the Policy:
   a) A full refund is available in the 10 days from the application date of the Policy, or,
   b) For Single Trip plans, a partial refund less a cancellation fee is available when the request for refund is received more than 10 days after the application date of the Policy but prior to the expiry date of the Policy.
Visitors to Canada
Emergency Medical Insurance: Single Trip

ELIGIBILITY
You are eligible for coverage if:

1. You are:
   a) A foreign worker, or a visitor to Canada with valid legal status in Canada; or,
   b) An immigrant awaiting provincial or territorial government health care coverage; or,
   c) A returning Canadian not eligible for a provincial or territorial government health care plan due to an extended leave.

2. You are in good health and know of no reason for which you may seek medical attention;

3. You are not travelling against a physician’s advice;

4. You have not been diagnosed with a terminal condition;

5. You are not receiving palliative care or palliative care has not been recommended.

PERIOD OF COVERAGE
Coverage commences on the later of:

1. The effective date of the Policy; or,
2. The date and time you arrive in Canada.

Coverage is also subject to the waiting period requirements.

Coverage terminates on the earliest of:

1. 11:59 PM on the expiry date of the Policy; or,
2. The day you return permanently to your country of permanent residence; or,
3. On the day you become insured under a provincial or territorial government health care plan.

This Period of Coverage is also applicable to the 24/7 Travel Accident Insurance Additional Benefit as stated in this section.

Travel outside Canada: Travel worldwide during the period of coverage is valid as long as the majority of the period of coverage is spent in Canada. Visits to your country of permanent residence are permitted; your Policy will not terminate, however, expenses will not be covered while in your country of permanent residence.

BENEFITS
Maximum limit – Up to the sum insured as indicated on the application/declaration

Whenever a benefit limit is not specified, the benefit is limited to the maximum sum insured that is indicated on the application/declaration and for which the appropriate premium has been paid.

The company will pay the actual, reasonable and customary medical and related expenses up to the coverage limits for acute, sudden and unexpected emergency sickness or injury, resulting from an emergency that occurs while travelling outside your country of permanent residence.

Eligible medical and related expenses are described below.

1. Emergency Medical Treatment
   • Hospital Services
     0 Hospitalization services (limited to a semi-private room). Any coverage related to hospitalization terminates upon release from the hospital other than what is specified under the Follow-up Visits Benefit.

     0 Out-patient medical treatment provided by a hospital.

   • Physician
     The services of a physician.

   • Ambulance Services
     The services of a licensed ground, air or sea ambulance and paramedics from the scene of the accident or place of onset of the sickness to the nearest hospital. Fire rescue expenses are also covered if a fire rescue team is dispatched in response to your medical emergency. If an ambulance is medically required but is unavailable, the company will pay for taxi expenses, taxi receipt required.

   • X-ray Examinations
     X-ray examinations and diagnostic laboratory procedures when performed at time of initial emergency.

   • Prescription Drugs
     Prescription drugs (excluding over the counter medicine, vitamins, minerals and dietary supplements) that require a physician’s written prescription (original pharmacy prescription receipts indicating the medication name, quantity, dosage, prescribing physician and cost are required). Coverage is available for a maximum supply of 30 days, for prescription drugs that are purchased in the
30-day period from the date of the initial emergency or follow-up visits. While you are confined to hospital, the company will pay the total cost of all prescription drugs, in addition to the 30-day maximum supply of related prescriptions that are filled in the 30-day period following the release from the hospital.

- **Essential Medical Appliances**
  The cost to rent or purchase essential medical appliances including, but not limited to wheelchairs, crutches and canes. When appliances are purchased, the reimbursement will not exceed the total cost that would have been incurred if the appliances had been rented.

- **Private Duty Nursing**
  Private duty nursing services, performed by a registered nurse (R.N.) other than a family member, when ordered in writing by the attending physician.

2. **Follow-up Visits**
Three follow-up visits within the 14 days after the initial emergency medical treatment, provided the follow-up visits are required as a direct result of the initial emergency.

3. **Fracture Treatment**
Following the initial emergency medical treatment and any covered follow-up visits, the company will pay up to a maximum of $1,000 for the following treatments related to fractures:
- X-ray examinations; and,
- Re-examination physician visits; and,
- Casting and re-casting, if medically necessary; and,
- Cast removal

Eligible expenses must be incurred during the same covered trip and prior to your return to your country of permanent residence.

This benefit is only available in lieu of the Airfare to Return Home for Treatment Benefit.

4. **Hospital Allowance**
Up to $75 per day to cover incidental hospital charges, which are billed by the hospital, such as TV rental and telephone charges.

5. **Other Professional Medical Services**
Up to a maximum of $600 for any one emergency, per practitioner for the services of the following licensed practitioners to relieve an acute emergency:
- Physiotherapist
- Chiropractor
- Chiropodist
- Osteopath
- Podiatrist
- Optometrist
- Naturopath
- Holistic doctor
- Acupuncturist

6. **Dental Services**
The services of a licensed dentist or dental surgeon for emergency dental treatment, including the cost of prescription drugs and x-rays, as follows:

- a) Dental expenses you incur while on your trip for an accidental blow to the face requiring the repair or replacement of natural teeth or permanently attached artificial teeth, including crowns, bridges and dental implants. You are also covered for continuing treatment, provided the treatment is related to the accidental blow to the face and takes place within the period of coverage. All treatment must be completed within 90 days after the treatment began. This benefit does not cover dental treatment for veneers or dentures.
- b) Dental expenses you incur while on your trip for any dental emergencies other than pain caused by an accidental blow to the face, up to a maximum limit of $600. All treatment must be completed within 90 days after the treatment began.

7. **Emergency Air Transportation**
This benefit is payable only when pre-approved and arranged by Claims at TuGo. At the time of hospitalization, medical air evacuation for return to your country of permanent residence or medical air evacuation between medical facilities when the first medical facility is not equipped to provide the required medical treatment.

8. **Airfare to Return Home for Treatment**
This benefit is payable only when pre-approved by Claims at TuGo.

The cost of a one-way economy airfare on a commercial flight via the most direct route to return to your country of permanent residence for immediate medical treatment as a result of an emergency. The medical treatment must be sought within 10 days from arrival to your country of permanent residence and the attending physician providing treatment outside your country of permanent residence must indicate in writing that the medical treatment is required.

The cost of an airline seat upgrade is included if the attending physician providing treatment outside your country of permanent residence indicates in writing that it is also medically required.

For fracture claims, this benefit is only available in lieu of the Fracture Treatment Benefit.

9. **Medical Attendant**
This benefit is payable only when pre-approved by Claims at TuGo.

If you are returned under the Emergency Air Transportation Benefit or the Airfare to Return Home for Treatment Benefit, the company will pay:

- a) The cost of a round trip economy airfare on a commercial flight via the most direct route for a qualified medical attendant (or travelling companion in lieu) to accompany you if the attending physician providing treatment outside your country of permanent residence indicates in writing that it is medically required; and,
b) The cost of an airline seat upgrade for the medical attendant (or travelling companion in lieu) if the attending physician providing treatment outside your country of permanent residence indicates in writing that it is medically required.

10. Return of Travelling Companion
This benefit is payable only when pre-approved by Claims at TuGo.
If you are returned under the Emergency Air Transportation Benefit, the Airfare to Return Home for Treatment Benefit or the Repatriation Benefit, the company will pay a one-way economy airfare for one travelling companion to return back to the original departure point.

11. Return of Children/Grandchildren
This benefit is payable only when pre-approved by Claims at TuGo.
If you are returned under your country of permanent residence under the Emergency Air Transportation Benefit, the Airfare to Return Home for Treatment Benefit or the Repatriation Benefit, the company will pay for:

a) A one-way economy airfare for dependent children or grandchildren travelling with you to return back to the original departure point; and,

b) The cost of a chaperone when necessary.

12. Repatriation
In the event of your death during a trip covered under the Policy benefits, the company will pay for:

a) The preparation and return of your body, including the cost of a standard shipping container (excluding the cost of a burial coffin) to your country of permanent residence; or,

b) Up to a maximum of $5,000 for burial at the place of death (excluding the cost of funeral and related expenses or a burial coffin or urn) including one death certificate, in the event your body is not returned to your country of permanent residence; or,

c) Up to a maximum of $5,000 for cremation at the place of death (excluding the cost of funeral and related expenses or an urn) including one death certificate and the standard shipping cost to return your ashes to your country of permanent residence; and

d) Transportation costs of one family member to go to the place of your death to identify your body when it is necessary to be identified prior to the release of your body and up to a limit of $400 per day to a maximum of $2,000 for meals and commercial accommodation.

The family member identifying your body will also be covered as an insured under this Policy for the period of time required to identify your body. Coverage for the family member is limited to the Visitors to Canada Emergency Medical Insurance plan and is subject to the terms and conditions of the Policy.

13. Family Transportation
This benefit is payable only when pre-approved by Claims at TuGo.
If an attending physician considers it necessary, the company will pay one round trip economy airfare or ground transportation costs for one family member to be with you while you are hospitalized if you are travelling alone, or for one additional family member other than your travelling companion if you are not travelling alone, and $400 per day to a maximum of $2,000 for reasonable and necessary commercial accommodation, meals, telephone calls, internet charges, taxi or bus fare.

The family member attending your bedside will also be covered as an insured under this Policy while you are hospitalized. Coverage for the family member is limited to the Visitors to Canada Emergency Medical Insurance plan and is subject to the terms and conditions of the Policy.

14. Out of Pocket Expenses
Up to $500 per day to a maximum of $5,000 for your commercial accommodation, meals, telephone calls, internet charges, taxi fare, parking charges, bus fare and rental car, if:

a) Your travelling companion is transferred to a different hospital in another city for emergency medical treatment; or,

b) Your travelling companion is confined to hospital on or after the date you are scheduled to return to your home province.

If you are claiming under part b), there is no coverage for any out-of-pocket expenses you incur before the date you are scheduled return to your country of permanent residence.

15. Child Care
Up to $500 per day to a maximum of $5,000 for child care costs for insured children 18 years and under who are travelling with you (excluding child care provided by a family member) when:

a) You are confined to hospital; or,

b) You are transferred to a different hospital in another city for emergency medical treatment.

16. Additional Benefit
24/7 Travel Accident Insurance: Maximum sum insured - $25,000. Refer to Page 33 for details.

This benefit is not applicable if you have purchased a Non-medical Travel Package or a TravelGold Accident Insurance Optional Coverage for the same covered trip.
AUTOMATIC EXTENSIONS TO COVERAGE

At the time the period of coverage ends your coverage will be automatically extended at no additional premium:

Hospitalization
If you, your family or your travelling companion are confined to hospital. The automatic extension will be provided to you for the remaining period of the hospitalization, plus up to seven days after hospital release to recover and/or travel home.

Medically Unfit to Travel
If you, your family or your travelling companion are unable to travel on the scheduled return date due to a sickness or injury that does not require hospitalization. The automatic extension will be provided to you for up to seven days to recover and/or travel home. Written documentation must be provided to Claims at TuGo by the attending physician to substantiate the inability to travel home as originally scheduled.

Delay of Common Carrier
If your common carrier is delayed due to circumstances beyond your control, preventing you from returning to your country of permanent residence. The automatic extension will be provided to you for up to seven days. Written documentation must be provided to Claims at TuGo to substantiate the common carrier delay.

Vehicle Accident or Mechanical Breakdown
If the vehicle you are travelling in is involved in an accident or mechanical breakdown. The automatic extension will be provided to you for up to seven days. Written documentation must be provided to Claims at TuGo to substantiate the reason for delay.

PRE-EXISTING CONDITION STABILITY REQUIREMENTS

In addition to the Visitors to Canada Emergency Medical Insurance Exclusions below and to the General Exclusions shown on page 55, the company will not be liable to provide coverage or services, or to pay claims for expenses incurred directly or indirectly as a result of:

Applicable to Insureds 59 Years and Under (on the effective date)
Pre-existing conditions which have not remained stable within the 90 days before the effective date of the Policy or the arrival date in Canada, whichever occurs later.

Applicable to Insureds 60 to 69 Years (on the effective date)
Pre-existing conditions which have not remained stable within the 180 days before the effective date of the Policy or the arrival date in Canada, whichever occurs later.

If you are 69 years and under and have purchased the optional Visitors Unstable Pre-existing Condition Coverage, refer to that section heading for coverage applicable to your pre-existing conditions that are not stable.

Applicable to Insureds 70 Years and Over (on the effective date)
Any pre-existing conditions.

If you are 70 to 79 years and have purchased the optional Visitors Stable Pre-existing Condition Coverage, refer to that section heading for coverage applicable to your pre-existing conditions that are stable.

Pre-existing conditions that do not meet the stability requirements set out above are not covered.

Refer to the following definitions: alteration, medical treatment, pre-existing condition and stable.

EXCLUSIONS

In addition to the General Exclusions on page 55, the company will not be liable to provide coverage or services, or to pay claims for expenses incurred directly or indirectly as a result of:

1. A trip that is undertaken against a physician's advice.
2. A trip that is undertaken after the diagnosis of a terminal condition.
3. A trip that is undertaken while you are receiving palliative care or after palliative care has been recommended.
4. Conditions or any related conditions for which, prior to the effective date of the Policy or your arrival date in Canada, whichever occurs later, diagnostic tests took place, were scheduled to take place or were recommended and for which results had not yet been received on the effective date of the Policy or your arrival date in Canada, whichever occurs later. This includes diagnostic tests that were recommended or scheduled prior to the effective date of the Policy or your arrival date in Canada, whichever occurs later, but had not yet taken place at the time of the effective date of the Policy or your arrival date in Canada, whichever occurs later. This exclusion does not apply to:
   a) Tests to monitor an existing condition when there have been no new or more frequent symptoms, whether or not results have been received; or,
   b) Screening tests intended to prevent illness or to detect conditions before symptoms are noticed, whether or not results have been received.
5. Tests and investigation except when performed at the time of initial emergency sickness or injury.
6. Any expenses incurred as a result of sickness that originated or was symptomatic during the waiting period.
7. Any medical treatment, other than continuous treatment as specified in the Fracture Treatment and the Dental Services Benefits, which is a continuation of or subsequent to an emergency sickness or injury during the same trip, including its recurrence or any complications related directly or indirectly thereto, unless you are declared by an attending physician medically unfit to return to your country of permanent residence, or the country you were travelling or residing in prior to arriving in Canada, because the initial
**emergency** had not ended. This exclusion applies whether or not you intend to return to your country of permanent residence or the country you were travelling or residing in prior to arriving in Canada.

8. Expenses incurred for emergency air transportation and any expenses incurred after emergency air transportation, when the emergency air transportation was not arranged by Claims at TuGo.

9. **Emergency sickness or injury** incurred if you choose to travel to a destination after a formal written travel advisory and/or travel warning has been issued by Global Affairs Canada or Public Health Agency of Canada (PHAC) recommending that you avoid all or non-essential travel to that destination during your trip. This exclusion applies if the advisory/warning is issued before the date you leave for your trip and the sickness or injury is directly or indirectly caused by the reason for the travel advisory/warning.

10. A medical condition for which symptoms were present or *medical treatment* was received during a temporary visit to your country of permanent residence during the period of coverage or any condition wholly or partly, directly or indirectly, related thereto.

11. *Medical treatment* and expenses incurred while in your country of permanent residence. This exclusion does not apply to a returning Canadian.

12. Loss, theft or breakage of contact lenses, prescription glasses, hearing aids, prosthetic devices or dentures.

### DEDUCTIBLE

The company will pay eligible medical expenses for losses incurred in excess of the amount of the deductible as shown on the application/declaration, per insured per condition or event.

This deductible applies to the portion of eligible expenses listed in section benefits, under Benefit number 1 Emergency Medical Treatment and Benefit number 2 Follow-up Visits.

### REFUNDS

1. Refunds are not available if a claim has been or will be submitted.

2. When no travel has taken place and the request for refund is received PRIOR to the effective date of the Policy, a full refund is available.

3. When no travel has taken place and the request for refund is received AFTER the effective date of the Policy:
   a) A full refund is available within 10 days from the application date; or,
   b) A refund less a cancellation fee is available when the request for refund is received more than 10 days after the application date but no later than one year from the expiry date of the Policy.
   c) Refunds must be requested in writing. Refer to Contact Information on page 4.

4. A partial refund less a cancellation fee is available if:
   a) You return to your country of permanent residence; or,
   b) You become eligible and/or covered under a provincial or territorial government health care plan during the period of coverage.
   c) A satisfactory proof of return to your country of permanent residence or proof of the date you became eligible and/or covered under a provincial or territorial government health care plan, is sent to BCAA Insurance Agency.
   d) Refunds must be requested in writing. Refer to Contact Information on page 4.

All refund requests must be received by BCAA Insurance Agency no later than one year from the date you become eligible and/or covered under a provincial or territorial government health care plan. Refunds will be calculated from the date you return to your country of permanent residence or the date you become eligible and/or covered under a provincial or territorial government health care plan.

5. Applicable to 365-day Policies with a sum insured of $100,000 or more (Super Visa Policies):
   a) A refund is available, subject to a $250 cancellation fee, provided no travel has taken place. For cancellation after the effective date of the Policy, the request must be received no later than one year from the expiry date of the Policy; or,
   b) If a Super Visa application was denied, a full refund is available prior to the effective date of the Policy, or a refund less an administration fee is available after the effective date of the Policy, provided the request is received no later than one year from the expiry date of the Policy. Supporting documentation must be sent to BCAA Insurance Agency.
   c) Refunds must be requested in writing. Refer to Contact Information on page 4.

**Note:** If your Super Visa application is delayed, please contact BCAA Insurance Agency prior to your Policy effective date to change the coverage dates of your Policy.
Optional Coverages

The Optional Coverages listed in this section may only be purchased in conjunction with a base plan as described in this Policy. The Optional Coverages are also subject to the 10-day Full Refund Provision, Insuring Agreement, Validation of Coverage, General Exclusions, General Conditions, Authorized Extensions to Period of Coverage, Automatic Annual Renewal Option, Definitions, Statutory Conditions and How to Claim sections of the Policy.

Pre-existing Condition Coverage

BENEFITS

Maximum limit - $300,000

This coverage does not increase the maximum limits of the Emergency Medical Insurance base plan stated in the Policy.

When this Optional Coverage is purchased, the company will pay for the actual, reasonable and customary medical and related expenses for acute, sudden and unexpected emergency sickness or injury incurred as a result of your pre-existing conditions that were not stable and existed before the date of departure.

Coverage is subject to the terms and conditions specified in the section entitled Emergency Medical Insurance, except for the wording under the sub-heading Pre-existing Condition Stability Requirements and is also subject to the exclusion and conditions described below.

EXCLUSION

In addition to the exclusions of the base plan this optional coverage is purchased with and to the General Exclusions shown on page 55, the company will not be liable to provide coverage or services, or to pay claims for expenses incurred directly or indirectly as a result of:

Symptoms which were present or conditions and/or symptoms for which medical treatment or consultation was required or took place on the date of departure or at any time within the seven days before the date of departure, other than a minor ailment.

Refer to the following definitions: alteration, medical treatment, minor ailment, pre-existing condition and stable.

CONDITIONS

1. This optional coverage can be purchased as an endorsement to an Emergency Medical Insurance base plan. Coverage for pre-existing conditions that were not stable is subject to the maximum benefit limits that are specified in the Emergency Medical Insurance base plan but in no event shall exceed $300,000.
2. Coverage is also subject to the deductible as specified in the section entitled Emergency Medical Insurance, subheading Deductible.

Visitors Unstable Pre-existing Condition Coverage

ELIGIBILITY

To be eligible to purchase this Optional Coverage, you must be 69 years and under at the time of the effective date of the Policy.

BENEFITS

Maximum limit – Up to the sum insured as indicated on the application/declaration

This coverage does not increase the maximum limits of the Visitors to Canada Emergency Medical Insurance base plan stated in the application/declaration.

When this Optional Coverage is purchased, the company will pay for the actual, reasonable and customary medical and related expenses up to the sum insured selected for acute, sudden and unexpected emergency sickness or injury incurred as a result of your pre-existing conditions that were not stable and existed before the effective date of the Policy or before your arrival date in Canada, whichever occurs later.

Coverage is subject to the terms and conditions specified in the section entitled Visitors to Canada Emergency Medical, except for the wording under the sub-heading Pre-existing Condition Stability Requirements that is applicable to insureds 69 years and under. Coverage is also subject to the exclusion and conditions described below.

EXCLUSION

In addition to the exclusions of the base plan this optional coverage is purchased with and the General Exclusions shown on page 55, the company will not be liable to provide coverage or services, or to pay claims for expenses incurred directly or indirectly as a result of:

Symptoms which were present or conditions and/or symptoms for which medical treatment or consultation was required or took place on:

a) The effective date of the Policy or your arrival date in Canada, whichever occurs later; or,

b) At any time within the seven days before the effective date of the Policy or before your arrival date in Canada, whichever occurs later, other than a minor ailment.

Refer to the following definitions: alteration, medical treatment, minor ailment, pre-existing condition and stable.

CONDITIONS

1. This Optional Coverage can be purchased as an endorsement to the Visitors to Canada Emergency Medical Insurance plan. Coverage is subject to the maximum benefit limits that are specified in the Visitors to Canada Medical Emergency Insurance plan but in no event shall exceed the sum insured as indicated on the application/declaration.
2. Coverage is also subject to the deductible as specified in the section entitled Visitors to Canada Emergency Medical Insurance, subheading Deductible.
**Visitors Stable Pre-Existing Condition Coverage**

**ELIGIBILITY**
To be eligible to purchase this Optional Coverage, you must be 70 to 79 years at the time of the effective date of the Policy.

**BENEFITS**
**Maximum limit – Up to the sum insured as indicated on the application/declaration**
This coverage does not increase the maximum limits of the Visitors to Canada Emergency Medical Insurance base plan stated in the application/declaration.

When this Optional Coverage is purchased, the company will pay for the actual, reasonable and customary medical and related expenses up to the sum insured selected for acute, sudden and unexpected emergency sickness or injury incurred as a result of your pre-existing conditions that were stable and existed before the effective date of the Policy or before your arrival date in Canada, whichever occurs later.

Coverage is subject to the terms and conditions specified in the section entitled Visitors to Canada Emergency Medical, except for the wording under the sub-heading Pre-existing Condition Stability Requirements that is applicable to insureds 70 years and over. Coverage is also subject to the exclusion and conditions described below.

**EXCLUSION**
In addition to the exclusions of the base plan this optional coverage is purchased with and to the General Exclusions shown on page 55, the company will not be liable to provide coverage or services, or to pay claims for expenses incurred directly or indirectly as a result of:

Any pre-existing condition that is not stable within the 180 days before the effective date of this Policy or before your arrival date in Canada, whichever occurs later, for insureds who are 70 to 79 years on the effective date of the Policy.

Refer to the following definitions: alteration, medical treatment, pre-existing condition and stable.

**CONDITIONS**
1. This Optional Coverage can be purchased as an endorsement to the Visitors to Canada Emergency Medical Insurance plan. Coverage is subject to the maximum benefit limits that are specified in the Visitors to Canada Emergency Medical Insurance plan but in no event shall exceed the sum insured as indicated on the application/declaration.

2. Coverage is subject to the deductible as specified in the section entitled Visitors to Canada Emergency Medical Insurance, subheading Deductible.

**Non-medical Travel Package**
This Insurance is subject to terms and conditions specified under each coverage.

This coverage can also be purchased as a base plan.

For complete details, refer to page 19.

This package includes the following coverages:

**Trip Cancellation & Trip Interruption Insurance**
Maximum limit for sum insured prior to departure – Up to the sum insured as indicated on the application/declaration per Policy

Maximum limit for sum insured after departure – Up to $25,000 per Policy

For complete details, refer to page 20.

**Baggage Insurance**
Maximum limit — $1,500 per insured, per trip

Maximum limit — $3,000 per family, per trip

For complete details, refer to page 31.

**TravelGold Accident Insurance**
Common Carrier Accident: Maximum limit — $100,000 per trip

24/7 Travel Accident: Maximum limit — $25,000 per trip

For complete details, refer to page 33.

**Additional Air Travel Related Expenses**
Up to the limit of each benefit as specified in the section

For complete details, refer to page 35.

**Baggage Insurance**
Maximum limit — $1,500 per insured to a maximum of $3,000 for the family

For complete details, refer to page 31.

**TravelGold Accident Insurance**
Common Carrier Accident: Maximum limit — $100,000

24/7 Travel Accident: Maximum limit — $25,000

For complete details, refer to page 33.

**Additional Air Travel Related Expenses**
For complete details refer to page 35.

**Professional Sports**

**Emergency Medical Insurance**
Maximum limit – Up to the Policy limit

This coverage does not increase the maximum limits of the Emergency Medical Insurance base plan stated in the Policy.
Visitors to Canada Emergency Medical Insurance
Max limit – Up to the sum insured as indicated on the application/declaration.

This coverage does not increase the maximum limits of the Visitors to Canada Emergency Medical Insurance base plan stated in the application/declaration.

The company will pay expenses incurred as a result of a sickness or injury while participating in, training or practicing for any sport as a professional athlete.

CONDITIONS
1. This optional coverage can be purchased as an endorsement to an Emergency Medical Insurance or a Visitors to Canada Emergency Medical Insurance base plan.
2. Coverage is subject to the terms and conditions specified in the section entitled Emergency Medical Insurance or Visitors to Canada Emergency Medical Insurance, whichever applies to you. General exclusion number 6 does not apply.
3. Coverage is subject to the deductible as specified in the sections entitled Emergency Medical Insurance or Visitors to Canada Emergency Medical Insurance, subheading Deductible.

Participation in Speed Contests

Emergency Medical Insurance
Max limit – Up to the Policy limit.

This coverage does not increase the maximum limits of the Emergency Medical Insurance base plan stated in the Policy.

Visitors to Canada Emergency Medical Insurance
Max limit – Up to the sum insured as indicated on the application/declaration.

This coverage does not increase the maximum limits of the Visitors to Canada Emergency Medical Insurance base plan stated in the application/declaration.

The company will pay expenses incurred as a result of a sickness or injury while participating in motorized speed contests.

CONDITIONS
1. This optional coverage can be purchased as an endorsement to an Emergency Medical Insurance or a Visitors to Canada Emergency Medical Insurance base plan.
2. Coverage is subject to the terms and conditions specified in the section entitled Emergency Medical Insurance or Visitors to Canada Emergency Medical Insurance, whichever applies to you. General exclusion number 7 does not apply.
3. Coverage is subject to the deductible as specified in the sections entitled Emergency Medical Insurance or Visitors to Canada Emergency Medical Insurance, subheading Deductible.

Pet Coverage

BENEFITS

Pet Return
If you are returned to your home province under the Emergency Air Transportation Benefit, the Airfare to Return Home for Treatment Benefit or the Repatriation Benefit; or if you are hospitalized during your trip, the company will pay for the cost of returning your accompanying pets to your home province to a maximum of $600.

Veterinary Fees & Kennel Costs
Up to a maximum of $600 for:
   a) Emergency veterinary services for accompanying pets if they are injured during your trip; and/or,
   b) Commercial kennel costs for accompanying pets if you are hospitalized during your trip.

CONDITIONS
1. This optional coverage can be purchased as an endorsement to an Emergency Medical Insurance Plan.
2. Coverage is subject to the terms and conditions specified in section entitled Emergency Medical Insurance.
3. Coverage is not subject to the deductible as specified in the section entitled Emergency Medical Insurance.

General Exclusions
In addition to the exclusions specified in each Insurance coverage, the company will not be liable to provide coverage or services, or to pay claims for expenses incurred directly or indirectly as a result of:

1. a) Applicable to Policies with Trip Cancellation & Trip Interruption
   Losses arising out of acts of war or acts of terrorism unless a formal travel advisory and/or travel warning has been issued by the Canadian government after the date the trip is booked or the date the insurance was purchased, whichever occurs later.
   b) Applicable to all plans
   Your participation in and/or voluntary exposure to acts of war or acts of terrorism.
2. Death, disablement or injury in any way caused by or contributed to by radioactive contamination or by the utilization of nuclear, chemical or biological weapons (whether or not caused by acts of war or acts of terrorism)
3. Expenses incurred as a result of your failure to accept or follow a physician’s advice, treatment or recommended treatment.
4. Any sickness, injury or death that could reasonably be contributed to or caused by your:
   a) Intoxication from alcohol consumption (alcohol intoxication is determined either when records indicate
that you have reached or exceeded a blood alcohol level of 80 milligrams of alcohol per 100 millilitres of blood or when records indicate that you were intoxicated and no blood alcohol level is specified); or,

b) Abuse or misuse of alcohol, drugs, prescription drugs, over the counter medication or any other intoxicants, either before or during your trip; or,

c) Consumption or use of illegal drugs (based on the law where the cause of the claim occurred).

5. **Sickness or injury** as a result of scuba diving unless you are certified by an internationally recognized and accepted program (including but not limited to NAUI, PADI).

6. **Sickness or injury** as a result of participating in, training or practicing for any sport as a professional athlete. If you have purchased the Optional Coverage Professional Sports, refer to that section heading.

7. **Sickness or injury** as a result of participating in any motorized speed contests. If you have purchased the Optional Coverage Participation in Speed Contests, refer to that section heading.

8. Any medical condition or recognized complication of a condition, where the purpose of your trip is to seek medical treatment, advice or services, and where the medical evidence indicates the medical treatment, advice or services received are related to that condition.

9. a) Routine pre-natal care;

b) Voluntary termination of pregnancy or resulting complications;

c) Complications related to pregnancy within the nine weeks immediately before or after and including the expected date of delivery;

d) Complications related to childbirth within the nine weeks immediately before or after and including the expected date of delivery;

e) Childbirth within the nine weeks immediately before or after and including the expected date of delivery; and

f) Medical treatment incurred by a newborn child during your trip, except as specified under the Unexpected Birth of a Child benefit.

10. Your suicide or attempt thereat or self-inflicted injury.

11. Your commission or attempted commission of any crime or offence, based on the law where the cause of the claim occurred.

12. Psychological disorders, emotional or mental disorders. Acute psychosis is not excluded unless drug, alcohol or medication induced.

13. Ongoing care, rehabilitation or check-ups.

14. Elective (non-emergency) treatment or surgery.

15. Unless otherwise stated in this Policy (see General Condition, number 2), expenses incurred if other insurance policies, plans or contracts cover the loss. This includes, but is not limited to, any private or provincial automobile insurance plan or any provincial or territorial government health care plan. If, however, the loss exceeds the limits of the other policies, plans or contracts and if this Insurance covers losses and periods not covered by those other policies, plans or contracts, this Insurance shall then apply in excess of all other valid insurance. This exclusion does not apply to TravelGold Accident Insurance and Baggage Insurance.

**General Conditions**

**PROVISIONS AND CONDITIONS**

1. **Qualification, Misrepresentation and Fraud**

   a) The coverage under this Policy shall be void if you do not meet the eligibility requirements for the plan selected as set out in the application/declaration. The eligibility requirements are material to the risk for which Insurance is sought. In addition, the coverage under this Policy shall be void if, before or after any loss or claim, you or your representative conceal, misrepresent or fail to disclose any material fact or commit any fraud or false swearing pertaining to you or any claim.

   b) Health Questionnaire – Applicable to insureds 60 and over - If you qualify for the coverage selected but you or a representative purchasing insurance on your behalf have failed to answer truthfully and accurately any question asked in the Health Questionnaire, any claim will be subject to an extra deductible of $10,000 in addition to any other applicable deductible amount, and no future coverage will be provided under this Policy unless you pay the additional premium reflecting true and accurate answers to those questions.

2. **Subrogation**—The company will not subrogate against any extended benefit plans if the lifetime maximum limit for all in-country and out-of-country benefits under that plan is currently $100,000 or less. If the lifetime maximum limit under that plan is greater than $100,000, the company may exercise its right to subrogate, but, if applicable, the company will limit its subrogated claim to the extent required to preserve $100,000 of the lifetime limit available under that plan.

   If compensation is or will be available from a third party for any payments made by the company under this Policy, the company has the right to subrogate to recover those payments. The company, at its own expense, can file a suit in your name for that purpose and you authorize the company to do so. This right of subrogation is in addition to and does not limit any other right of subrogation existing under common law, equity or statute. Further, if you make any claim against a third party related to payments made by the company under this Policy, you will include the amount of those payments in your claim against the third party. If you obtain compensation for a portion or all of the included payments made by the company, you must immediately remit that compensation to the company. You understand that you shall do nothing to prejudice the company’s rights.
of subrogation, which includes not releasing third parties from liability without the express written agreement of the company.

3. **Coordination of Benefits**—Unless otherwise stated in this Policy, this Insurance is excess to all other valid insurance. If any other valid insurance is also an excess insurance, Claims at TuGo will coordinate benefits of all eligible expenses with that insurer. All coordination follows the guidelines set by the Canadian Life and Health Insurance Association.

4. **Misstatement of Age**—If your age has been misstated to the company, the coverage and/or premium may be adjusted in accordance with the correct age as of the date you applied for coverage to become effective. Any premium adjustment is payable upon receipt of a premium notice.

5. **Due Diligence**—You must act at all times so as to minimize the costs to the company.

6. **Currency**—Any dollar amount expressed in this Policy is deemed to be in Canadian currency, unless otherwise stated.

7. **Duplication of Coverage**—If you are insured under more than one Policy, Plan or Optional Coverage administered by TuGo and they are in effect at the time of loss, the total amount paid to you cannot exceed your total expenses. Benefits are paid under the one Policy, Plan or Optional Coverage with the greatest benefit limit, except for Baggage, Rental Car Protection and Trip Cancellation & Trip Interruption.

8. In the case of duplicate benefits in this Policy, claims are payable under the one benefit with the greatest benefit limit.

9. The date and time of commencement and termination of coverage is based on the time zone of the province the Policy was purchased in.

10. The availability, quality, results or effects of any medical treatment, assistance, hospitalization, transportation or your failure to obtain any of the above, is not the responsibility of either the company or TuGo, Claims at TuGo or any company or agency providing services on their behalves.

11. The company reserves the right to accept or to decline any person as an insured.

12. Claims at TuGo has been appointed by the company to be the sole provider of all assistance and claims processing services.

13. In the event of medical treatment or other circumstances that have led or may lead to a claim under this Policy, you authorize any hospital, physician or other person or organization that has records or knowledge of your health, medical history or other information relevant to the claim to provide that information to the company or Claims at TuGo and authorize the company and Claims at TuGo to use and disclose that information for the purpose of determining whether any claim that may be made is covered by this Policy or by another plan or policy.

14. If requested by the company or TuGo or Claims at TuGo, you must consent to and furnish the release of your medical records for the relevant period prior to the effective date of the Policy and/or during the term of the Insurance required in order to determine if the claim is payable. Failure to produce these records will invalidate your claim.

15. In the event of a claim, upon request, you will establish the date and time of departure and initially planned date of return of the trip.

16. You shall be responsible for the verification of any hospital and medical expenses incurred and shall upon request obtain and provide to Claims at TuGo itemized accounts of all hospital and medical services which have been provided to you.

17. When expenses are reimbursable hereunder, the eligible medical expenses shall be paid by the company within 30 days after Claims at TuGo has received satisfactory proof of claim.

18. The company shall not reimburse any expense incurred after a period of 365 days has elapsed following the date on which the loss first occurred or the relevant emergency first occurred.

19. The company, TuGo and Claims at TuGo shall comply with all applicable privacy legislation and regulations.

20. If any of the terms or conditions of this Policy are in conflict with the statutes of the province or territory in which this Policy is issued, the terms and conditions are hereby amended to conform to such statutes.

21. In the event of complaints or unresolved disputes respecting any claim or portion thereof, the following should be contacted: TuGo, 11th Floor – 6081 No. 3 Road, Richmond, BC, V6Y 2B2 Canada.

22. The law of the province or territory of Canada in which you ordinarily reside, or in which you are staying while a visitor to Canada, will govern this Policy, including all issues of its interpretation and performance. Any legal action or other proceeding related to or connected with this Policy that is commenced by you or anyone claiming on your behalf or by an assignee of benefits under this Policy must take place in the courts of the province or territory of Canada in which you ordinarily reside or in which you purchased this Policy, and no other court has jurisdiction to hear or determine any such action or proceeding.

23. This Insurance provides no coverage and no insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such coverage, payment of such claim or provision of such benefit would expose that insurer to any sanctions, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

24. If you are a US citizen, you may have an obligation to purchase insurance under the Affordable Care Act (“ACA”). This policy is not subject to the ACA and is not intended to
fulfill individual obligations to purchase health insurance coverage under the ACA. Please contact your tax adviser or lawyer if you think the ACA obligations may apply to you.

If you are a US citizen or US resident, you may have an obligation to purchase insurance under the Affordable Care Act (“ACA”). This policy is not subject to the ACA and is not intended to fulfill individual obligations to purchase health insurance coverage under the ACA. Please contact your tax adviser or lawyer if you think the ACA obligations may apply to you.

25. The company shall not reimburse any interest charged accrued by you.

26. When a premium is not paid, the company reserves the right to terminate the Policy with notice, except as otherwise provided by law.

Authorized Extensions To Period of Coverage

You can extend your period of coverage before your Policy expires by calling your agent or TuGo during general business hours. Please refer to Contact Information on page 4.

A service fee may be charged in addition to the premium for the additional number of days required.

You must meet the following conditions:

Applicable to all coverages except the Non-medical Travel Package

1. You have not submitted a claim and have no intent to submit a claim.

2. Your period of coverage has not already expired.

3. Extensions are not available if total trip length exceeds two years from the effective date of the original Policy.

Applicable to Emergency Medical Insurance and Visitors to Canada Emergency Medical Insurance

4. You have not seen a physician or other registered medical practitioner since your departure date or the effective date of your Policy.

5. You are in good health and you do not know of any reason to seek medical attention.

If these conditions haven’t been met, an extension may be authorized at the discretion of TuGo. If an extension has been authorized, there would be no coverage for subsequent claims related directly or indirectly to the condition(s) or symptom(s) for which a claim has been or will be submitted or for which medical treatment was received or required prior to the effective date of the extension.

Automatic Annual Renewal Option

This option is only available for insureds 58 years and under. If you choose the monthly payment option, your Policy will automatically renew on your annual Policy renewal date provided valid banking information is on file and the premium is accepted. A Policy will be issued to you for one year. Before the renewal date of the Policy, you will be notified of the details pertaining to your new Annual Policy. If you do not wish to have a new annual plan automatically issued, please contact 1.888.268.BCAA (2222).

Definitions

Acts of terrorism means an act, or acts, of any person, or group(s), committed for political, religious, ideological, ethnic or similar purposes with the intention to influence any government and/or, but not be limited to, the use of force or violence and/or the threat thereof. Furthermore, the perpetrators of acts of terrorism can either be acting alone, or on behalf of, or in connection with any organization(s) or government(s).

Acts of war means war, civil war, riot, rebellion, insurrection, revolution, invasion, hostilities or warlike operations (whether war be declared or undeclared), civil commotion, overthrow of the legally constituted government, military or usurped power, explosions of war weapons.

Acute means the initial or emergency short course (not chronic) treatment phase of a sudden and unexpected sickness or injury.

Aggregate limit means the maximum amount of coverage available, regardless of the number of separate claims.

Alteration means the medication usage, dosage or type has been increased, decreased or stopped and/or a new medication has been prescribed.

Alteration does not include:

a) Changes in brand due solely to the availability of the usual brand or due to a change from a brand name medication to an equivalent generic brand medication of the same usage or dosage; or,

b) Routine dosage adjustments within prescribed parameters for insulin or oral diabetes medication to ensure correct blood levels are maintained; blood sugar levels must be checked regularly and the condition must remain unchanged; or,

c) Routine dosage adjustments within prescribed parameters for blood thinner medication to ensure correct blood levels are maintained; blood levels must be checked regularly and the condition must remain unchanged; or,

d) Usage changes due to the combination of several medications into one; the condition must remain unchanged.

Application date means the date when premium for this Insurance is paid.

Automobile means a vehicle of the private passenger or station wagon type but excluding; trucks (except pick-up trucks with no attachments); off-road vehicles; motorcycles, motorbikes or motor scooters; recreational vehicles; vans (except passenger vans); campers or trailers; antique cars which are cars over 20 years old or have not been manufactured for 10 years or more.
**Beneficiary** means estate unless otherwise requested in writing.

**Business meeting** means a meeting between companies with unrelated ownership that pertains to *your* full-time occupation or profession and is the primary purpose of *your trip*. The meeting must be pre-arranged prior to the date the trip was booked or the date this insurance was purchased, whichever occurs later.

Courses and legal proceedings are not business meetings.

**Canadian resident** means a person who is eligible for or has a provincial or territorial government health care plan in place and:

a) Is a Canadian citizen with a primary permanent residence in Canada; or,
b) Has landed immigrant status in Canada and a primary permanent residence in Canada; or,
c) Has a permit to study or work in Canada.

**Caregiver** means a person entrusted with the care and guidance of *your* dependent(s) on a permanent, full-time basis and whose absence cannot reasonably be replaced.

Claims at **TuGo** means OneWorld Assist Inc.

**Common carrier** means a boat, cruise ship, airplane, bus, taxi, train or other similar vehicle that is licensed, intended and used primarily to transport passengers for hire.

**Company** means

- **For all insurance plans except Baggage Insurance and Rental Car Protection**: Industrial Alliance Insurance and Financial Services Inc. and certain Lloyd’s Underwriters, severally and not jointly.
- **For Rental Car Protection**: Industrial Alliance Pacific General Insurance Corporation and certain Lloyd’s Underwriters, severally and not jointly.
- **For Baggage Insurance**: Industrial Alliance Pacific General Insurance Corporation.
- **For all insurance plans except Baggage Insurance and if you are a Quebec resident or purchasing insurance in the province of Quebec**: Industrial Alliance Insurance and Financial Services Inc.
- **For Rental Car Protection and if you are a Quebec resident or purchasing insurance in the province of Quebec**: Industrial Alliance Pacific General Insurance Corporation.

**Deductible** means the portion of eligible expenses *you* must pay from *your* own pocket when an eligible claim occurs. For all medical insurance plans (except visitors to Canada plan), the deductible applies to the expenses remaining after payment by *your* government health care plan. The deductible applies per insured, per condition or event.

**Departure date** means the date *you* leave your departure point to begin your trip.

**Departure point** means the place *you* depart from on the first day of *your trip*.

**Dependent children** means all unmarried children up to and including 21 years, residing in *your* household, or up to 25 years if the child is a full-time student attending an educational institution, or of any age if the child has a cognitive, developmental or physical disability. Children named in the application/declaration need not be travelling with *you* for coverage to apply to them.

**Designated representative** means TuGo or its appointed agent.

**Diagnostic tests** means tests to:

a) Assess, identify or investigate a symptom or a condition; or,
b) Follow up on abnormal test results; or,
c) Monitor the effectiveness or response to an initial course of treatment or to a new type of treatment.

**Elective (non-emergency) treatment or surgery** means any medical treatment, test, investigations or surgery: a) not required for the immediate relief of acute pain and suffering, which, if not rendered, b) would not result in *you* being in continued danger, or, which reasonably could be delayed until *you* return to Canada or *your* country of permanent residence; or, c) which *you* elect to have provided during the insured trip following emergency medical treatment of a medical condition or the diagnosis of a medical condition which, on medical evidence, would not prevent *you* from returning to *your* home province or *your* country of permanent residence prior to such treatment or surgery.

**Emergency** means an unforeseen sickness or injury, which requires immediate medical treatment to alleviate existing danger to life or health. An emergency no longer exists when the medical evidence indicates *you* are able to continue the trip or return to *your* home province or *your* country of permanent residence. Once such emergency ends, no further benefits are payable in respect of the condition that caused the emergency.

**Emotional or mental disorder** means an emotional upset or condition, state of anxiety, situational crisis, anxiety or panic attack, or other mental health disorders that may be treated with tranquilizers or anti-anxiety medication.

**Family** means individuals 59 years and under consisting of *you*, all dependent children, grandchildren and/or *your* spouse. Children travelling without an adult are eligible for a family plan.

**Follow-up** means the re-examination of *you* to monitor the effects of earlier medical treatment related to the initial emergency, except while hospitalized. Follow-up does not include continuous or ongoing treatment or further diagnostic or investigative testing related to the initial emergency.

**Grandchildren** means all unmarried grandchildren who are dependent on their parents or grandparents up to and including 21 years, residing in their parents’ household or grandparents’ household, or up to 25 years if the child is a full-time student.
attending an educational institution, or of any age if the child has a cognitive, developmental or physical disability. Grandchildren must be travelling with you for coverage to apply to them.

**Home province** means your province or territory of ordinary residence in Canada.

**Hospital** means a legally constituted medical facility under the medical supervision of a physician, with either permanent facilities on the premises for surgery or a formal arrangement with another institution making such facilities available, and providing 24-hour nursing services. The term hospital does not include health spa or rehabilitation centre; convalescent, rest or skilled nursing facilities operated exclusively for geriatric care or for addiction treatment.

**Hospitalization** or hospitalized means medical treatment in a hospital when admitted as an in-patient.

**Immediate family** or **family member** means (whether by birth, adoption or marriage) your legal or common-law spouse, parents, step-parents, brothers, sisters, father-in-laws, mother-in-laws, brother-in-laws, sister-in-laws, son-in-laws, daughter-in-laws, natural or adopted children, stepchildren, stepbrothers or stepsisters, grandparents, grandchildren, aunts, uncles, nieces, nephews, or any individual of whom you are a legal guardian.

**Injury** means physical injury to you caused by violent external and accidental means which occurred after coverage commenced, requiring emergency medical treatment.

**Insured** means the person named in the application/declaration and all family members named in the application/declaration for whom the applicable premiums have been paid.

**Insurer** means the same as *company*.

**Lloyd's Underwriters** means certain Lloyd's Underwriters as identified in the Agreement Number specified in the Declaration Page.

**Loss**

For **TravelGold Accident Insurance** means in respect of limbs means actual severance through or above wrist or ankle joints and, in respect of loss of sight, means entire and irrecoverable loss of sight.

**Medical treatment** means any reasonable medical, therapeutic or diagnostic measure prescribed by a physician, other registered medical practitioner or dentist in any form including prescribed medication, reasonable investigative testing, hospitalization, surgery or other prescribed or recommended treatment directly referable to the condition, symptom or problem including referral to a specialist. Medical treatment does not include either: a) the unchanged use of prescribed drugs or medication for a stable condition, symptom or problem; or b) a check-up where the physician observes no change in a previously noted condition, symptom or problem.

**Medically necessary** means the medical service or product in question is necessary to preserve, protect or improve your medical condition and well-being.

**Minor ailment** means a condition that does not require:

a) Treatment for a period of greater than 30 consecutive days; or,

b) More than one follow-up visit or referral visit to a physician or other registered medical practitioner; or,

c) Hospitalization or surgical intervention.

**Motorized speed contest** means a timed sporting event involving the use of motorized vehicles.

**Passport application** means a completed and approved application for which Passport Canada does not require submission of further information before issuing the passport.

**Pet** means dog, cat, bird, small reptile or small mammal.

**Physical damage** means loss or damage to the automobile (including glass but excluding tires unless coincidental with other loss or damage covered herein) caused by fire, theft, explosion, earthquake, windstorm, hail, rising water, malicious mischief, or collision with another object or by upset.

**Physician** means a medical practitioner who is registered and licensed to practice their medical profession in accordance with the regulations applying in the jurisdiction where the person practices. A physician must be a person other than you or a family member.

**Pre-existing condition**

For **Emergency Medical Insurance**: means a medical or dental condition, illness or injury known to you and for which you have received medical consultation, diagnosis and/or medical treatment and includes a medically recognized complication or recurrence of a medical condition or dental condition.

For **Trip Cancellation & Trip Interruption**: means a medical or dental condition, illness or injury for which medical consultation, diagnosis, and/or medical treatment has been received and includes a medically recognized complication or recurrence of a medical condition or dental condition.

For **Visitors to Canada Emergency Medical Insurance**: means a medical or dental condition, illness or injury known to you and for which you have received medical consultation, diagnosis and/or medical treatment and includes a medically recognized complication or recurrence of a medical condition or dental condition.

**Professional athlete** means a person who earns the majority of their income from this sporting activity.

**Recurrence** means the appearance of symptoms caused by or related to a medical condition that was previously diagnosed by a physician or for which medical treatment was previously received.

**Renewal date** means the date one year from the effective date of the Policy.

**Return date** means the date on which you are scheduled to return from your trip as shown on your application/declaration or the date of your actual return to your departure point.
Sickness
For Emergency Medical Insurance and Visitors to Canada
Emergency Medical Insurance means an acute illness requiring immediate emergency medical treatment or dental treatment as a result of a sudden onset of symptoms which first manifested after coverage commenced. For Emergency Medical Insurance coverage authorized after departure and for Visitors to Canada Emergency Medical Insurance coverage, refer to the waiting period requirements.

For Trip Cancellation & Trip Interruption Insurance means an acute illness requiring immediate emergency medical treatment or dental treatment as a result of a sudden onset of symptoms.

Spouse means the person you are legally married to, or a person you have been living with for a minimum period of one year and who is publicly presented as your spouse, regardless of sex.

Stable
For Emergency Medical Insurance and Visitors to Canada
Emergency Medical Insurance means that within the period specified in this Policy:

a) There has been no deterioration of your condition as determined by your physician, and
b) There have been no new symptoms or findings or more frequent or severe symptoms or findings, and
c) There has been no change in medical treatment or no alteration in any medication for the condition, and
d) There has been no new medical treatment prescribed or recommended by a physician or received.

For Trip Cancellation & Trip Interruption means that within the period specified in this Policy:

a) There has been no deterioration of the condition as determined by a physician, and
b) There have been no new symptoms or findings or more frequent or severe symptoms or findings, and
c) There has been no change in medical treatment or no alteration in any medication for the condition, and
d) There has been no new medical treatment prescribed or recommended by a physician or received.

Terminal condition means a medical condition for which, before the date of departure (or for visitors to Canada, before the effective date of the Policy or the arrival date in Canada, whichever occurs later), a physician has given you a terminal prognosis with a life expectancy of 12 months or less.

Travel costs means non-refundable unused prepaid travel arrangements for: hotels, hostels, timeshares, campgrounds and commercial vacation rentals that are booked through a rental agency with a published cancellation process; airfares, car rentals, boat rentals, RV rentals; bus, train, ferry and cruise tickets; conference, seminar, workshop, convention, symposium and training fees; theatre and concert tickets, entrance fees, sports tickets and passes (intended for a participant or a spectator); tours, retreats, excursions, city passes and ski passes.

Travelling companion means a person who has prepaid shared commercial accommodation or transportation with you for the same period of travel.

Trip
For Trip Cancellation & Trip Interruption Insurance means the period of time you are travelling and for which coverage under this Policy has been purchased.

TuGo means North American Air Travel Insurance Agents Ltd.

Vehicle means a car, recreational vehicle, motorcycle, boat or other land or water conveyance used for the covered trip.

Waiting period
For Emergency Medical Insurance means:

a) If this Policy was purchased within the seven days after departing from your home province, there is no coverage for any sickness arising in, occurring in or symptomatic in the first 48 hours from the effective date of the Policy, including any related expenses incurred after the first 48 hours from the effective date of the Policy; or,
b) If this Policy was purchased more than seven days after departing from your home province, there is no coverage for any sickness arising in, occurring in or symptomatic in the first seven days from the effective date of this Policy, including any related expenses incurred after the first seven days from the effective date of the Policy.

For Visitors to Canada Emergency Medical Insurance means:

a) For Insurance purchased within 60 days after arrival in Canada:
   There is no coverage for any sickness arising in, occurring in or symptomatic in the first 48 hours from the effective date of the Policy.
   This includes any related expenses incurred after the first 48 hours from the effective date of the Policy.
b) For Insurance purchased 61 days or more after arrival in Canada:
   There is no coverage for any sickness arising in, occurring in or symptomatic in the first seven days from the effective date of the Policy.
   This includes any related expenses incurred after the first seven days from the effective date of the Policy.

The waiting period is not applicable when insurance is purchased prior to arrival in Canada.

You or your means any insured named in the application/declaration.

In witness whereof this Policy has been signed as authorized by the insurers listed in the definition of company.

K. Starko, Executive Director
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 is 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 must, upon request, furnish to 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 the contract may be used in defence of a claim under or to avoid the 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
Notice of a claim shall be given in accordance with the claims procedures clause included in this policy as soon as practical but in no case later than 30 days from the date a claim arises under this policy. You must also within 90 days from the date the claim arises under this policy furnish such proof and additional information as is reasonably possible and if required by the company, furnish a certificate from a physician detailing the cause or nature of the sickness or injury for which the claim has been instituted.

Failure to give notice or proof
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 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 from the date a court makes the declaration.

Insurer to furnish forms for proof of claim
The insurer must furnish forms for proof of claim within 15 days after receiving notice of claim, but if 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 the contract,
a) the claimant must give the insurer an opportunity to examine the person of the person insured when and as often as it reasonably requires while a claim 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 moneys payable
All money payable under this contract shall be paid by the insurer within sixty days after it has received proof of claim.

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the limitation period specified in the Insurance Act, Limitations Act, Civil Code of Quebec or other relevant legislation of the applicable jurisdiction.

If you purchase Baggage insurance and/or if you are a Quebec resident purchasing this Insurance, the following sections/wordings do not apply:
- Subscription policy
- Several liability clause
- Identification of insurer/action against insurer
- Notice
- Lloyd’s Underwriters definition

The following sections apply only to Baggage Insurance and to Quebec residents purchasing this Insurance:

ACTION AGAINST COMPANY
Service of legal proceedings to enforce the obligations under this Policy of the insurers listed in the definition of company may be validly made by serving the offices of North American Air Travel Insurance Agents Ltd., d.b.a. TuGo, 11th Floor, 6081 No. 3 Road, Richmond, BC, V6Y 2B2 Canada.

NOTICE TO COMPANY
Notice under this Policy to the insurers listed in the definition of company may be validly given to North American Air Travel Insurance Agents Ltd. d.b.a. TuGo, 11th Floor, 6081 No.3 Road, Richmond, BC, V6Y 2B2, Canada. Complaints or unresolved disputes should be referred to Industrial Alliance Insurance and Financial Services Inc. at 2165 West Broadway, P.O.Box 5900, Vancouver BC, V6B 5H6, Canada, solutions@ia.ca or toll-free at 1-800-266-5667.

Subscription Policy
Applicable to all Sections of this Policy Excluding Baggage
IN CONSIDERATION OF THE INSURED having paid or agreed to pay each of the INSURERS the required premium, hereinafter called “THE INSURERS”. THE INSURERS SEVERALLY AND NOT JOINTLY agree, each for the Sum(s) Insured or Percentage(s) and for the Coverage(s) Insured set against its name, and subject always to the terms and conditions of the Policy, that if a loss occurs for which insurance is provided by this Policy at any time while it is in force, they will indemnify the INSURED against the loss so
caused; the liability of each insurer individually for such loss being limited to that proportion of the loss payable according to the terms and conditions of this Policy which the Sum Insured or the amount corresponding to the Percentage set against it bears to the total of the sums insured or of the amounts corresponding to the percentages of the sums insured respectively set out against the coverage concerned on the Policy Declaration.

Wherever in this Policy, or in any endorsement attached hereto, reference is made to "The Company", "The Insurer", "This Company", "we", "us", or "our", reference shall be deemed to be made to each of the Insurers severally.

This Policy is made and accepted subject to the foregoing provisions, and to the other provisions, stipulations and conditions contained herein, which are hereby specially referred to and made part of this Policy, as well as such other provisions, agreements or conditions as may be endorsed hereon or added hereto.

**Several Liability Clause**

**PLEASE NOTE – This notice contains important information. PLEASE READ CAREFULLY**

The liability of an insurer under this contract is several and not joint with other insurers party to this contract. An insurer is liable only for the proportion of liability it has underwritten. An insurer is not jointly liable for the proportion of liability underwritten by any other insurer. Nor is an insurer otherwise responsible for any liability of any other insurer that may underwrite this contract.

The proportion of liability under this contract underwritten by an insurer (or, in the case of a Lloyd’s syndicate, the total of the proportions underwritten by all the members of the syndicate taken together) is shown in this contract.

In the case of a Lloyd’s syndicate, each member of the syndicate (rather than the syndicate itself) is an insurer. Each member has underwritten a proportion of the total shown for the syndicate (that total itself being the total of the proportions underwritten by all the members of the syndicate taken together). The liability of each member of the syndicate is several and not joint with other members. A member is liable only for that member’s proportion. A member is not jointly liable for any other member’s proportion. Nor is any member otherwise responsible for any liability of any other insurer that may underwrite this contract. The business address of each member is Lloyd’s, One Lime Street, London EC3M 7HA. The identity of each member of a Lloyd’s syndicate and their respective proportion may be obtained by writing to Market Services, Lloyd’s, at the above address.

Although reference is made at various points in this clause to “this contract” in the singular, where the circumstances so require this should be read as a reference to contracts in the plural.

Where LLOYD’S UNDERWRITERS are subscribing insurers to the Policy, the following applies to them:

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**Identification Of Insurer/ Action Against Insurer**

This insurance has been entered into accordance with the authorization granted to North American Air Travel Insurance Agents Ltd. (The Coverholder) by the Underwriting Members of the Syndicates whose definitive numbers and proportions can be ascertained are detailed herein and referred to as “the Underwriters”. The Underwriters shall be liable hereunder each for his own part and not one for another in proportion to the several sums that each of them has subscribed to the said Agreement.

In any action to enforce the obligations of the Underwriters they can be designated or named as “Lloyd’s Underwriters” and such designation shall be binding on the Underwriters as if they had each been individually named as defendant. Service of such proceedings may validly be made upon the Attorney In Fact in Canada for Lloyd’s Underwriters, whose address for such service is 1155, rue Metcalfe, Suite 2220, Montreal, Quebec H3B 2V6.

**Notice**

Any notice to the Underwriters may be validly given to North American Air Travel Insurance Agents Ltd. d.b.a. TuGo (The Coverholder).

<table>
<thead>
<tr>
<th>THE INSURERS</th>
<th>Coverage(s) Insured</th>
<th>Percentage(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Industrial Alliance Insurance and Financial Services Inc.</td>
<td>All Sections of this Wording Excluding Baggage</td>
<td>90%</td>
</tr>
<tr>
<td>Industrial Alliance Pacific General Insurance Corporation</td>
<td>Rental Car Protection</td>
<td>90%</td>
</tr>
<tr>
<td>Lloyd’s Underwriters per agreement number specified in the Policy Declaration</td>
<td>All Sections of this Wording Excluding Baggage</td>
<td>10%</td>
</tr>
<tr>
<td>Industrial Alliance Pacific General Insurance Corporation</td>
<td>Baggage</td>
<td>100%</td>
</tr>
</tbody>
</table>

Complaints or unresolved disputes under all Sections should be referred to the lead insurer Industrial Alliance at 2165 West Broadway, P.O. Box 5900, Vancouver BC V6B 5H6.

For the purpose of the Insurance Companies Act (Canada), this Canadian Policy was issued in the course of Lloyd’s Underwriters’ insurance business in Canada.
Code of Consumer Rights & Responsibilities

Insurance companies selling home, auto and business insurance are committed to protecting your rights. These include the right to be informed fully, to be treated with respect, to timely claims handling and complaint resolution, and to privacy.

Insurance is a two-way contract, and you have a role to play. You are responsible for understanding your needs, asking questions and providing accurate, up-to-date information to your insurer. For more information about your role, speak to your insurance representative and read your policy.

Right to Be Informed

You have the right to an easy-to-understand explanation of how insurance works and how insurers calculate price based on relevant facts. You can expect to access clear information about your policy, your coverage and the claims settlement process. Under normal circumstances, insurers will advise an insurance customer of changes to, or the cancellation of, a policy at least 30 days prior to the expiration of the policy. Your insurer is required to provide you with the renewal terms of your policy at least 30 days prior to the expiration of the policy.

You have the right to know how your broker or agent is compensated, and if they have any conflicts of interest.

Right to Timely and Transparent Claims Handling

You can expect qualified staff to respond to your claim in a timely manner. You have the right to be informed of procedures and timelines for settling your claim, as well as the status of your claim. If your claim is denied, you have the right to be informed why.

Right to Complaint Resolution

You can access your company’s complaint resolution process. Your insurer, agent or broker can provide you with information about how you can ensure that your complaint is heard and promptly handled. You may also contact your provincial insurance regulator or the independent General Insurance OmbudService (www.giocanada.org).

Right to Privacy

You have the right to understand how your personal information will be used. All insurers have privacy statements and are subject to Canada’s privacy laws. Ask your insurer to provide you with a copy of its privacy statement.

Responsibility to understand your needs

You are responsible for asking questions and educating yourself about your policy. Visit www.ibc.ca for information about questions you should ask your insurance provider. Make sure you ask all relevant questions and give your insurance provider a detailed explanation of your circumstances to help him or her make informed recommendations on what your policy should include. This will ensure that you have the right insurance coverage.

You are responsible for making premium payments as required by your insurer. Failure to do so could result in a lapse of coverage or cancellation of your policy.

Responsibility to Provide Accurate Information

You are required to provide all relevant information in your application for insurance and you must ensure that the information is accurate. If you have questions about the application or policy, contact your insurance representative and have him or her explain it to you to ensure that you understand your and the insurer’s obligations.

Responsibility to Update Your Information

To maintain your protection against loss, you must promptly inform your insurance company, broker or agent of any change in your circumstances, such as renovations to your home, the purchase of a big-ticket item that may require additional insurance coverage or having a home-based business.

Responsibility to Report the Facts

You must report an accident or claim, providing complete and accurate details, as soon as possible following the accident or incident giving rise to the claim.

Privacy

PRIVACY NOTICE

The protection of your personal information is very important to us. TuGo is committed to the protection of your personal information. TuGo fully complies with Canada’s privacy laws. TuGo’s privacy policy determines our responsibilities on the collection and use of your personal information. You can review TuGo’s entire Privacy Policy at tugo.com/en/privacy.

Personal information is gathered at the time of application to determine the premium and appropriate coverage. In the event of a claim, we may need to collect additional medical information to help provide the best possible assistance, arrange care, possible medical evacuation, and to determine coverage. This information may be obtained or shared with your agent, any affiliate or subsidiary, referring organization and third-party provider including but not limited to health care providers and government health insurers. The information is used by authorized personnel only as needed, and is maintained securely for the period required by law. Your information may need to be shared with or by organizations located outside of Canada, such as the country you are travelling to and will be also subject to the laws of those foreign jurisdictions. We encourage you to review TuGo’s Privacy Policy occasionally as it could be amended.

Upon written request, you may also review your personal information to verify its accuracy. For more information about how TuGo collects and uses personal information, contact our privacy officer: TuGo, Attn: Privacy Officer, 11th Floor, 6081 no. 3 Road, Richmond BC, Canada, V6Y 2B2. Email: privacy@tugo.com
Fax: (604) 276-9409.
NOTICE CONCERNING PERSONAL INFORMATION

How we use your information

By purchasing insurance from iA Financial Group (“iA”) which comprises of Industrial Alliance Insurance and Financial Services Inc. and at Industrial Alliance General Insurance Corporation, and certain Underwriters at Lloyd’s, London ("Lloyd’s"), a customer provides iA and Lloyd’s with his or her consent to the collection, use and disclosure of personal information. Consent is subject to the customer’s understanding of the nature, purpose and consequences of the collection, use or disclosure of their personal information.

Information is collected and stored for the following purposes:

- the communication with iA’s and Lloyd’s policyholders
- the underwriting of policies
- the evaluation of claims
- the analysis of business results
- purposes required or authorized by law

What personal information we collect about you

We collect, process and store the following personal information about you:

- Name
- Address including postal code and country
- Policy number
- Claim number
- Credit card details
- Bank account details

We also collect information about you when you visit www.ia.ca or www.lloyds.com. Further details can be found on our online Privacy & Cookies policies at

For iA: https://ia.ca/privacy-policy

We will not use your personal information for marketing purposes and we will not sell your personal information to other parties.

Who we disclose your information to:

For the purposes identified, personal information may be disclosed to iA’s or Lloyd’s related or affiliated organisations or companies, their agents/mandataires, and to certain non-related or unaffiliated organisations or companies, including service providers. These entities may be located outside Canada therefore a customer’s information may be processed in a foreign jurisdiction (the United Kingdom and the European Union) and their information may be accessible to law enforcement and national security authorities of that jurisdiction.

Disclosure without consent

The following are reasonable grounds to permit the disclosure of personal information without the knowledge or consent of a customer:

- Detecting or suppressing fraud
- Investigating or preventing financial abuse
- For communication with the next to kin or authorized representative of an injured, ill or deceased individual
- Investigating a breach of an agreement or a contravention of the laws of Canada or a foreign jurisdiction
- Witness statement necessary to assess, process or settle insurance claims
- Information produced in the course of employment and the disclosure is consistent with the purpose it was produced for

How to access your information and/or contact us

To access and request correction or deletion of your information, or to obtain written information about the Insurer’s policies and practices in respect of service providers located outside Canada, please contact:

For iA, the Privacy Officer at PrivacyOfficer@ia.ca. Our Customer Service team at solutions@ia.ca can answer questions or concerns about your personal information. If you are not satisfied with our employee's or representative's response, you may contact the Privacy Officer at PrivacyOfficer@ia.ca.

Complaints or unresolved disputes should be referred to iA Financial Group, at 2165 West Broadway, P.O. Box 5900, Vancouver, BC, V6B 5H6, Canada, solutions@ia.ca or toll-free at 1-800-266-5667.

For Lloyd’s, the Ombudsman at info@lloyds.ca. The Ombudsman will also answer customer’s questions about the collection, use, disclosure or storage of their personal information by such Lloyd’s service providers. Further information about Lloyd's personal information protection policy may be obtained from the customer’s broker or by contacting Lloyd’s on: 514 861 8361, 1 877 455 6937, or through info@lloyds.ca.
How to Claim

CLAIMS PROCEDURES AND PAYMENT OF BENEFITS

For information on how to contact us, please refer to Contact Information at the beginning of this policy wording booklet.

Applicable to all Claims
1. Any notices of claim or correspondence concerning a claim should be promptly sent to:
   
   Claims at TuGo
   10th Floor – 6081 No. 3 Road
   Richmond, BC, V6Y 2B2 Canada

2. Claims for medical, dental and trip cancellation & trip interruption can be opened online at tugo.com/claims, although some restrictions apply.

3. Any cost incurred to obtain documentation required to confirm eligibility of your claim is the responsibility of the claimant.

4. Claim Forms will be provided to the claimant for completion and return to Claims at TuGo. It is the responsibility of the claimant to complete and/or produce any documentation required by Claims at TuGo to enable them to process and confirm the eligibility of the claim.

5. All required documentation must be received within one year from the date of loss. Failure to do so will result in denial of the claim.

6. To qualify for reimbursement, original, itemized receipts must be provided as support for all eligible expenses. If original, itemized receipts are not provided, the expense will not be reimbursed.

7. To receive benefits, any requested supporting documentation must be submitted along with your notice of claim.

8. If the claim is as a result of a death, the following documents are required:
   a) A copy of the death certificate
   b) A copy of the Will or Power of Attorney
   c) A police report, if applicable
   The claims forms must be signed by the Executor of Estate or the person holding Power of Attorney as shown in b).

Applicable to Emergency Medical Insurance
1. Claims at TuGo will submit a claim for medical expenses to your provincial or territorial government health care plan offices PROVIDED THAT the claim form, as well as the appropriate Provincial Assignment Form are completed in full and forwarded together with original itemized receipts from physicians or hospitals along with medical certificate(s) from attending physician(s) within the time frame provided. The claim must be submitted to your provincial or territorial government health care plan offices before their submission deadline. If you fail to meet their deadline, you will be responsible for the provincial or territorial government health care plan portion.

2. Claims will not be considered unless the Claim Form is completed in full and signed by the claimant (or legally authorized representative). Failure to provide fully completed, original forms will invalidate your claim.

Applicable to Emergency Medical Insurance and Visitors to Canada Emergency Medical Insurance
1. Only bills from physicians, hospitals and other medical care provider(s) which are original, itemized and which state your name, diagnosis, date(s) of service and type of treatment or service will be considered. Only original official pharmacy prescription receipts will be considered. For all other benefits, original itemized receipts are required.

Applicable to Trip Cancellation & Trip Interruption Insurance
1. To receive benefits, the following documents must be submitted along with your notice of claim:
   a) The original unused airline ticket and/or all additional travel tickets purchased to return home or to rejoin the tour.
   b) Itemized travel agency dated invoices showing full payment, taxes and premiums paid for your trip.
   c) A statement from the travel agency/airline/tour operator documenting refunds provided for cancelled or unused tickets and/or cancelled or unused land and sea services.
   d) If the claim occurred prior to departure, a medical certificate completed by the physician at the place where the sickness or injury occurred stating the diagnosis, the date of onset of the condition, the dates and type of treatment, and the reason why travel was not possible.
   e) If the claim occurred after departure, a medical certificate completed by the attending physician at the place where the sickness or injury occurred stating the diagnosis, the date of onset of the condition, the dates and type of treatment, and the reason why it was necessary to interrupt the trip.

Applicable to Baggage Insurance
1. Lost, stolen or damaged baggage must be promptly reported (and claimed for where applicable) to the most appropriate local authority or party responsible for the care of the baggage. Local authorities or responsible parties include but are not limited to: airline or any other carrier, hotel proprietors, steamship lines, railroad or station authorities, the police or any bailee in whose custody the property was at the time of loss, damage or theft.

2. If baggage is lost or stolen, proof of loss (copy of notice and/or Police Report) is necessary to substantiate claim.

3. If baggage is damaged, a written estimate to repair damaged luggage from a repair shop of your choice is necessary to substantiate claim.

4. If baggage is delayed, proof of delay is required and original itemized and dated receipts for personal necessities are necessary to substantiate claim.
Applicable to Rental Car Protection
To receive benefits, the following documents must be submitted along with your notice of claim:

1. A copy of the police accident report if required.
2. A copy of the lease or rental contract.

International Assistance Services
The following services will be provided to all customers:

1. Toll-free help line 24 hours a day, every day (for medical emergencies only).
2. Vital communications link between claimant/hospital regarding insurance coverage and procedures.
3. Medical (physician and surgeon) consultative and advisory services including review of appropriateness and analysis of medical care.
4. Monitoring of progress during treatment and recovery.
5. Establishing contact with family, personal physician and/or employer as appropriate.
6. Multilingual capabilities.
7. Coordination of payments.
8. Special assistance respecting claims.
9. Management, arrangement and authorization of emergency medical evacuation.
10. Arrangement and coordination of repatriation of remains.
11. Interpretation of policy wordings.
12. Assistance in locating the nearest and most appropriate medical care.
13. Payment to hospitals and other medical providers for emergency medical expenses will be guaranteed where possible relieving claimant of credit responsibilities.
14. Travel arrangements assistance for family members.
15. Provision of medical assistant to travel with claimant when necessary.
16. In addition to physicians, hospitals/administrators and ambulance, arrangements and communications are concluded on your behalf with:
   - Consulates
   - Travel Agents
   - Embassies
   - Tour Guides
   - Airlines
   - Police
   - Foreign Affairs Department
17. Legal referral services in order to meet the legal needs of travellers.

To access this service, please refer to Contact Information at the beginning of this policy wording booklet.
Travel Insurance
Policy Wording

Click: bcaa.com
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