



# TRAVEL EDGE & TRAVEL EDGE PLUS

## INSURANCE POLICY

Underwritten by:  
CUMIS General Insurance Company,  
a member of The Co-operators group of companies.



Administered by Allianz Global Assistance

# TRAVEL EDGE AND TRAVEL EDGE PLUS INSURANCE POLICY

CDSPI, in conjunction with The Co-operators group of companies, has designed a product to protect *you* against the risk of an unexpected *sickness* or *injury* when *you* travel.

CDSPI is a non-profit organization sponsoring quality insurance programs meeting the specific needs of the Canadian dental profession. Advisory services for plan participants are provided by CDSPI's affiliate, CDSPI Advisory Services Inc.

Administered by Allianz Global Assistance, which is a registered business name of AZGA Service Canada Inc.

Benefits are underwritten by CUMIS General Insurance Company, a member of The Co-operators group of companies.

**Please read your policy carefully as it contains terms and conditions which may limit or exclude coverage.**

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

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## What Options are Available?

There are two emergency travel health insurance plan options available: the **Travel Edge** option and the **Travel Edge Plus** option. Both options provide *emergency* medical coverage for an unlimited number of trips *you* take over a consecutive 12 month period, starting from the *effective date*. These trips can be up to 15, 30, 60 or 90 days in duration, as selected at the time of application, on a single or family basis. Single coverage covers the applicant named on the application form. Family coverage, when selected and paid for at the time of application, covers the applicant and eligible *family members* who are named on the application form, while travelling together or independently of each other. However, a *caregiver* is only covered when travelling with *your dependent children*. Extension of coverage is available under both options for trips lasting longer than the selected period of coverage (see “Extensions of Coverage”).

The **Travel Edge Plus** option also includes Flight Accident, Baggage Loss and Trip Cancellation Insurance, as described in “Travel Edge Plus Additional Benefits”.

See the “**Summary of Benefits**” section of this policy for a complete list of the benefits provided under each option. **Note:** Words that are italicized throughout the policy are defined in the “Definitions” section starting on page 8.

## Who to Call for General Information

Call CDSPI Advisory Services Inc., a CDSPI Affiliate, at 1-800-561-9401 (toll-free) or 416-296-9401 and speak to an Advisor if *you* require clarification of a benefit, if *you* need to purchase an Extension of Coverage, or for any other general information questions *you* may have regarding *your* coverage.

## Who to Call in Case of a Medical Emergency

*You* must notify Allianz Global Assistance (toll free 1-800-995-1662 or worldwide collect 416-340-0049) within 24 hours of admission to a *hospital* and before any surgery is performed.

### Limits on Coverage

If *you* fail to do so without reasonable cause, then the *insurer* will reduce the benefits payable to *you* under this policy by 20%.

## When are Benefits in Effect?

### Effective Date

Coverage under this policy takes effect on the later of:

- the date the application for *your* coverage and premium payments are received by CDSPI, or
- the date indicated as the *effective date* on *your* confirmation of coverage; or
- the date *you* exit *your* province or territory of residence for a new *insured trip*.

### Expiry Date

Coverage ends on the **earliest** of the following:

- the date and time *you* return to *your* province or territory of residence; or
- the date indicated as the *expiry date* on *your* confirmation of coverage; or
- the date *you* reach the maximum number of days permitted for each *insured trip*, as selected and paid for at the time *you* applied for coverage.

## Extensions of Coverage

If *you* want to take a trip that is longer than the number of days *you* selected under *your* 15, 30, 60 or 90 day coverage, *you* must purchase extended coverage. *You* may either increase *your* coverage period if *you* have 15, 30 or 60 day coverage or purchase Top-up coverage to extend *your* coverage for the extra number of days *you* will need for that trip. Coverage on an *insured trip* must not exceed a total of 183 days in duration, including extensions.

To change *your* coverage period from 15, 30 or 60 days to 30, 60 or 90 days *you* must contact CDSPI Advisory Services Inc. and pay the difference between the annual premium for the original selected period and the longer period before *your departure date*.

The plan option (Travel Edge or Travel Edge Plus) purchased cannot be changed by *you* after *your departure date*.

To purchase Top-up coverage *you* must contact CDSPI Advisory Services Inc. before *your* coverage terminates.

The extension premium will be calculated on the basis of the daily rate applicable to *your* age category for the additional number of days of coverage required.

**To arrange extensions, use the telephone numbers shown under “Who to Call for General Information” on page 1. Payment must be charged to *your* Visa or MasterCard.**

## Summary of Benefits

The total amount payable under this policy for benefits A through N shall not exceed a maximum aggregate of \$5 million per *insured trip* for each *insured*. Individual benefit maximums apply where specified.

### Travel Edge and Travel Edge Plus Benefits

A. Emergency Hospital .....	Overall benefit
B. Emergency Medical Services .....	Overall benefit
C. Emergency Return .....	Overall benefit
D. Transportation of Family or Friend .....	\$3,000
E. Attendent .....	Overall benefit
F. Return of Deceased .....	\$3,000
G. Vehicle Services (Emergency) .....	\$2,000
H. Stolen or Inoperable Vehicle .....	\$5,000
I. Dental Accident .....	\$2,000
J. Relief of Dental Pain .....	\$200
K. Meals and Accommodation .....	\$1,500
L. Out-of-Pocket Expenses .....	\$500

### Travel Edge Plus Additional Benefits

M. Flight Accident Insurance .....	\$200,000
N. Baggage Insurance Single .....	\$500
Family .....	\$2,000
O. Trip Cancellation Insurance .....	\$2,000

per *insured* per *insured trip*

(Extra Trip Cancellation coverage is available for an additional premium payment)

## Eligibility

An individual is eligible to apply for single or family coverage if he/she is:

- a) a dentist qualified to practise dentistry in Canada, who is a member of the Canadian Dental Association or a *Participating Provincial or Territorial Dental Association*;
- b) a full-time or graduate student in a Canadian faculty or college of dentistry;
- c) a dentist under 76 years of age who is retired or receiving disability benefits and who practised in Canada and was a member of the Canadian Dental Association or a *Participating Provincial or Territorial Dental Association*;
- d) a dental practice staff member who is employed by an eligible dentist;
- e) an employee or retiree of a participating dental association or organization; or
- f) a *family member* of an eligible individual described in paragraph a, b, c, d or e of this section.

\*As the Quebec provincial association does not participate, Quebec dentists must be members of the Canadian Dental Association to apply for coverage under this plan, and dental staff members in Quebec must work for a dentist who is a Canadian Dental Association member.

## Insurability

1. Coverage is NOT AVAILABLE to any individual who:
  - a) has been diagnosed with a terminal illness;
  - b) has been diagnosed with or has had an episode of congestive heart failure;
  - c) has Acquired Immune Deficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV);
  - d) has Alzheimer's disease or any other type of dementia;
  - e) has received any type of *treatment* for pancreatic cancer, liver cancer or any type of cancer that has metastasized;
  - f) has been prescribed or used home oxygen *treatment* in the last 12 months;
  - g) has had a major organ transplant (heart, kidney, liver, lung); or
  - h) has received kidney dialysis *treatment* in the last 12 months.
2. To be eligible for coverage *you* must:
  - a) be at least 15 days old and up to age 75 inclusively; and
  - b) be insured for benefits under a Canadian government health insurance plan during the entire *period of coverage*; and
  - c) not reside in a nursing home and receive nursing care; and
  - d) not reside in a convalescent home or rehabilitation centre; and
  - e) not require assistance with *activities of daily living*.

## What is Covered – Benefits

1. Subject to the policy terms and conditions, the *insurer* agrees to pay up to \$5 million for *reasonable and customary* costs incurred unexpectedly by an *insured Canadian resident* during the *period of coverage*. Costs are paid for acute *emergency hospital*, *emergency medical*, or other covered costs incurred during the *period of coverage* up to the maximum amounts provided in the Benefits section, due to *sickness or injury* occurring during the *period of coverage*. The total *aggregate limit* for all losses under the Emergency Hospital & Medical Insurance for Canadians is \$20 million.

### Limits on Coverage

2. Amounts payable under this plan are in excess of any amounts available or collectible under the government health insurance plan of the province or territory in which *you* are covered, or those amounts payable or collectible under any other policy or plan. Refer to General Provisions on page 10.

### Travel Edge and Travel Edge Plus Emergency Medical Benefits

Benefits are payable for the following costs:

#### A. Emergency Hospital

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

#### B. Emergency Medical Services

The *insurer* agrees to pay for the following services, supplies or *treatment*, when provided by a health practitioner who is not related to *you* by blood or marriage:

- a) The services of a legally licensed *physician*, surgeon, anaesthetist or registered graduate nurse.
- b) The services of a legally licensed physiotherapist when ordered by the attending *physician* as *treatment* for a covered *injury*.  
Not to exceed \$200 for out-patient *treatment*.
- c) The services of a legally licensed chiropractor, osteopath, chiropodist, podiatrist or acupuncturist for *treatment* of a covered *injury*.  
Not to exceed \$200 per profession.
- d) When performed at the time of the initial *emergency*, lab tests and/or X-ray examination as ordered by a *physician* for the purpose of diagnosis.
- e) The use of a licensed local air, land, or sea ambulance (including mountain or sea evacuation), to the nearest *hospital* when reasonable and necessary.
- f) Rental of crutches or *hospital*-type bed, not exceeding the purchase price; and the cost of splints, trusses, braces or other prosthetic appliances approved in advance by Allianz Global Assistance.
- g) *Emergency* out-patient services provided by a *hospital*.
- h) Drugs or medications that require a *physician's* written prescription, not exceeding a one-month supply.

### C. Emergency Transportation

The *insurer* agrees to transport *you* to the nearest appropriate medical facility or to a Canadian *hospital* due to a covered *emergency sickness* or *injury*. Any *emergency* transportation such as air ambulance, one-way economy airfare, stretcher, and/or a medical attendant, must be pre-approved and arranged by Allianz Global Assistance.

### D. Transportation of Family or Friend

The *insurer* agrees to reimburse *you* up to a maximum of \$3,000 for the cost to transport up to two bedside companions (*your family member* or close friend) by round-trip economy class (using the most direct route), and up to a maximum of \$1,000 for the reasonable costs *your family member* or close friend incurs after arrival if:

- a) *you* are hospitalized as an inpatient due to a covered *sickness* or *injury*; or
- b) the local authorities legally require the attendance of *your family member* or close friend to identify *your* remains in the event of *your* death due to a covered *sickness* or *injury*.

This benefit is payable only when approved in advance by Allianz Global Assistance.

### E. Attendant

If *you* are returned to Canada under the Emergency Transportation benefit, the *insurer* agrees to pay for the cost of an attendant (not related to *you* by blood or marriage) plus the attendant's return economy class airfare, to travel with *your* accompanying *insured travelling companions* (under age 18 or physically or mentally handicapped and reliant on *you* for assistance) to their province or territory of residence. This benefit is payable only when approved in advance and arranged by Allianz Global Assistance.

### F. Return of Deceased

In the event of *your* death due to a covered *sickness* or *injury*, the *insurer* will pay up to \$3,000 for the return of *your* remains in a standard transportation container to *your* permanent residence in Canada; or up to \$2,000 for the cremation or burial of *your* remains at the place of death.

### G. Return of Vehicle or Watercraft

If, as a result of a covered *sickness* or *injury*, *you* are unable to return to Canada with the vehicle or watercraft used for *your insured trip*, the *insurer* agrees to reimburse *you* up to a maximum of \$2,000 for the cost of a commercial agency to return the vehicle or watercraft to *your* province or territory of residence or to the *commercial rental agency*.

### H. Stolen or Inoperable Vehicle

If *your* private vehicle is stolen or rendered inoperable due to an *accident*, the costs of the most economical airfare to return *you* to *your* province/territory of residence by the most direct route will be covered, to a maximum of \$5,000. An official police report of the theft or *accident* is required.

### I. Dental Accident

The *insurer* agrees to reimburse *you* up to \$2,000 for *emergency treatment* or services to whole or sound natural teeth (including capped or crowned teeth) caused by an *accidental* blow to the face. These costs cannot exceed the minimum fee specified in the Canadian Dental Association schedule of fees of the province or territory where *you* reside.

### J. Relief of Dental Pain

The *insurer* agrees to reimburse *you* up to \$200 for the immediate relief of acute dental pain caused by other than a blow to the face. *Treatment* must be provided at a location at least 200 km from *your* province/territory of residence.

### K. Meals and Accommodation

The necessary and reasonable costs of commercial accommodation and meals will be reimbursed up to \$150 a day, to a maximum of \$1,500, when the return portion of an *insured trip* is delayed beyond the date scheduled, as the result of an *emergency* or the death of a member of *your family* or of a *travelling companion* or business associate with whom *you* are travelling during an *insured trip*.

### L. Out-of-Pocket Expenses

Reimbursement of up to \$500 for additional out-of-pocket expenses (e.g.: telephone, television rental) are covered when *you* are hospitalized. Expenses must be supported by a written receipt.

### Travel Edge Plus Additional Benefits

#### M. Flight Accident Insurance

If, while travelling on an *insured trip* as a passenger (not as a pilot, officer or other crew member having any duties related to the flight), *you* die as the result of an *injury* caused by *accident*, loss or damage to a *passenger airplane* or scheduled helicopter shuttle service operating to or from an airport to make a connection with a *passenger airplane* flight, \$200,000 will be payable to *your* estate or named beneficiary. If *your* body has not been found within 52 weeks from the date of accident, it will be presumed, barring evidence to the contrary, that *you* suffered loss of life.

#### Limits on Coverage

The total *aggregate limit* for *accidental injury* resulting from a risk insured under the Flight Accident benefit is \$5 million.

#### N. Baggage Insurance

(Single Coverage Maximum is \$500; Family Coverage Maximum is \$2,000)

If, while on an *insured trip* *your* baggage is lost, stolen or damaged by burglary, fire or transportation hazards or while in any hotel or other building, subject to a \$25 deductible per claim and a limit of \$250 per item, *you* will be reimbursed up to the maximum coverage amount for the type of coverage (single or family) *you* have selected and for which the appropriate premium has been paid. The loss must be supported in writing by an authorized official and/or police report.

#### THIS BENEFIT DOES NOT COVER:

1. Breakage of, or damage to, fragile or brittle articles unless caused by fire or *accident* to the means of conveyance.
2. Loss or damage not reported to the police and/or other authorized officials within 24 hours of discovery.
3. Loss due to normal depreciation of the value of *your* articles.
4. Loss of, or damage to, money, eyeglasses, sunglasses, contact lenses, medication, hearing aids, artificial teeth, tickets, documents, jewellery or camera equipment.



5. Loss or damage by theft from an unattended vehicle unless it was completely locked and there was visible evidence of forced entry.
6. Loss or damage due to negligence on *your* part.
7. Loss of, or damage to, fragile or perishable articles in checked baggage.
8. Any loss or damage directly or indirectly resulting from, or arising out of, or in connection with any *act of war or terrorism or nuclear incident*.

## O. Trip Cancellation & Interruption

The **Travel Edge Plus** option includes Trip Cancellation & Interruption coverage of up to \$2,000 per *insured*. You may purchase additional coverage by contacting CDSPI and paying an extra premium based on the prepaid amount of the travel tickets purchased for the trip. This additional coverage must be purchased on the day *you* book *your* trip or prior to any cancellation penalties being chargeable for that trip. The maximum amount of coverage that may be purchased for any trip by an *insured* with single coverage is \$15,000 and by two or more *family members* with family coverage is \$30,000.

The *insurer* agrees to pay up to the sum insured indicated above for losses resulting from an Insured Risk occurring during the *period of coverage*. Coverage is provided worldwide for *insured trips* to, from, or within Canada. Benefits are limited to the non-refundable amounts for travel arrangements assessed by the *travel supplier* as of the date of occurrence of the Insured Risk, *injury* or the diagnosis of a *sickness* that was the cause of the cancellation, regardless of the date the *insured trip* is cancelled.

In this benefit, “*effective date*” means:

- i. the date on which *you* purchase additional Trip Cancellation & Interruption coverage; or
- ii. if no such additional coverage is purchased:
  - the date on which travel tickets are purchased; or
  - if no travel tickets are purchased, the first date that any travel arrangements, such as hotel reservations, car rental etc. are made for the trip in question.

Benefits are payable for the following costs:

### a) Prior to Departure

- i. The non-refundable, non-recoverable portion of pre-paid airfare and/or pre-paid travel arrangements.
- ii. The single supplement charged as the result of a *travelling companion* or accompanying *family member* who is unable to travel due to an Insured Risk.

### b) After Departure

- i. The extra cost of economy transportation by the most direct route to continue with the *insured trip* if *you* miss a portion of *your insured trip* due to *your sickness or injury*, or the *sickness or injury* of a *travelling companion* or accompanying *family member*.
- ii. The non-refundable portion of unused, pre-paid, insured travel arrangements for the *insured trip* (excluding partially used airline tickets), and the extra cost of economy airfare by the most direct route, to return to the point of departure.

- iii. In the event of *your* death due to a covered *sickness or injury*, up to \$3,000 for costs incurred for the return of *your* remains in a standard transportation container to *your* permanent residence in Canada, or up to \$2,000 for the cremation or burial of *your* remains at the place of death, when *you* are not covered under any other insurance plan.

### c) Prior To or After Departure

In the event that a delay of the connecting carrier or automobile at the departure point causes a missed connection, provided the connecting carrier or automobile was scheduled to arrive not less than two hours prior to the scheduled connection time, due to:

- weather conditions, volcanic eruptions, natural disaster, or mechanical failure of the connecting carrier (airline, bus, train or government-operated ferry system); or
- traffic accident or emergency police road closure (police report required) causing the delay of a private or commercial automobile;

the *insurer* agrees to pay:

- i. the extra cost of economy transportation to the ticketed destination;
- ii. the unusable pre-paid, insured travel arrangements; and
- iii. an out-of-pocket allowance of up to \$200 per day to a maximum of \$600 for commercial accommodation and meals, essential telephone calls and taxi fares.

## Insured Risks

### TRAVEL EDGE PLUS

The Benefits listed above are payable if *your insured trip* is cancelled prior to the scheduled departure date, curtailed prior to the scheduled return date, or delayed after the scheduled return date as the result of:

### Health

1. *Sickness, injury* or death of:
  - a) *you*;
  - b) a *family member*;
  - c) a *travelling companion* or *travelling companion's family member*; or
  - d) a *key employee*.
2. The death of *your* friend.
3. The death or hospitalization of *your* host at the destination.
4. *Sickness, injury* or death of a person or persons with whom arrangements were made for the care of dependents living in *your* household.

### Legal

5. *You* have been called to jury duty, or been subpoenaed as a witness, and the court proceeding is scheduled to be heard during the period of the *insured trip* (excluding law enforcement officers).

6. Your legal adoption of a child during the period of the *insured trip*, which necessitates cancellation of the *insured trip*.

#### External

7. The schedule change of the airline carrier that is providing transportation for a portion of the *insured trip*, causing you to miss a connection or resulting in the interruption of the insured travel arrangements.
8. Your failure to obtain a valid travel visa (excluding an immigration, student or employment visa) necessary to enter the country of destination of the *insured trip*, for reasons beyond your control provided you are a *Canadian resident* and eligible to apply, and the failure to obtain valid documents is not the result of a late or previously denied application.
9. A disaster which renders your principal residence, in your province, territory or country of permanent residence, uninhabitable.
10. A natural disaster which does not permit you to occupy your permanent residence or, if you are self-employed, does not permit the operation of your primary business.
11. A statement made in the Travel Report issued by the government of Canada after you have paid the initial non-refundable payment associated with booking your *insured trip*, advising or recommending that Canadians avoid travel to the booked destination for a period that would include your scheduled trip.
12. Your hijacking or quarantine.
13. Adverse weather, volcanic eruptions, or a natural disaster which would prevent you from travelling for a period not less than 30% of the total duration of the *insured trip* when you choose not to continue with the *insured trip* prior to departure from the point of origin.
14. Cancellation prior to departure of a *business meeting* that you are required to attend by your employment or a conference arranged by your professional association, and the cancellation is beyond your control, or the control of your employer or association.
15. Rescheduling of an examination at an accredited Canadian or American university or college after the *insured trip* was booked and due to circumstances beyond your control. A copy of the original official examination schedule and the notice of rescheduling must accompany any claim submission. The rescheduled examination must occur during the *period of coverage*.

#### Work

16. A job transfer within 30 days of your scheduled departure date, by your employer, that requires relocation of your principal residence (not applicable to self-employed persons).
17. Unforeseeable, involuntary termination without just cause of your or your travelling companion's permanent employment, provided you or your travelling companion was actively employed by the same employer for at least one year; excluding self-employment or contract work.

#### Other

18. You or your travelling companion being called to service in the case of reservists, active military, police, essential medical and fire personnel.

## Specific Conditions

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#### TRAVEL EDGE PLUS

1. Upon the occurrence of an Insured Risk that results in cancellation, curtailment or delay of your *insured trip*, the *travel supplier* or agent must be notified on the same day or next business day that the cause of cancellation, *injury* or diagnosis of *sickness* occurs.
2. Benefits are limited to the non-refundable amounts assessed by the *travel supplier* as of the date of occurrence of the Insured Risk, *injury* or diagnosis of a *sickness*.
3. When *family members* are travelling together, the total *aggregate limit* is 12 *insured persons*, regardless of the number of policies issued, unless authorized by Allianz Global Assistance.
4. No benefits are payable when your return to the point of origin is more than 10 days after the *expiry date* specified in the confirmation of coverage, unless you or a *travelling companion* suffering the *sickness* or *injury* was confined in a *hospital*, or was certified as medically unfit to travel by the attending *physician* at the location *treatment* was provided.
5. Reimbursement of any eligible additional costs are limited to the lesser of:
  - a) the change-fee;
  - b) a one-way economy class airfare; or
  - c) a return economy class airfare; all by the most direct route.
6. All claims due to *sickness* or *injury* must be supported by documentation from the attending *physician* at the location where *sickness* or *injury* leading to cancellation, interruption or delay occurred.

## Exclusions

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#### TRAVEL EDGE PLUS

The following *pre-existing condition* exclusion applies to you and your *family members*, whether or not they are travelling with you, and replaces Limitations and Exclusions #1.

Trip Cancellation & Interruption benefits are not payable for losses or expenses incurred for or as a result of a *pre-existing condition* that was causing symptoms or which required medical attention, *medical consultation*, diagnosis or *treatment* in the 90-day period immediately preceding the *effective date*. A *sickness* which is controlled by the consistent use of prescribed medication is covered unless it had deteriorated or required investigation or had a *change of prescribed medication* during such 90-day period.

The following exclusions are in addition to Limitations and Exclusions section on page 7.

#### Benefits are not payable for costs incurred due to:

1. An *insured trip* undertaken for the purpose of visiting or attending to an ailing person whose medical condition or ensuing death is the cause of cancellation or curtailment of the *insured trip* or delays your return home.
2. Loss for any event prior to departure, which might reasonably have been expected to necessitate your immediate return or delay your return.

3. Loss for any event which, on the *effective date*, could reasonably have been expected to prevent *you* from travelling as booked.

## What is Not Covered – Limitations and Exclusions

### TRAVEL EDGE & TRAVEL EDGE PLUS

This policy does not provide benefits for losses or expenses incurred for or as the result of:

1. Any *pre-existing medical condition* if that condition was not *stable* in the 90 days immediately before each *departure date*.

#### IMPORTANT NOTE:

A *change of prescribed medication* is not considered *stable* unless *your* medication change is approved for coverage as set out in the definition of *Change of Prescribed Medication*.

**Change of Prescribed Medication** means medication dosage or frequency being reduced, increased, stopped and/or new medications being prescribed and/or taken by *you*. Change of Prescribed Medication, when supported in writing by *your* physician, will be considered for coverage in the following two (2) instances:

- a) The active ingredient or dosage of the medication remains the same or is decreased due to an improvement of the medical condition.
  - b) Newly developed and introduced drugs on the market are prescribed where a definite improvement in the patient's condition is anticipated.
2. Any loss, *sickness*, *injury* or expenses occurring while this policy or any of its benefits are not in effect, before the *effective date* or after the *termination date* or during a trip or part of a trip which is not an *insured trip*.
  3. Any *sickness*, *injury* or medical condition for which a diagnosis need not have been made where a trip is undertaken for the purpose of securing medical *treatment* or advice.
  4. Any investigation or *treatment* recommended or scheduled prior to any *departure date*, *effective date* or after the *termination date*.
  5. Any *treatment* which can be reasonably delayed until *you* return to Canada (whether or not *you* intend to return) by the next available means of transportation, unless approved in advance by Allianz Global Assistance.
  6. Medicines or drugs not approved for use by the appropriate government authority, experimental drugs, preventative, patent or proprietary medicines, vaccines, refill of an existing prescription, vitamins or vitamin preparations, and drugs or medicines which can be purchased over the counter.
  7. Travelling against the advice of a *physician* or any loss resulting from a *sickness* or medical condition that was diagnosed by a *physician* as *terminal* prior to the *effective date* of this policy.
  8. Major medical procedures, including but not limited to cardiac surgery, which are not approved in advance by Allianz Global Assistance.
  9. Any rehabilitation or convalescent care.

10. Routine or elective *treatment* for pregnancy, including *high-risk pregnancy*, within the first 32 weeks of the pregnancy.
11. Pregnancy, childbirth or complications thereof after the 32nd week of pregnancy.
12. Losses while sane or insane due to:
  - emotional, mental or nervous disorders resulting from any cause, including but not limited to anxiety or depression;
  - suicide, attempted suicide; or
  - intentional self-inflicted injury.
13. Loss, death or *injury*, if at the time of the loss, death or *injury*, evidence supports that *you* were affected by, or the medical condition causing the loss was in any way contributed to by:
  - the use of alcohol, prohibited drugs, or any other intoxicant;
  - the non-compliance with prescribed *treatment* or medical therapy;
  - the use of medication or drugs that have not been approved by the appropriate government authority; or
  - the misuse of medication.
14. *Act of war*; kidnapping; *act of terrorism* caused directly or indirectly by *nuclear*, *chemical* or *biological* means; riot, strike or civil commotion; unlawful visit in any country.
15. Eye examinations, eyeglasses, sunglasses, contact lenses, hearing aids or prescriptions for same.
16. Air travel other than as a passenger in a commercial aircraft licensed to carry passengers for hire, except while being transported under the terms of the Emergency Air Ambulance benefit.
17. *Injury* resulting from training for or participating in:
  - speed contests usually and customarily in excess of 60 km per hour;
  - motor sport contests;
  - stunt activities, exhibitions or demonstrations of any kind;
  - professional sport activities; or
  - *high-risk activities*.
18. *Sickness* or *injury* resulting from a motor vehicle *accident* where *you* are entitled to receive benefits pursuant to any policy or legislative plan of motor vehicle insurance.
19. Any fraudulent, dishonest or criminal act by *you*, or any person acting with *you*, or *your* authorized representative, whether acting alone or in collusion with others.
20. Any loss incurred in a city, region, or country when, prior to the *effective date*, the government of Canada issued a written warning to avoid all travel, or to avoid non-essential travel, to that city, region, or country and such loss is due to, contributed to by, or resulting from the reason for the warning.



## Specific Conditions

1. Allianz Global Assistance must be notified within 24 hours of admission to a *hospital* and before any surgery is performed.

### Limits on Coverage

If *you* fail to do so without reasonable cause, then the *insurer* will reduce the benefits payable to *you* under this policy by 20%.

2. The *insurer* reserves the right, as reasonably required, to transfer *you* to any *hospital* or to transport *you* to Canada following an *emergency*. If *you* refuse to be transferred or transported when declared medically fit to travel, any continuing costs incurred after *your* refusal will not be covered and the payment of such costs becomes *your* sole responsibility. Coverage ceases upon *your* refusal and no coverage will be provided to *you* for the remainder of the *period of coverage*.
3. General Provisions of this policy apply. Refer to page 10.

## Definitions

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

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

**Act of War** means, and is not limited to: civil war, rebellion, revolution, insurrection, civil commotion, invasion, acts of foreign enemies, hostilities, or warlike operations by any government or sovereign; using military personnel or other agents (personnel), with the use of force or violence and/or the threat thereof or commission or threat of a dangerous act, against any person or group(s) or government(s) committed for political, religious, ideological, social, economic or similar purposes, including the intention to intimidate, coerce or overthrow a government (whether *de facto* or *de jure*) or to influence, affect or protest against any government and/or to put the civilian population, or any section of the civilian population, in fear.

**Activities of daily living** means eating, bathing, using the toilet, changing positions (including getting in and out of a bed or chair) and dressing.

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

**Business meeting** means a meeting scheduled before the application date between companies with unrelated ownership, pertaining directly to *your* full-time employment or professional association, and required by *your* employment.

**Caregiver** is a person who:

- a) is 18 years of age or older; and
- b) is named on *your* application; and
- c) is not related to *you* by blood or marriage; and
- d) is employed by *you* on a full-time basis in *your* family home to care for *your dependent child/children*.

**Change of Prescribed Medication** means medication dosage or frequency being reduced, increased, stopped and/or new medications being prescribed and/or taken by *you*. Change of Prescribed Medication, when supported in writing by *your* physician, will be considered for coverage in the following two (2) instances:

- a) The active ingredient or dosage of the medication remains the same or is decreased due to an improvement of the medical condition.
- b) Newly developed and introduced drugs on the market are prescribed where a definite improvement in the patient's condition is anticipated.

**Departure Date** means the earlier of the date i) *you* board *your* ticketed transportation, or ii) *you* exit *your* province/territory of residence on an *insured trip*.

**Departure Point** means the location at which *you* are to board *your* ticketed transportation or exit *your* province/ territory of residence.

**Dependent Child/Children** means *your* or *your* spouse's unmarried child who is i) dependent upon *you* for his/her sole means of support and, who is at least 15 days of age, but less than age 21, or if attending an accredited college or university as a full-time student up to and including age 25, or iii) by reason of mental or physical infirmity, is incapable of self-sustaining employment and is totally dependent upon *you* for support within the terms of the Income Tax Act.

**Effective Date** means the date and time coverage starts, as indicated under the Effective Date provision of each plan purchased.

**Elective Treatment** means non-*emergency treatment*, surgery or any other procedure scheduled by *your physician* to occur at a future date.

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

**Expiry date** means the date and time coverage ends, as indicated under the Expiry Date provision of each plan purchased.

**Family Member** means *your* legal or common-law spouse (the person who has been living with *you* in a conjugal relationship continuously for at least one year), widow, widower, parent, brother, sister, legal guardian, step-parent, step-brother, step-sister, aunt, uncle, niece, nephew, grandparent, grandchild, in-law, ward or child. A *caregiver* is also considered a *family member* but only when travelling with *your dependent child/children*.

**High Risk Activity** mean(s) heliskiing, ski jumping, skydiving, sky-surfing, scuba diving (except if certified by internationally recognized and accepted program such as NAUI or PADI, or if diving depth does not exceed 30 meters), white water rafting (except grades 1 to 4), street luge, skeleton activity, *mountaineering*, or participation in any rodeo activity.

**High-risk pregnancy** means a pregnancy involving a medical condition that puts the mother, the developing fetus or both at a higher than normal risk of developing medical complications during or after the pregnancy and birth. These medical conditions include pre-eclampsia, eclampsia, hypertension, Rh incompatibility, gestational diabetes, or placenta previa.

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

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

**Insured** means an eligible person named on the application, who has been accepted by Allianz Global Assistance or its authorized representative, and has paid the required premium for a specific plan of insurance.

**Insured Trip** means a trip on which *you* are travelling outside *your* province/territory of residence and for which coverage is in effect.

**Insurer** means CUMIS General Insurance Company, a member of The Co-operators group of companies.

**Key employee** means *your* business partner or employee whose continued presence is critical to the ongoing affairs of the business during *your* absence.

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

**Mountaineering** means the ascent or descent of a mountain requiring the use of specified equipment including crampons, pick axes, anchors, bolts, carabiners and lead-rope or top rope anchoring equipment.

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

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

**Participating Provincial or Territorial Dental Association** means a provincial dental association which, at the relevant time, is participating in the sponsorship of CDSPI's insurance program.

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

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

**Policy Period** means the period between the *effective date* and *termination date* covered by this policy.

**Pre-existing medical condition** means a *sickness*, *injury* or medical condition, whether or not diagnosed by a *physician*:

- a) for which *you* exhibited signs or symptoms; or
- b) for which *you* required or received *medical consultation*; and
- c) which existed prior to the *effective date* of *your* coverage.

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

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

**Sickness** means illness or disease.

**Stable** means a *pre-existing medical condition* that:

- a) did not require, or was not referred for any *medical consultation*;
- b) did not require a *change of prescribed medication*.

**Terminal** means a medical condition for which, before the *insured trip* in question, a *physician* gave a prognosis of eventual death or palliative care was received.

**Termination Date** means the date coverage under this policy ends.

**Travelling Companion** means any person who is sharing prepaid accommodation and/or transportation arrangements with the *insured*, up to a maximum of four (4) persons including the *insured*.

**Treatment** means a medical, therapeutic or diagnostic procedure prescribed, performed or recommended by a *physician* (or dentist under the Dental Accident benefit), including but not limited to prescribed medication, investigative testing and surgery.

**You or Your** means the *insured* person.

## General Provisions

### Assignment

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

### Automatic Extension of Coverage

1. Coverage will be automatically extended for up to 72 hours in the event of a delay during the *period of coverage* of the conveyance in which *you* are riding or are scheduled to ride as a passenger. The delay must be due to circumstances beyond *your* control and the conveyance must be scheduled to arrive during the *period of coverage*. Additional premium will not be required.
2. Coverage will be automatically extended for up to 5 days, if medical evidence supports that *you* are medically unfit to travel due to a covered *sickness* or *injury* on or before the coverage *expiry date*.
3. If *you* are hospitalized at the end of the *period of coverage*, as a result of a covered *injury* or *sickness*, this coverage will be extended to *you* and *your travelling companion(s)* remaining with *you* when reasonable and necessary, during the period of *hospital* confinement, plus 72 hours after release to travel home.

### Benefit Payments

Unless otherwise stated, all provisions in this policy apply to each *insured person* during one *period of coverage*. Benefits are only payable under one policy for each *insured person* during the *period of coverage*. If more than one policy underwritten by CUMIS and administered by Allianz Global Assistance is in effect at the same time, benefits will only be paid under one insurance policy, the one with the greatest sum insured. Benefits are only payable for the plans and the specific sum insured selected, paid for and accepted by CDSPI at the time of application. Any benefits payable do not include interest charges.

Benefits payable as a result of *your* death will be payable to *your* named beneficiary or to *your* Estate.

### Contract

The application, completed medical questionnaire, if applicable, confirmation of coverage, this policy, any document attached to this policy when issued, and any amendment to the policy agreed upon in writing after it is issued, constitute the entire contract. Each policy or term of coverage is considered a separate contract.

**Allianz Global Assistance reserves the right to decline any application or any request for extensions of coverage.** No condition of this policy shall be deemed to have been waived, either in whole or in part, unless the waiver is clearly expressed in writing and signed by the *insurer*.

### Coordination of Benefits with Other Insurance Plans

This policy is designed to pay eligible expenses in excess of the Canadian government health insurance plan of *your* province or territory of residence and/or all or any existing coverage held by *you* and shall not substitute for any other coverage which would have been in effect and would have provided reimbursement for expenses incurred if this insurance policy was not in effect, including but not limited to, homeowners insurance, tenants insurance, multi-risk insurance, automobile insurance, any credit card policy or any other insurer's individual plan. For any

individual who is eligible to apply for single or family coverage under this plan, the *insurer* will not seek reimbursement from other insurance plans offered through CDSPI or from an Employee Benefit Plan or Group Extended Health Care Plan providing health care coverages related to *emergency* Out-Of-Province Health Insurance. For *family members* the *insurer* will not seek reimbursement from other insurance plans offered through CDSPI but will coordinate with the *family member's* own emergency Out-Of-Province Health Insurance coverage under any Employee Benefit Plan or Group Extended Health Care Plan unless the Employee Benefit Plan or Group Extended Health Care Plan is provided by an organization affiliated with organized dentistry. Payment under this policy will be coordinated with any other coverage available to *you* so that benefits payable under all policies or plans shall not exceed 100% of the eligible expenses incurred.

The *insurer* will not coordinate with retirement plans that have fixed lifetime benefits of \$50,000 or less, in accordance with the Canadian Life and Health Insurance Association (CLHIA) guidelines.

### Currency

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

### Governing Law

This policy will be governed by the laws of the Canadian province or territory in which *you* normally reside, or in the case of visitors to Canada, the Canadian province or territory where the policy was issued.

### Language

The parties request that the policy and all related documentation be drawn in English. Les parties demandent que la présente police ainsi que toute documentation pertinente soient rédigées en anglais.

### Limitation of Action

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the *Insurance Act* (for actions or proceedings governed by the laws of Alberta and British Columbia), *The Insurance Act* (for actions or proceedings governed by the laws of Manitoba), the *Limitations Act, 2002* (for actions or proceedings governed by the laws of Ontario), or other applicable legislation. For those actions or proceedings governed by the laws of Quebec, the prescriptive period is set out in the *Quebec Civil Code*.

### Limit on Liability

It is a condition precedent to liability under this policy that at the time of application and on the *effective date*, *you* are in good health and know of no reason to seek medical attention.

### Misrepresentation or Nondisclosure

A failure to disclose or misrepresentation of any material fact by *you*, or fraud, either at the time of application or at the time of claim, shall render the entire contract null and void, and any claim submitted thereunder shall not be payable. Where there is an error as to *your* age, provided that *you* are within the insurable age limits, the premiums will be adjusted according to *your* correct age.



## Premiums

The total premium amount is due and payable at the time of application. The premium is calculated using the most current rates for *your* age on the *effective date*.

## Rights of Examination

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

## Right to be Reimbursed

As a condition to receiving benefits under the policy, *you* agree to:

- a) reimburse the *insurer* for all *emergency* medical and *hospital* costs paid under the *policy* from any amounts *you* receive from a third party responsible for *your injury* or *sickness* whether such amounts are paid under a judgment or settlement agreement;
- b) whenever reasonable, initiate a legal action against the third party to recover *your* damages, which include *emergency* medical and *hospital* costs paid under the *policy*;
- c) include all *emergency* medical and *hospital* costs paid under the *policy* in any settlement agreement *you* reach with the third party;
- d) act reasonably to preserve the *insurer's* right to be reimbursed for any *emergency* medical or *hospital* costs paid under the *policy*;
- e) keep the *insurer* informed of the status of any legal action against the third party; and
- f) advise *your* counsel of the *insurer's* right to reimbursement under the *policy*.

*Your* obligations under this section of the *policy* in no way restrict the *insurer's* right to bring a subrogated claim in *your* name against the third party. Should the *insurer* choose to exercise its right of subrogation, *you* agree to fully cooperate with the *insurer*.

## Time

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

## Policy Termination

### Termination by Insured

The *insured* may terminate this contract at any time by mailing or delivering a written notice of termination to the Plan Administrator (CDSPI) at 155 Lesmill Rd., Toronto, Ontario M3B 2T8. Any cancellation will take effect as of the *termination date*.

### Termination by Insurer

The *insurer* may terminate this contract at any time by giving written notice of termination to the *insured* and by refunding concurrently with the giving of notice, the amount of premium paid in excess of the proportional premium for the expired time.

The notice of termination may be delivered to the *insured*, or it may be sent by registered mail to the latest address of the *insured* on record.

Where the notice of termination is delivered to the *insured*, five days' notice of termination shall be given; where it is mailed to the *insured*, ten days' notice shall be given, and the ten days shall begin on the day following the date of mailing of notice.

## Privacy Information Notice

CUMIS General Insurance Company (the "insurer") and the insurer's insurance administrator, Allianz Global Assistance, and the insurer's agents, representatives and reinsurers (for the purpose of this Personal Information Notice collectively "we" "us" and "our") require personal information including:

- details about you including your name, date of birth, address, telephone numbers, e-mail address, employer, and other identification;
- medical records and information about you;
- records that reflect your business dealings with and through us.

This personal information is collected for the following insurance purposes when offering and providing insurance and related services:

- to identify and communicate with you;
- to consider any application for insurance;
- if approved, to issue a Policy or Certificate of insurance;
- to administer insurance and related benefits;
- to evaluate insurance risk, manage and coordinate claims, re-price medical expenses and negotiate payment of claims expenses;
- to investigate claims and to determine eligibility for insurance benefits;
- to provide assistance services;
- for fraud prevention and debt collection purposes;
- as required or permitted by law.

We only collect personal information necessary for insurance purposes from individuals who apply for insurance, from Certificate or Policy holders, insureds and claimants. In some cases we also collect personal information from members of a Certificate or Policy holder's, insured's or claimant's family or their friends when they are unable, for medical or other reasons, to communicate directly with us. We also collect and disclose information for the insurance purposes from, to and with, third parties such as, but not necessarily limited to, health care practitioners and facilities in Canada and abroad, government and private health insurers and family members and friends of the insured, Certificate or Policy holder or claimant. We may also use and disclose information from our existing files for the insurance purposes. Our employees who require this information for the purposes of their duties will have access to this file.

Upon your request and authorization, we may also disclose this information to other persons.

From time to time, and if permitted by applicable law, we may also collect, use or disclose personal information in order to offer additional or upgraded products and services (the "optional purposes").

When an individual applies for, purchases, or is covered by one of our insurance policies or submits a claim for insurance benefits, he or she is presumed to consent to the personal information practices

described in this notice. If an individual does not wish to have their personal information used for the optional purposes they need only notify Allianz Global Assistance. A person may decline to have their information collected, used or disclosed for the insurance purposes but in that instance we will likely be unable to provide insurance and related services.

Personal information is maintained in the Policy or Policy holder's, insured's or claimant's file that we establish and maintain in the offices of Allianz Global Assistance. In some instances we may additionally maintain or communicate or transfer information to health care and other service providers located outside of Canada. As a result, personal information may be accessible to regulatory authorities in accordance with the law of these other jurisdictions. For information about how to obtain access to written information about our policies and procedures with respect to service providers outside of Canada, please contact the Privacy Officer at [privacy@allianz-assistance.ca](mailto:privacy@allianz-assistance.ca).

We will retain the personal information we collect for a specified period of time and in a storage method appropriate with legal and our internal corporate requirements. Personal information will be securely destroyed following the expiration of the appropriate retention period. Individuals have a right to request to access or correct personal information we have on file by contacting the Privacy Officer at [privacy@allianz-assistance.ca](mailto:privacy@allianz-assistance.ca) or by writing to:

#### Privacy Officer

Allianz Global Assistance  
700 Jamieson Parkway  
Cambridge, Ontario N3C 4N6

For a complete copy of our Privacy Policy please visit [www.allianz-assistance.ca](http://www.allianz-assistance.ca)

#### QUESTIONS?

If *you* have any questions or concerns about *our* products, services, *your* policy, or claim please feel free to contact Allianz Global Assistance anytime:

**Toll Free: 1-800-670-4426**

**Collect: (416) 340-1980**

### **Administration Changes and/or Requests**

For the following services:

- to obtain general Plan information or application forms
- to give notice of any change in *your* address or personal information
- to arrange an extension of coverage
- to process a Trip Cancellation claim (see **Claim Procedures**)

**Call: CDSPI/CDSPI Advisory Services Inc. at:**

1-800-561-9401 (toll-free) or 416 296-9401

**Fax: 1-866-337-3389 (toll-free) or 416 296-8920**

**E-mail: [insurance@cdspi.com](mailto:insurance@cdspi.com)**

\*Restrictions may apply to advisory services in certain jurisdictions.

### **Emergency Procedure**

#### **FOR 24/7 EMERGENCY ASSISTANCE CALL ALLIANZ GLOBAL ASSISTANCE**

**Toll-Free Canada/USA: 1-800-995-1662**

**Toll-free worldwide: 800-842-08420 or  
Country code + 00-800-842-08420**

**If unable to contact us through the toll-free numbers  
call collect: 416-340-0049. International operator assistance  
is required. Please confirm how to call collect to Canada from  
your destination prior to departure.**

### **Claim Procedures**

**To submit a claim\* please follow the instructions below and  
remember to include:**

- a brief explanation of the medical situation, e.g., how, where and when the loss, *sickness* or *injury* took place;
- completed claim form;
- originals of all bills, invoices and receipts;
- verification of *your departure date*, e.g., transportation ticket or an official stamp at a customs office, is evidence of *your departure date*;
- medical records and diagnosis from the medical facility;
- completed authorization form required to obtain necessary medical information and medical records from the facility;
- for a death claim, the beneficiary or other person entitled to claim must complete a death claim form and send it along with a copy of the death certificate;
- name and policy number of group insurance plan or other insurance coverage *you* may have;
- completed authorization form required for the Canadian government health insurance plan and provincial health card number; and
- proof of provincial plan payment when necessary.

**For a baggage claim, include:**

- an itemized list and value of all lost or stolen baggage and personal items along with proof of ownership,
- the official airline claim/police report, and
- correspondence and confirmation of any payment from another source (i.e. airline, tour company, homeowners/tenants insurance, etc.).

\* To make a Trip Cancellation claim, please contact CDSPI Advisory Services Inc. or CDSPI at the numbers provided on this page no later than the first business day following the day on which *you* first become aware of the cause for cancellation.



## Claim Submission

You or the claimant, if other than *you*, shall be responsible for the verification of:

1. Any medical costs incurred; and shall obtain itemized accounts of all medical services which have been provided.
2. Any payment made by a provincial or territorial hospital/ medical plan, or, if *you* are not covered or are not eligible for coverage, verification of any payment that would have been made.
3. Any payment made by any other insurance plan or contract.
4. Providing substantiating medical documentation from *your* province, territory or country of residence, at the request of Allianz Global Assistance.

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

## IMPORTANT

- Claims other than trip cancellation claims must be reported within 30 days of occurrence. Please note the liability limits applicable if Allianz Global Assistance is not contacted immediately in the event of an *emergency*.
- Written proof of claim is required within 90 days of occurrence.
- Claims cannot be considered unless the form is duly completed and signed by the claimant and submitted along with all required documentation.
- All documentation must be supplied free of expense to the *insurer*.

## What can Allianz Global Assistance offer?

Allianz Global Assistance is available 24 hours a day to:

- assist *you* in obtaining *emergency* medical care.
- direct *you* to the nearest appropriate doctor or medical facility to meet *your* needs.
- manage the cost of *your* care on *your* behalf.
- contact friends, relatives and employers on *your* behalf in case of an *emergency*.
- assist in replacing important travel documents which are lost or stolen while travelling (e.g. passport, credit cards, airline tickets). The cost of obtaining replacement documents is *your* responsibility.
- provide access to local qualified attorneys available during regular working hours. Assistance will also be provided in obtaining Bail Bonds in those areas where such bonds are customarily issued. The *insured* is responsible for contracted legal fees.
- provide pre-trip referral information to *you* on countries and regions to be visited, including local doctors and/or addresses and phone numbers for hospitals.

## ALLIANZ GLOBAL ASSISTANCE CLAIM SERVICES

### MAIL OR DELIVER CLAIMS TO:

Allianz Global Assistance Claims Department

P.O. Box 277  
Waterloo, Ontario N2J 4A4

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

The Allianz Global Assistance Claims Department is staffed by multilingual personnel who know the details of *your* coverage and can provide *you* with personal assistance when *you* need it most. The Claims Department will:

- Using the 24 hour Worldwide Emergency Assistance Hotline, assess *your emergency* and direct *you* to the nearest appropriate facility so that claim costs can be managed from the beginning.
- Arrange repatriation to *your* home so *you* can receive care in *your* home region, close to family and friends.
- Ensure that the best possible level of care is obtained for the cost incurred and that the *treatment* is appropriate for that medical condition.

Allianz Global Assistance, CDSPI, CDSPI Advisory Services Inc. and/or the *insurer* are not responsible for the availability, quantity, quality or results of any medical treatment received by *you* or *your* failure to obtain medical assistance.

**Plan Administered by:** CDSPI and its affiliate,  
CDSPI Advisory Services Inc.\*

**\*Restrictions may apply to advisory services in certain jurisdictions**

### Claims Administered by:

AZGA Service Canada Inc. o/a Allianz Global Assistance

### Underwritten by:

CUMIS General Insurance Company

P.O. Box 5065, 151 North Service Road  
Burlington, Ontario  
Canada L7R 4C2

## Statutory Conditions

**Despite any other provision contained in the contract, this contract is subject to the statutory conditions in the Insurance Act respecting contracts of Accident and Sickness Insurance. For Québec residents, notwithstanding any other provisions herein contained, this contract is subject to the mandatory provisions of the Civil Code of Québec respecting contracts of Accident and Sickness Insurance.**

You can reach **CDSPI Advisory Services** Inc. at:

1.800.561.9401 or 416.296.9401

Fax: 1.866.337.3389 or 416.296.8920

E-mail: [insurance@cdspi.com](mailto:insurance@cdspi.com)

Website: [cdspi.com](http://cdspi.com)

Accessibility formats and communication supports are available upon request.  
Visit [cdspi.com/accessibility](http://cdspi.com/accessibility) for more information.