

## Table of Contents

SCHEDULE OF BENEFITS .....	2
IMPORTANT NOTICE .....	5
SECTION I INDIVIDUAL COVERAGE - ELIGIBILITY, EFFECTIVE DATE AND TERMINATION .....	6
SECTION II BENEFITS.....	7
SECTION III EXCLUSIONS .....	9
SECTION IV GENERAL PROVISIONS AND LIMITATIONS .....	11
SECTION V AUTOMATIC EXTENSION OF COVERAGE PERIOD .....	13
SECTION VI INTERNATIONAL ASSISTANCE.....	14
SECTION VII DEFINITIONS.....	14
SECTION VIII CLAIMS.....	17
PROTECTING YOUR PRIVACY.....	18
IDENTIFICATION OF INSURER .....	19

## SCHEDULE OF BENEFITS

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

*Policyholder Name*

**SRG 9426200**

*Policy Number*

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.

Maximum Lifetime Benefit

\$5,000,000 per Eligible Person

Description of Classes

All eligible Graduate Students under age 70

Common law *spouse*  
cohabitation period

Continuous cohabitation: Last 12 months

Age limits for *dependent* children

Under age 23, or under age 26 if a full-time student at a recognized educational institution

*Termination Age*

70 or earlier cessation of student status

*Coverage Period*

120 days per *Trip*

# BENEFIT SUMMARY

Refer to SECTION II for benefit details

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



## Group Out-of-Province/Canada Travel Medical Emergency Insurance

### 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](mailto:assistance@globalexcel.com)  
**Global Excel - Claims Department:** [info@globalexcel.com](mailto:info@globalexcel.com)

### ***Global Excel - Mailing Addresses***

73 Queen St., PO Box 10  
Sherbrooke, Quebec Beebe Plain, VT  
J1M 0C9 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

### STOPPED HERE

**"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



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*.

AIG Insurance Company of Canada  
120 Bremner Boulevard, Suite 22000  
Toronto, ON M5J 0A8  
[www.aig.com](http://www.aig.com)