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### SCHEDULE OF BENEFITS

**York University Graduate Students' Association (YUGSA)**

**Policyholder Name**

<table>
<thead>
<tr>
<th>Policy Number</th>
<th>SRG 9426200</th>
</tr>
</thead>
</table>

This booklet contains further clauses which may limit coverage. Please read all the benefit description pages carefully. Please note that all dollar amounts are expressed in Canadian currency.

<table>
<thead>
<tr>
<th>Maximum Lifetime Benefit</th>
<th>$5,000,000 per Eligible Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of Classes</td>
<td>All eligible Graduate Students under age 70</td>
</tr>
<tr>
<td>Common law spouse</td>
<td>Continuous cohabitation: Last 12 months</td>
</tr>
<tr>
<td>cohabitation period</td>
<td>Under age 23, or under age 26 if a full-time student at a recognized educational institution</td>
</tr>
<tr>
<td>Age limits for dependent children</td>
<td>70 or earlier cessation of student status</td>
</tr>
<tr>
<td>Coverage Period</td>
<td>120 days per Trip</td>
</tr>
</tbody>
</table>
## BENEFIT SUMMARY

Refer to SECTION II for benefit details

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Accommodation</td>
<td>Reasonable &amp; Customary Costs</td>
</tr>
<tr>
<td>Physician Charges</td>
<td>Reasonable &amp; Customary Costs</td>
</tr>
<tr>
<td>Diagnostic Services</td>
<td>Reasonable &amp; Customary Costs</td>
</tr>
<tr>
<td>Magnetic Resonance Imaging (MRI) Services</td>
<td>Up to $7,500</td>
</tr>
<tr>
<td>Paramedical Services</td>
<td>$300 per Profession</td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td>30-day supply per Prescription</td>
</tr>
<tr>
<td>Ambulance Services</td>
<td>Reasonable &amp; Customary Costs</td>
</tr>
<tr>
<td>Medical Appliances</td>
<td>Reasonable &amp; Customary Costs</td>
</tr>
<tr>
<td>Registered Graduate Nurse</td>
<td>Up to $5,000</td>
</tr>
<tr>
<td>Emergency Air Transportation</td>
<td>Up to $500,000</td>
</tr>
<tr>
<td>Family Transportation</td>
<td>Economy Round-trip Airfare plus up to $150 per day to $3,000</td>
</tr>
<tr>
<td>Return of Travelling Companion</td>
<td>One-way Airfare</td>
</tr>
<tr>
<td>Return/Escort of Dependent Children under Age</td>
<td>Up to $5,000</td>
</tr>
<tr>
<td>Treatment of Dental Accidents</td>
<td>Up to $2,000</td>
</tr>
<tr>
<td>Meals and Accommodation</td>
<td>Up to $150 per day, to $3,000 per Trip</td>
</tr>
<tr>
<td>Vehicle Return</td>
<td>Up to $5,000</td>
</tr>
<tr>
<td>Identification Benefit</td>
<td>Reasonable &amp; Necessary Costs</td>
</tr>
<tr>
<td>Return of Deceased (Repatriation)</td>
<td>Up to $15,000</td>
</tr>
<tr>
<td>Out of Pocket Expenses</td>
<td>Up to $1,500</td>
</tr>
</tbody>
</table>
IMPORTANT NOTICE - PLEASE READ CAREFULLY

Travel insurance is designed to cover losses arising from sudden and unforeseeable circumstances occurring while you are temporarily travelling outside your province or territory of residence. It is important that you read and understand your plan before you travel. In the event of any discrepancy between the provisions of a booklet or other document you hold and the provisions of the policy, the provisions of the policy shall govern. The insurer has contracted Global Excel Management Inc. (called "Global Excel") to provide medical assistance and claims services under the policy.

IN THE EVENT OF AN EMERGENCY, YOU MUST CALL GLOBAL EXCEL IMMEDIATELY:

The emergency telephone numbers are listed on the back of the medical assistance card provided.

Global Excel must be contacted before you seek medical treatment. If your condition renders you unable to do so, then someone else must contact Global Excel immediately for you. Do not assume that someone will contact Global Excel on your behalf. It remains your responsibility to ensure that Global Excel has been contacted prior to receiving medical treatment or as soon as reasonably possible.

If you incur any expenses without prior approval by Global Excel, such expenses will be covered, except where the policy expressly requires the prior approval or authorization of Global Excel, on the basis of the reasonable and customary costs that would have been payable for such expenses by the insurer in accordance with the terms and conditions of the policy. Such expenses may be higher than this amount, therefore you will be responsible for paying any difference between the amount you have paid or are owed to pay and the reasonable and customary costs reimbursed by the Insurer.
SECTION I — INDIVIDUAL COVERAGE - ELIGIBILITY, EFFECTIVE DATE AND TERMINATION

Participant Coverage
To be covered under the policy as a participant, you must meet the following eligibility requirements:
1. be covered under the government health insurance plan (GHIP) of your Canadian province or territory of residence or equivalent;
2. be covered under the basic group extended health care plan of the policyholder;
3. be under age 70; and
4. be a member of the designated classes of Eligible Participants under the provisions of the policy.

Participant coverage will become effective on the later of:
1. the date the policy becomes effective; or
2. the date the participant’s coverage becomes effective under the basic group extended health care plan of the policyholder.

Participant coverage will terminate immediately upon the first to occur of:
1. the date you cease to meet the above eligibility requirements for participant coverage;
2. the date the premium is due if the policyholder does not remit your premium to the Insurer, except where this is the result of clerical error; or
3. the date the policy is terminated.

Dependent Coverage
To be covered under the policy as a dependent, you must meet the following eligibility requirements:
1. be the Spouse or the Dependent Child of a person within a class of Eligible Participants who are covered by a government health insurance plan (GHIP) of your Canadian province or territory of residence or equivalent;
2. be covered as a dependent under the basic group extended health care plan of the policyholder; and
3. meet the definition of Spouse or Dependent in the policy.
Dependent coverage, if any, will become effective on the later of:
1. the date the policy becomes effective; or
2. the date the dependent’s coverage becomes effective under the basic group extended health care plan of the policyholder,
   but in no event prior to date the participant’s insurance becomes effective.

Dependent coverage will terminate immediately upon the first to occur of:
1. the date the dependent ceases to meet the above eligibility requirements for dependent coverage;
2. the date the participant’s coverage terminates, except if termination is due to the death of the participant, in which case your coverage will continue until the earlier of the expiry of two (2) years or the date you cease to meet the definition of dependent or reach the termination age specified in the Schedule of Benefits or remarry or die, provided the policyholder continues to make the required premium payments; or
3. the date the policy is terminated.
SECTION II — BENEFITS

The policy covers expenses that are:

- incurred outside the province or territory of residence of the insured person;
- medically necessary;
- reasonable and customary costs;
- incurred as a result of an emergency due to sudden and unforeseen sickness and/or injury occurring during the coverage period;
- in excess of those covered by the government health insurance plan (GHIP) or other insurance under which you may have coverage; and
- legally insurable; subject to the Overall Maximum per insured person specified in the Schedule of Benefits. In the event of an emergency, the following benefits are payable under the policy.

However, certain expenses, as specified below, are covered only if you obtain the prior approval of Global Excel.

1. **Hospital Accommodation**: Room and board costs up to the semi-private room rate charged by the hospital. If medically necessary, expenses for treatment in an intensive or coronary care unit are also covered. If coverage terminates for any reason during your hospital stay, benefits continue until discharge, to a maximum of one year. In no case will expenses for in-patient stays be covered for a period greater than 365 days per insured person.

2. **Physician Charges**: Charges for treatment by a physician.

3. **Diagnostic Services**: Laboratory tests and x-rays prescribed by the attending physician and that are part of the emergency treatment. The policy does not cover cardiac catheterization, computerized axial tomography (CAT) scans, sonograms or ultrasounds and biopsies unless such services are authorized in advance by Global Excel.

4. **Magnetic Resonance Imaging (MRI)**: MRI, for diagnostic purposes when Medically Necessary, to a maximum per Insured Person per Trip of seven thousand five hundred dollars ($7,500.00).

5. **Paramedical Services**: The services (including x-rays) of a licensed chiropractor, physiotherapist, podiatrist or osteopath, to the maximum specified in the Benefit Summary section of the Schedule of Benefits, per insured person, per profession listed above, when approved in advance by Global Excel.

6. **Prescriptions**: Drugs, including injectable drugs, and sera that can only be obtained upon medical prescription, that are prescribed by a physician and that are supplied by a licensed pharmacist when medically necessary for emergency treatment, except when needed to stabilize a chronic condition or a medical condition which you had before your trip. This benefit is limited to a 30-day supply per prescription, unless you are hospitalized.

7. **Ambulance Services**: When reasonable and medically necessary, licensed ground ambulance service to the nearest medical facility.

8. **Medical Appliances**: When approved in advance by Global Excel, minor appliances such as crutches, casts, splints, canes, slings, trusses, braces, walkers and/or the temporary rental of a wheelchair when prescribed by the attending physician, obtained outside your province or territory of residence and medically necessary.

9. **Registered Graduate Nurse**: The professional services of a registered graduate nurse, when medically necessary and while hospitalized, to the maximum specified in the Benefit Summary...
section of the Schedule of Benefits, per insured person, when approved in advance by Global Excel.

10. **Emergency Air Transportation:** When approved and arranged in advance by Global Excel to the maximum specified in the Benefit Summary section of the Schedule of Benefits, per insured person:
   a. air ambulance to the nearest appropriate medical facility or to a Canadian hospital for immediate emergency treatment;
   b. transport on a licensed airline with an attendant (where required) to return you to your Canadian province or territory of residence for immediate emergency treatment.

11. **Family Transportation:** When approved in advance by Global Excel, a single round-trip economy airfare from Canada plus up to the amounts specified in the Benefit Summary section of Schedule of Benefits for the cost of meals and commercial accommodation for one of the following: spouse, parent, child, brother or sister or grandparent to:
   a. be with you if you are travelling alone and have been hospitalized as the result of an emergency. To be payable, this benefit requires that you eventually be hospitalized as an in-patient for at least three (3) consecutive days outside your province or territory of residence and that the attending physician provide written certification that the situation was serious enough to warrant the visit. The Insurer will only reimburse covered expenses evidenced by original receipts.

12. **Return of Travelling Companion:** If you are returned to your province or territory of residence under the Emergency Air Transportation benefit or the Return of Deceased benefit, the Insurer will reimburse the cost of a single one-way economy airfare for a travelling companion to return to Canada, when approved in advance by Global Excel.

13. **Return and Escort of Dependent Children Under Age:** If you are returned to your Canada province or territory of residence under the Ground or Emergency Air Transportation benefit or the Return of Deceased (Repatriation) benefit, the Insurer will reimburse the cost of a single one-way economy airfare or charter via the most cost effective travel plan to transport your Dependent Children travelling with you on your trip to the Dependent Children's home, plus reasonable overnight hotel accommodation and meal expenses and for the services of an attendant to escort Dependent Children under age sixteen (16), if required, when approved in advance by Global Excel.

14. **Treatment of Dental Accidents:** To the maximum specified in the Benefit Summary section of the Schedule of Benefits per insured person for emergency dental treatment to repair natural, vital and sound teeth or permanently attached artificial teeth provided the injury was caused by an external, accidental blow to the mouth or face. You must consult a physician or dentist immediately following the injury. Treatment must begin during the coverage period and be completed prior to returning to your province or territory of residence. An accident report is required from a physician or dentist for claims purposes.

15. **Meals and Accommodation:** To the maximum specified in the Benefit Summary section of the Schedule of Benefits per participant, for the cost of commercial accommodation and meals for the participant and/or any of his/her dependents when their trip is extended beyond the last day of the scheduled trip due to the sickness and/or injury suffered by an insured person. This benefit must be authorized in advance by Global Excel. The fact that you are unable to travel must be certified by the attending physician and supported with original receipts from commercial organizations.
16. **Vehicle Return**: To the maximum specified in the Benefit Summary section of the Schedule of Benefits if neither you, nor someone travelling with you, are able to operate your vehicle, whether owned or rented, during your trip due to sickness and/or injury. Arrangements and payment will be made for the return of the vehicle to your home in your province or territory of residence or the nearest appropriate rental agency. Benefits will only be payable for a single person to return the vehicle when approved and/or arranged in advance by Global Excel. This benefit does not cover wages lost by the person driving your vehicle. The Insurer will only reimburse covered expenses evidenced by original receipts.

17. **Return of Deceased (Repatriation)**: To the maximum specified in the Benefit Summary section of the Schedule of Benefits towards the cost of preparation and transportation of the deceased insured person to their province or territory of residence in the event of death due to sickness and/or injury, provided:
   a. Such Loss of Life occurs outside the deceased insured person’s permanent province or territory of residence; and
   b. Such Loss of Life occurs within three hundred and sixty-five (365) days of the date of the accident causing the Injury or the date of the Sickness causing the Loss of Life.

18. **Identification Benefit**: When approved in advance by Global Excel, commercial lodging and board while en route and/or during the stay in the city or town where the body is located (maximum of 3 consecutive nights) and transportation by the most direct route to such location up to the amounts specified in the Benefit Summary section of Schedule of Benefits for one of the following: spouse, parent, child, brother or sister or grandparent to:
   a. identify the deceased insured person prior to the release of the body, where necessary. If transportation occurs in a vehicle or device other than one operated under the license for the conveyance of passengers for hire, the benefit for transportation expenses will be limited to a maximum of forty cents ($0.40) per kilometer travelled. The Insurer will only reimburse covered expenses evidenced by original receipts.

19. **Out of Pocket Expenses**: To the maximum specified in the Benefit Summary section of the Schedule of Benefits for your out-of-pocket expenses such as telephone charges, television rental and parking while you are hospitalized for an emergency and the expenses are incurred as a direct result of such hospitalization. The Insurer will only reimburse covered expenses evidenced by original receipts.
SECTION III — EXCLUSIONS & LIMITATIONS

The policy does not cover, and no payment will be made, for any injury or sickness related in whole or in part, directly or indirectly, to any of the following excluded risks:

1. Treatment or services normally covered or reimbursable under a government health insurance plan (GHIP) or under other insurance you might have.
2. Any condition that existed prior to departure unless such pre-existing medical condition has been stable (i.e. no change in symptoms, no hospitalization, no change in condition, no new prescription drugs or prescribed change in treatment or medication) immediately prior to departure.
3. A medical condition that had deteriorated or had to be treated in the three (3) months immediately preceding your trip from the province or territory of residence.
4. Any medical condition for which, prior to departure, medical evidence suggests a reasonable expectation that treatment or hospitalization could be required while travelling.
5. Any treatment or surgery which reasonably could be delayed until you return to your province or territory of residence.
6. Treatment or surgery for sickness or injury where the trip is undertaken for the purpose of securing medical treatment or advice for such sickness or injury, whether or not such trip is taken on the advice of a physician.
7. Expenses incurred on an elective (non-emergency) basis.
8. Any treatment, investigation or surgery for a specific condition, or a related condition, which had caused your physician to advise you not to travel.
9. Any service, treatment, surgery or stay in Hospital not required for the immediate relief of acute pain or suffering or which is not Medically Necessary.
10. Any services or supplies provided by a Member of Your Family.
11. Pregnancy, miscarriage, voluntary termination of pregnancy, childbirth or their complications except that in the case of an unexpected pregnancy complication which occurs before the end of the seventh month.
12. War, invasion, act of a foreign enemy, declared or undeclared hostilities, civil war, rebellion, revolution or military power.
13. Committing or attempting to commit an illegal act or a criminal act.
14. Suicide (including any attempt thereat) or self-inflicted injury, whether or not you are sane.
15. Service in the armed forces or organized reserve corps of any country or international authority.
16. Sickness or injury due to participation in any professional sport.
17. Injury sustained while you are under the influence of alcohol and operating any vehicle or means of transportation while your blood alcohol is over eight (80) milligrams in one hundred (100) milliliters of blood.
18. Injury sustained while you are under the influence of a drug or substance which is controlled as specified under the Controlled Drug and Substances Act (Canada) (even if such drug or substance is taken outside Canada) unless taken pursuant to the advice of and in strict accordance with the instructions of a Physician.
19. The abuse of medication or drugs or non-compliance with prescribed medical therapy or treatment whether prior to or during your trip.
20. The portion, if any, of any expenses for treatment, advice or hospitalization which are not Reasonable and Customary.
SECTION IV — GENERAL PROVISIONS AND LIMITATIONS

1. **Notice to Global Excel:** In the event of a sickness and/or injury likely to give rise to an emergency, you must give immediate notice to Global Excel. Failure to do so may limit the benefits payable under the policy. If you incur any expenses without prior approval by Global Excel, such expenses will be covered, except where the policy expressly requires the prior approval or authorization of Global Excel, on the basis of the reasonable and customary costs that would have been payable for such expenses by the insurer in accordance with the terms and conditions of the policy. Such expenses may be higher than this amount, therefore you will be responsible for paying any difference between the amount you incur and the reasonable and customary costs reimbursed by the Insurer.

2. **Transfer or Medical Repatriation:** During an emergency (whether prior to admission or during a covered hospitalization), the insurer reserves the right to:
   a. transfer you to one of Global Excel’s preferred health care providers, and/or
   b. return you to your province or territory of residence for the medical treatment of your sickness and/or injury where this poses no danger to your life or health. If you choose to decline the transfer or return when declared medically stable by the Medical Director of Global Excel, the Insurer will be released from any liability for expenses incurred for such sickness and/or injury after the proposed date of transfer or return. Global Excel will make every provision for your medical condition when choosing and arranging the mode of your transfer or return and, in the case of a transfer, when choosing the hospital.

3. **Limitation of Benefits:** Once you are deemed medically stable to return to Canada (with or without medical escort) either in the opinion of the Medical Director of Global Excel or by virtue of discharge from a medical facility, your emergency will be deemed to have ended, whereupon any further consultation, treatment, recurrence or complication related to the emergency will no longer be eligible for coverage under the policy.

4. **Misrepresentation and Non-Disclosure:** Your entire coverage under the policy shall be voidable if the Insurer determines, whether before or after loss, that you or the policyholder have concealed, misrepresented or failed to disclose any material fact or circumstance concerning the policy or your interest therein, or if you or the policyholder refuse to disclose information or to permit the use of such information, pertaining to any of the insured persons under the policy. Consequently and following a loss, no claim shall be payable by the Insurer and you shall be solely responsible for all expenses relating to your claim, including medical repatriation costs.

5. **Subrogation:** If you suffer a loss covered under the policy, the Insurer is granted the right from you to take action to enforce all your rights, powers, privileges, and remedies, to the extent of benefits paid under the policy, against any person, legal person or entity which caused such loss. Additionally, if “no fault” benefits or other collateral sources of payment of medical expenses are available to you, regardless of fault, the Insurer is granted the right to make demand for, and recover, those benefits. If the Insurer institutes an action it may do so at its own expense, in your name, and you will attend at the place of loss to assist in the action, in addition to providing the Insurer all information, cooperation and assistance the Insurer may reasonably require. If you institute a demand or action for a covered loss, you shall immediately notify the Insurer so that the Insurer may safeguard its rights.
You shall take no action after a loss that will impair the rights of the Insurer set forth in this paragraph and shall do all such things as are necessary to secure such rights.

6. **Arbitration**: Notwithstanding any clause in the policy, the parties hereto undertake to submit to an arbitration procedure, to the exclusion of the courts, any present or future dispute relating to a claim.

The arbitration proceedings shall be governed by the arbitration law in force in the Canadian province or territory of residence of the participant. The parties agree that any action will be referred to arbitration.

7. **Applicable Law**: The policy is governed by the law of the Canadian province or territory of residence of the participant. Any legal proceeding by the insured person, his heirs or assigns shall be brought in the courts of the Canadian province or territory of residence of the participant.

8. **Other Insurance**: This insurance is a second payer plan. For any loss or damage insured by, or for any claim payable under any other liability, group or individual basic or extended health insurance plan, or contracts including any private or provincial or territorial auto insurance plan providing hospital, medical, or therapeutic coverage, or any other insurance in force concurrently herewith, amounts payable hereunder are limited to those covered benefits incurred outside the province of residence that are in excess of the amounts for which an insured person is insured under such other coverage.

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

9. **Co-ordination and Order of Benefits**: If a person has coverage under another plan that does not provide for co-ordination of benefits, that plan will be considered primary carrier and will be responsible for making the initial payment. If the other plan does provide for co-ordination of benefits, the order of benefit will be as follows:

- **Participant and Dependent Spouse**
  The plan insuring the participant or the participant's dependent spouse as a member pays benefits before the plan insuring the participant or the participant's spouse as a dependent.

- **Dependent Child**
  If the dependent child is insured as a dependent under the participant's and the spouse's plans, benefits will first be payable under the plan of the parent whose birthday comes first in the calendar year. The balance of eligible expenses can then be submitted to the plan of the other parent.

  If both parents have the same birthday (month/day), the claims for children must be submitted to the plan in the alphabetical order of the parents' first names. When a person is insured under other group or individual policies or government plans, the benefits payable from all sources cannot exceed one hundred percent of expenses incurred.

10. **Rights of Examination**: To be entitled to payment of benefits provided under the policy, the participant, on his own behalf and on behalf of his dependents hereby authorizes any physician, health professional, hospital, institution and any other organization to forward to the insurer or its representatives, all information, reports or documents that they may require.
The participant hereby authorizes the Insurer to communicate directly with any physician, health professional, hospital, institution or other organization to obtain any information required for the assessment of claims and hereby relieves the persons concerned of all legal responsibility which could arise from the disclosure of such information. In the event of death, the Insurer will require that a death certificate be filed with the claim. Furthermore, the insurer has the right to request an autopsy and review any autopsy report, if not prohibited by law.

11. **Limitation of Actions:** An action or proceeding against the Insurer for the recovery of a claim under the policy shall not be commenced more than one (1) year (two (2) years in the Northwest Territories, three (3) years in the province of Quebec) after the date the insurance money became payable or would have become payable if it had been a valid claim.

12. **Availability and Quality of Care:** Neither the Insurer nor Global Excel shall be responsible for the availability or quality of any medical treatment (including the results thereof) or transportation at the vacation destination, or your failure to obtain medical treatment during the coverage period.

13. **Evidence of Age:** The Insurer reserves the right to request proof of age of any insured person.

14. **Assignment:** Benefits under the policy may not be assigned.

15. **When Money Payable:** All money payable under the policy shall be paid by the Insurer within sixty (60) days after it has received proper proof of claim.
SECTION V — AUTOMATIC EXTENSION OF COVERAGE PERIOD

The coverage period per trip will be extended if you are confined to a Hospital as a result of Injury or Sickness at the time that this policy would have expired, and you are prevented from returning to your province or territory or residence. The coverage will remain in force for you for the period that you are confined to the Hospital, but in no event will exceed longer than twelve (12) consecutive months from your Departure Date and provided you have not reached the termination age.

The coverage period per trip will automatically be extended up to 72 hours, provided the participant has not reached the termination age, if:

a. You are hospitalized due to a medical emergency on the last day of coverage. Your coverage will remain in force for as long as you are hospitalized, and the 72-hour extension commences upon release from hospital;

b. a late train, boat, bus, plane, or other vehicle in which you are a passenger causes you to miss your scheduled return to your province or territory of residence (including by reason of weather);

c. the vehicle in which you are travelling is involved in a traffic accident or mechanical breakdown that prevents you from returning to your province or territory of residence on or before your return date;

d. You must delay your scheduled return to your province or territory of residence due to a medical emergency.

All claims incurred after your original scheduled return date must be supported by documented proof of the event resulting in your delayed return.
SECTION VI — INTERNATIONAL ASSISTANCE SERVICE

If a Hospital stay is required
The benefit provides worldwide emergency assistance for Insured Persons while on a Trip except where local conditions render such assistance not feasible. In the event of Injury or Sickness covered by this policy requiring hospitalization, the Insured Person must notify within forty-eight (48) hours from the time of incident otherwise expense claims may be denied or only partially covered. In the event of a medical Emergency, Insured Persons or an individual acting on their behalf must call one of the worldwide telephone numbers listed below:

Global Excel - Toll Free Phone number: 1-877-207-5018
Global Excel - Collect Phone Number: 819-566-3940
Global Excel - Emergency Department: assistance@globalexcel.com
Global Excel - Claims Department: info@globalexcel.com

Global Excel - Mailing Addresses
73 Queen St., PO Box 10
Sherbrooke, Quebec Beebe Plain, VT
J1M OC9 05823

Summary of International Service Assistance

24/7 Call Centre Available — Global Excel is available to take your calls 24 hours a day, 7 days a week.
Emergency Call Centre — No matter where you travel, professional assistance personnel are ready to take your call. Global Excel can also provide you with Canada Direct instructions and codes so that you only deal with Canadian telephone operators.
Referrals — Global Excel can refer you to the preferred medical providers (hospitals, clinics and physicians) that are closest to where you are staying. With a referral, it is less likely that you will have to pay for services out of pocket.
Benefit Information — Explanation of your coverage is available to you and to the medical providers who are treating you.
Medical Consultants — Global Excel’s team of medical professionals, available 24 hours a day, will monitor the services given in the event of a serious emergency. If necessary, Global Excel will help you return to Canada for the care you need.
Urgent Message Relay — In the event of a medical emergency, Global Excel will contact your travelling companion to keep him/her advised of your medical situation and will help you exchange important messages with your family.
Interpretation Service — Global Excel can connect you to a foreign language interpreter when required for emergency services in foreign countries.
Direct Billing — Whenever possible, Global Excel will instruct the hospital or clinic to bill the Insurer directly.
Claims Information — Global Excel will answer any questions you have about the eligibility of your claim, standard verification procedures and the way that the benefits under the policy are administered.
SECTION VII — DEFINITIONS

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

"Coverage Period" means the number of consecutive days specified in the Schedule of Benefits during which you are covered under the policy when you take a trip and which is calculated as of the commencement date of your trip.

"Dependent Child" means the unmarried child, step-child or adopted child, of the participant, who is under the age limit specified in the Schedule of Benefits, is dependent on the participant for support and is not employed in excess of twenty-five (25) hours per week. A dependent child by reason of mental or physical infirmity, incapable of self-sustaining employment and who is considered the participant’s Dependent Child within the terms of the Income Tax Act (Canada) will be covered.

"Emergency" means the occurrence of a sickness and/or injury during the coverage period that requires immediate medically necessary treatment for the relief of acute pain or suffering, other than experimental or alternative treatment, and such treatment cannot be delayed until your return to Canada.

"Eligible Participant" means an individual who belongs to a Class of Eligible Participant specified in the policy provided such individual’s name is on file with the Policyholder as being eligible for coverage under the policy, whose place of residence is located in Canada.

"Global Excel" and "Global Excel Management Inc." mean the company appointed by the insurer to provide medical assistance and claims services under the policy.

"Government Health Insurance Plan" means the health care coverage provided by Canadian provincial and territorial governments to their residents.

"Hospital" means an institution which is designated as a hospital by law and operates primarily for the reception, care and treatment of sick, ailing or injured persons as in-patients; which is continuously staffed by one or more physicians at all times; which continuously provides nursing services by graduate registered nurses; which is primarily engaged in providing diagnostic services and medical and surgical treatment; which has facilities for diagnosis, major surgery and in-patient care. The term hospital does not include convalescent, nursing or rest nursing facilities, nor a facility operated exclusively for the treatment of persons who are drug, substance or alcohol abusers.

"Immediate Family Member" means your spouse, son, daughter, father, mother, brother, sister, stepson, stepdaughter, stepfather, stepmother, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, grandson, granddaughter, grandfather or grandmother.

"Injury" means any unexpected and unforeseen harm to the body that is caused by an accident, that you sustained during the coverage period and that requires emergency treatment that is covered by the policy.

"In-patient" means a patient who occupies a hospital bed for more than twenty-four (24) hours for medical treatment and for which admission was recommended by a physician when medically necessary.

"Insurer" means AIG Insurance Company of Canada.

"Medical Assistance Card" means the card provided to the participant and on which the following information is shown: name of the policyholder, policy number, coverage period per trip and emergency telephone numbers.
"Medically Necessary", in reference to a given service or supply, means such service or supply:
   a. is appropriate and consistent with the diagnosis according to accepted community standards of medical practice;
   b. is not experimental or investigative in nature;
   c. cannot be omitted without adversely affecting the condition of the insured person or quality of medical care;
   d. cannot be delayed until the insured person returns to his province or territory of residence.

"Ongoing Condition" means an acute sickness and/or injury that requires continuing care and/or treatment after the initial emergency has ended as determined by the Medical Director of Global Excel.

"Participant" means a member whom the policyholder identifies as being entitled to coverage under the policy.

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

"Policy" means the group travel emergency medical insurance contract issued to the policyholder bearing the policy number specified in the Schedule of Benefits.

"Policyholder" means the company or organization to which this policy is issued.

"Pre-Existing Condition" is any medical or physical condition, symptom, illness or disease for which Treatment was received or for which an ordinarily prudent person would have sought Treatment in the ninety (90) days immediately prior to your Departure Date unless such condition was Stable and Controlled. A "Pre-Existing Condition" does not include:
   (a) the unchanged use of prescribed medication for a medical condition, symptom or problem which is Stable and Controlled;
   (b) treatment that is a medical or physical examination in which a Physician observes no change in a previously identified condition, symptom or problem and no new treatment is prescribed or recommended;
   (c) Physician-prescribed decrease or cessation in cholesterol lowering medication;
   (d) change in any medication from a brand name medication to a generic brand medication (provided the dosage is not modified); and
   (e) the adjustment in dosage of medication that is either Coumadin (warfarin) or insulin only to ensure correct blood levels are maintained provided the medical or physical condition, symptom, illness or disease remains unchanged.

"Private Passenger Type Automobile" means any means of transportation not operated for commercial purposes, designed to carry passengers and that is pulled, propelled or fueled in any way, including cars, trucks, motorcycles, mopeds, snowmobiles or boats

"Reasonable and Customary Costs" means the amount usually charged for treatment, services or supplies to provide an appropriate level of care given the severity of the Sickness or Injury being treated, in the geographical location where the treatment, services or supplies are being provided.

"Sickness" means the onset of sickness or disease requiring medical treatment, care or advice while you are travelling anywhere in the world outside of your province or territory of residence while coverage under this policy is in force.
"Spouse" means a person who is under the age of seventy (70) and is the person to whom the participant is legally married or with whom he or she has been residing for the cohabitation period specified in the Schedule of Benefits.

“Stable and Controlled” means, during the ninety (90) days immediately prior to the participant’s Departure Date:

(a) the medical or physical condition, symptom, illness or disease did not first manifest itself; and/or
(b) the medical or physical condition, symptom, illness or disease was not first investigated; and/or
(c) the medical or physical condition, symptom, illness or disease has not worsened; and/or
(d) no change in any medication or its usage or dosage occurred, was prescribed and/or recommended by a physician; and/or
(e) no Treatment was received, prescribed or recommended.

"Termination Age" means the age specified in the Schedule of Benefits at which the participant’s coverage terminates. Dependents beyond the termination age may be covered provided that the participant has not yet reached the termination age.

“Treatment” means any medical, therapeutic or diagnostic procedure, service or supply that is prescribed, performed or recommended by a Physician, including but not limited to prescribed medication, investigative testing and surgery.

“Totally Disabled” means the complete inability of the Insured Person, as a result of Injury or Sickness, on medical evidence, as certified by a Physician, to continue his or her duties or activities and to continue the Trip.

“Travel Companion” means the person with whom an Insured Person is sharing travel arrangements and prepaid accommodations on a Trip.

"Trip" means a journey that you undertake which commences on the date of your departure from your province or territory of residence and ends when you return to your province or territory of residence.

"You", "Your" and "Insured Person" mean any one of the participant or the participant’s dependents covered under the policy.
SECTION VIII — CLAIMS

Notice and Proof of Claim
In the event that Global Excel is not contacted immediately, the insured person, or a beneficiary entitled to make a claim, or the agent of any of them, shall:

a. give written notice of claim by delivery thereof or by sending it by registered mail to Global Excel not later than thirty (30) days from the date the claim arises under the policy;

b. within ninety (90) days from the date a claim arises under the policy, furnish Global Excel such proof of claim as is reasonably possible in the circumstances of the emergency giving rise to the claim and the loss occasioned thereby, the right of the claimant to receive payment, his age and the age of the beneficiary, if relevant; and

c. if required by Global Excel, provide a satisfactory certificate stating the cause for which the claim is made and the duration of the disability, if applicable.

Failure to Give Notice or Proof
Failure to give notice of claim or furnish proof of claim within the prescribed period above does not invalidate the claim if the notice or proof is given or furnished as soon as is reasonably possible, and in no event later than one (1) year from the date of injury or the date a claim arises under the policy on account of sickness if it is shown that it was not reasonably possible to give notice or furnish proof within the time so prescribed.

Insurer to Furnish Forms For Proof of Claim
Global Excel, on behalf of the insurer, shall furnish forms for proof of claim within fifteen (15) days after receiving notice of claim, but where the claimant has not received the forms within that time he may submit his proof of claim in the form of a written statement of the cause or nature of the emergency giving rise to the claim.

Claims Procedures
You are responsible for providing all the documents outlined below and for any charges levied for these documents. To file a claim, you must:

a. include the policy number, the patient’s name (married and maiden, if applicable), date of birth, and Canadian provincial or territorial government health insurance plan number with its expiry date or version code (if applicable);

b. submit all original itemized bills from the medical provider(s) stating the patient’s name, diagnosis, all dates and type of treatment, and the name of the medical facility and/or physician;

c. provide the original prescription drug receipts (not cash receipts) from the pharmacist, physician or hospital showing the name of the prescribing physician, prescription number, name of preparation, date, quantity and total cost;

d. provide proof of the departure date(s) and return date(s);

e. provide written proof of claim within ninety (90) days of the date of receipt of services covered under the policy;
f. provide additional information pertinent to your claim, as may be required by Global Excel after receipt of your claim;

g. sign and return the authorization form, provided by Global Excel, allowing the Insurer to recover payment from the Canadian provincial or territorial government health insurance plan. The Insurer will coordinate and pay your claim to the participating medical providers and where permitted, coordinate claims directly with the Canadian provincial or territorial government health insurance plan on your behalf; and

h. return the unused portion of your air ticket to Global Excel if the Emergency Air Transportation benefit is used.

All amounts in the plan are in Canadian currency unless otherwise indicated. If you have paid a covered expense in a currency other than Canadian currency, you will be reimbursed in Canadian currency at the prevailing rate of exchange on the date that the claim payment is made. This insurance will not pay interest.

Any information not provided may result in a delay in processing your claim.

All pertinent documents should be sent to:

Global Excel Management Inc.
73 Queen St.
Sherbrooke, Québec
J1M 0C9

Tel.: 1-866-870-1898 (toll free) or 819-566-1898 (collect) during business hours (EST).
PROTECTING YOUR PRIVACY

We at AIG Insurance Company of Canada recognize and respect every individual’s right to privacy. When you apply for benefits, we establish a confidential file of your personal information. We use the information to administer the benefit plan under which you are covered. This includes many tasks, such as:

• Determining your eligibility for coverage under the plan;
• Assessing your claims and providing you with payment;
• Managing your claims;
• Verifying and auditing eligibility and claims; and
• Underwriting activities, such as determining the cost of the plan and analyzing the design options of the plan.

We limit access to information in your file to staff, to persons authorized by us who require it to perform their duties, to persons to whom you have granted access, and to persons authorized by law. We may also exchange information, when necessary to administer the benefit plan, with your health care provider, other insurance and reinsurance companies, and your plan administrator.
IDENTIFICATION OF INSURER

AIG Insurance Company of Canada
120 Bremner Boulevard, Suite 22000
Toronto, ON M5J 0A8
www.aig.com

This insurance is underwritten by AIG Insurance Company of Canada.
In the event of an occurrence likely to result in a claim under this insurance, immediate notice should be given to Global Excel.