

THIS POLICY CONTAINS INFORMATION ABOUT YOUR INSURANCE.

It should be kept in a safe place.

TRAVEL MEDICAL CERTIFICATE OF INSURANCE

The coverage described in this Certificate of Insurance (hereafter called the "Certificate") is effective as of October 1, 2017, and is provided to eligible Servus Credit Union Mastercard cardholders whose Accounts are in Good Standing, and their Spouse, Dependent Children and/or certain other specified persons (hereafter referred to as "You" or "Your"). Travel Medical insurance is insurance coverage underwritten by American Bankers Life Assurance Company of Florida (except for travel in Cuba) and for travel in Cuba, by Zurich Insurance Company Ltd (hereafter collectively referred to as "Insurer", "We", "Us" or "Our") under Group Master Policy numbers SERLZ1017 and 8845894 (hereafter collectively called the Policy) issued to Servus Credit Union Ltd. (hereafter called the Policyholder).

All benefits are subject, in every respect, to the terms and conditions of the Policy, which alone constitutes the agreement under which payments are made. Only the Policyholder may determine who is a Primary Cardholder, whether an Account is in Good Standing and whether the insurance pursuant to this Certificate has come into or is in force.

This policy contains a clause which may limit the amount payable. Additionally, this policy contains a provision removing or restricting the right of the Insured Person to designate persons to whom or for whose benefit insurance money is to be payable. No person is eligible for coverage under more than one certificate of insurance providing insurance coverage similar to that provided hereunder. In the event that We record any person as an Insured Person under more than one such certificate of insurance or policy, such person shall be deemed to be insured only under the certificate of insurance or policy, which affords that person the greatest amount of insurance coverage. In no event will a corporation, partnership or business entity be eligible for this insurance coverage.

These insurance benefits do not cover conditions or events that are either known to You or are likely to occur.

WARNING: This insurance contains a "Pre-Existing Conditions Exclusion" as described in the General Conditions, Limitations and Exclusions (section 6) of this Certificate. The pre-existing conditions exclusion will be applied to Medical Conditions and/or symptoms that existed on or prior to the Departure Date of a covered Trip.

IF YOU ARE IN NEED OF EMERGENCY ASSISTANCE OR EMERGENCY MEDICAL OR DENTAL CARE WHILE TRAVELLING, YOU MUST CALL THE ADMINISTRATOR AT ONE OF THESE NUMBERS BEFORE SEEKING TREATMENT:

1-877-699-1354 toll-free from the U.S. and Canada
1-613-634-6979 collect from anywhere else in the world.

PLEASE NOTE: You must call the Administrator prior to seeking Emergency Medical or Dental Care. Failure to call may result in reduced benefits. Should Your Medical Condition prevent You from calling before seeking Emergency Treatment someone else may call on Your behalf. Alternatively, You must call the Administrator as soon as medically possible.

CERTIFICATE OF INSURANCE

1 — SUMMARY OF INSURANCE

Benefits	Benefit Maximums
Emergency Medical and Dental Coverage	\$2,000,000 per <i>Insured Person</i>
Emergency Medical Transportation	Included
24-Hour Emergency Travel Assistance	Included

Coverage under this Certificate is provided for the first 15 consecutive days of a Trip for Insured Persons under 75 years of age on the Departure Date.

For Travel Medical Insurance, Insured Person means the Primary Cardholder, his or her Spouse and eligible Dependent Children while travelling with the Primary Cardholder and/or Spouse. Your Departure Date and Your Return Date are both counted and included as separate days when determining the Trip length.

For complete information on the benefits provided and the Terms, Conditions, Exclusions and Limitations of this insurance, please read this document carefully. Take this Certificate with You on Your Trip and the telephone numbers of the Administrator when travelling outside Your province or territory of residence. Please keep this document in a safe place.

2 — DEFINITIONS

In this Certificate, certain terms have defined meanings. Those defined terms are as indicated below.

Accident/Accidental — a sudden, unexpected, unintended, unforeseeable external event, occurring during an insured Trip, arising wholly from accidental means which, independently of any other cause, causes Injury.

Accidental Bodily Injury — a bodily Injury caused by an Accident of external origin occurring during a Trip and being the direct and independent cause of the loss.

Account — the Primary Cardholder's Mastercard account, which is in Good Standing with the Policyholder.

Administrator — the service provider(s) arranged by Us to provide claims payment and administrative services under the Policy.

Common Carrier — any land, air or water conveyance for regular passenger service, which is fully licensed to carry passengers for compensation or hire and which undertakes to carry all persons indifferently as to who may apply for passage, so long as there is room and there is no legal excuse for refusal.

Contamination — the contamination or poisoning of people by nuclear and/or chemical and/or biological substances, which causes Illness and/or death.

Covered Service — a service or supply, specified herein, for which We provide benefits under this Certificate.

Departure Date — the date on which You depart on Your Trip, (using the local time at Your Canadian address).

Departure Point — the city within Canada from which You depart on Your Trip on Your Departure Date.

Dependent Children — Your unmarried natural, adopted, or stepchildren who are dependent on the Primary Cardholder for maintenance and support and who are either under 21 years of age, or under 26 years of age if a full-time student. Dependent Children also includes children under 21 years of age or over who are permanently mentally or physically incapable of self-support.

Emergency — an unforeseen event that occurs during a Trip and makes it necessary to be hospitalized or to receive immediate Treatment from a licensed Physician.

Emergency Dental Care/Treatment — the services or supplies provided by a licensed dentist, Hospital or other licensed provider that are immediately and Medically Necessary.

Emergency Medical Care/Treatment — the services or supplies provided by a licensed Physician, Hospital or other licensed provider (physiotherapist, chiropractor, chiropodist or podiatrist) that are Medically Necessary to treat any Illness or other covered condition that is acute (onset is sudden and unexpected) and which cannot be reasonably delayed until You return to Your home country without endangering Your health.

Family Cardholder — a Primary Cardholder's Spouse and/or Dependent Children who have been issued a supplemental Mastercard.

Family Member — includes the Insured Person's Spouse; parents; children, including children who are, or are in the process of becoming adopted; siblings; grandparents or grandchildren; step-parents; step-children; or step-siblings; in-laws (parent, son, daughter, brother, sister or grandparent); aunts; uncles; nieces; nephews; legal guardians; or wards; whether or not they travel with You.

Good Standing — being in full compliance with all of the provisions of the terms of operation, or other agreement in force between the Primary Cardholder and the Policyholder, as amended from time to time.

Government Health Insurance Plan — the health insurance coverage that Canadian provincial and territorial governments provide for their residents.

Hospital — an establishment that is licensed as a hospital and is operated for the care and Treatment of Inpatients, has a registered nurse always on duty, and has a laboratory and an operating room on the premises or in facilities controlled by the hospital. Hospital does not mean any establishment used mainly as a clinic, extended or palliative care facility, rehabilitation facility, addiction treatment centre, convalescent, rest or nursing home, home for the aged, or health spa.

Illness — a Sickness, infirmity or disease occurring during a Trip that requires Emergency Medical Care and which did not occur prior to the Departure Date.

Injury — bodily injury occurring during a Trip, resulting directly and independently of all other causes, from an Accident.

Inpatient — a person treated as a registered bed patient in a Hospital or other eligible facility and for whom a room and board charge is made.

Insured Person — the Primary Cardholder, his/her Spouse, and eligible Dependent Children. **You** and **Your** refers to the Insured Person.

Mastercard — a World Elite® Mastercard®, a Platinum Class® Mastercard® or a Gold Mastercard® issued by the Policyholder.

Medical Condition — an Accidental Bodily Injury or Sickness (or a condition related to that Accidental Bodily Injury or Sickness), including disease, acute psychosis and complications of pregnancy occurring within the first 28 weeks of pregnancy.

Medically Necessary — the services or supplies provided by a Hospital, Physician, dentist, or other licensed provider that are required to identify or treat Your Illness or Injury and that We determine are:

- consistent with the symptoms or diagnosis and Treatment of Your condition, Illness, ailment or Injury;
- appropriate with regard to standards of good medical practice;
- not solely for the convenience of You, a Physician or other provider;
- the most appropriate supply or level of service that can be safely provided to You.

When applied to the care of an Inpatient, it further means that Your medical symptoms or condition requires that the services cannot be safely provided to You as an Outpatient.

Mountain Climbing — the ascent or descent of a mountain requiring the use of specialized equipment, including crampons, pick-axes, anchors, bolts, carabiners and lead or top-rope anchoring equipment.

Outpatient — someone who receives a Covered Service while not an Inpatient.

Physician — a person (other than an Insured Person) who is not related to the Insured Person by blood or marriage who is licensed to prescribe drugs and administer medical Treatment (within the scope of such license) at the location where the Treatment is provided. A physician does not include a naturopath, a herbalist or a homeopath.

Prepaid — paid prior to Your Departure Date.

Prescription Drug — a drug or medicine that can only be issued upon the prescription of a Physician or licensed dentist and is dispensed by a licensed pharmacist.

Pre-Existing Condition — means a Medical Condition:

- for which symptoms appeared in the Pre-Existing Condition Period;
- which was investigated, diagnosed or Treated during the Pre-Existing Condition Period; or
- for which further investigation was recommended or prescribed, or for which a change in Treatment was recommended (including a change in medication or its dosage) during the Pre-Existing Condition Period.

Pre-Existing Condition Period — is the period of time (outlined below) that ends immediately before the Departure Date of a covered Trip. The Pre-Existing Condition Period is:

- 180 days for Insured Persons who are 64 years of age or younger;
- 365 days for Insured Persons who are 65 years of age or over.

Primary Cardholder — the cardholder who has signed an application for a Mastercard as primary cardholder, and for whom the Account is established.

Professional — a person who is engaged in a specified activity as their main paid occupation.

Reasonable and Customary Charge — a charge in an amount consistently made by other vendors/providers for a given service in the same geographic area, which reflects the complexity of the service taking into account availability of experienced personnel, availability of services or parts.

Return Date — the date on which You are scheduled to return to Your Departure Point (using the local time at Your Canadian address).

Sickness — any sudden Illness or disease requiring the immediate medical care or Treatment of a Physician.

Spouse — the person who is legally married to or in a legal civil union with the Primary Cardholder; or is living with the Primary Cardholder in a conjugal relationship and is publicly represented as the Primary Cardholder's spouse, or domestic partner, in the community in which You reside. You may only have one spouse for the purposes of this insurance.

Stable — any Medical Condition or related condition (including any heart condition or lung condition) for which all the following statements for that Medical Condition or related condition (including any heart or any lung condition) are true:

- there has been no new Treatment or new prescribed medication;
- there has been no change in Treatment or change in prescribed medication (including the amount of medication to be taken, how often it is taken, the type of medication or change in Treatment frequency or type);
- there has been no new symptom, more frequent symptom or more severe symptom;
- there have been no test results showing deterioration; and
- there has been no hospitalization or referral to a specialist (made or recommended) and the results of further investigations have been completed.

Terrorism or Act of Terrorism — an act including, but not limited to, the use of force or violence and/or the threat thereof, including hijacking or kidnapping, of an individual or group in order to intimidate or terrorize any government, group, association or the general public, for religious, political or ideological reasons or ends, and does not include any act of war (whether declared or not), act of foreign enemies or rebellion.

Ticket — evidence of full fare paid for travel on a Common Carrier.

Travel Advisory — a formal written notice issued by the Canadian government to advise travellers not to enter a foreign country or a given region in that country. It does not include travel information reports.

Travelling Companion — any person who travels with the Primary Cardholder for the entire Trip and whose fare for transportation and/or accommodation was Prepaid at the same time as the Primary Cardholder's.

Treated or Treatment — means any medical, therapeutic or diagnostic procedure prescribed, performed or recommended by a Physician, including but not limited to prescribed or unprescribed medication, investigative testing and surgery. The term "treatment" does not include the unaltered use of prescribed medication for a Medical Condition which is Stable.

Trip — a period of round trip travel of definite length to a destination outside of the Insured Person's province or territory of residence that is not for the purpose of obtaining health care or Treatment of any kind, which includes:

- travel by a Common Carrier; or
- a stay in a hotel or similar accommodation; or
- a package tour which has been sold as a unit and includes at least two of the following:
 - Common Carrier transportation;
 - car rental;
 - accommodation;
 - meals;
 - tickets or passes for sporting events or other entertainment, exhibition or comparable event; or
 - lessons or the services of a guide.

3 — ELIGIBILITY FOR COVERAGE

To be eligible for this insurance coverage You must:

- be a resident of Canada;
- be covered under Your Government Health Insurance Plan for the full duration of Your Trip; and
- be under age 75 on the Date of Departure

PLEASE NOTE: You must meet all of the above requirements to be eligible for coverage.

4 — COVERAGE PERIOD

Only the first 15 consecutive days of a Trip, as determined by the Departure Date and Return Date, will be covered. There is no coverage for that portion of a Trip which extends beyond the first 15 consecutive days.

Coverage begins at 12:01 a.m. on the Departure Date of a Trip and ends on the earliest of:

- the date You have been absent for more than 15 consecutive days (including Your Departure Date and Return Date) from Your province or territory of residence in Canada;
- the date You return to Your province or territory of residence;
- the date the Account is cancelled, closed or is no longer in Good Standing;
- the date the Insured Person ceases to be eligible for coverage; and
- the date the Policy terminates.

For trips that exceed 15 days, you will need to purchase additional coverage from another insurance provider.

Automatic Extension: Coverage will be automatically extended beyond the 15 day limit provided Your return is delayed due to the hospitalization during the Trip as an Inpatient or Medical Condition of You, Your Spouse or Your Dependent Children or Your Travelling Companion, when they are travelling with You.

If coverage is automatically extended, coverage will end on the earliest of either:

- Your arrival at Your province or territory of residence or return destination based on Your travel itinerary; and
- 5 days after Your scheduled Return Date; however, if You are hospitalized as an Inpatient, if Medically Necessary, We will extend insurance for 72 hours from the time You are discharged but under no circumstances will coverage be extended for more than 3 months from Your scheduled Return Date.

5 — TRAVEL MEDICAL BENEFITS

5.1 — EMERGENCY MEDICAL AND DENTAL COVERAGE

Covered Benefits: Emergency Medical and Dental Coverage reimburses You for eligible expenses if You require Emergency Medical and/or Dental Care during Your Trip. This coverage will also cover expenses for Emergency medical transportation back to Your province or territory of normal residence. In the event of Injury or Illness while on a covered Trip, We reimburse You for Reasonable and Customary Charges for the following Medically Necessary expenses required by You.

Emergency Hospital, Ambulance and Medical Expenses: We provide coverage up to \$2,000,000 per Insured Person (unless as specified otherwise below for a specific benefit), for the following:

- **Hospital Inpatient Charge:** Hospital Inpatient room and board charges, up to semi-private ward or the equivalent. If Medically Necessary, expenses for Treatment in an intensive care unit.

Emergency Medical Treatment (including x-rays and lab): This insurance covers Emergency Medical Care or Treatment of any Medical Condition that is acute (onset is sudden and unexpected) and considered life threatening or, if left unattended, could deteriorate resulting in serious and irreparable harm.

Emergency Dental Treatment (including x-rays and lab): This insurance covers the following dental expenses when required as Emergency Treatment and ordered by or received from a licensed dentist:

- if You need dental Treatment to repair or replace Your natural or permanently attached artificial teeth because of an Accidental blow to Your face, You are covered for the Emergency dental expenses You incur during Your Trip. You are also covered up to a maximum of \$1,000 to continue necessary Treatment after Your return to Canada. However, this Treatment must be completed within 3 months after the Accident.
- if You need Emergency Treatment to relieve dental pain, You are covered for the Emergency dental expenses You incur during Your Trip, up to a maximum of \$250, and the complete cost of Prescription Drugs.

Professional Fees: This insurance covers expenses for Emergency Treatment by a licensed physiotherapist, chiropractor, chiropodist or podiatrist to a maximum of \$350 per profession.

Licensed Private Duty Nurse: This insurance covers the cost of licensed private duty nursing services to a maximum of \$5,000 while You are an Inpatient, when pre-approved by the Administrator.

Prescription Drugs: This insurance covers the cost of Prescription Drugs, limited to a supply of 30 days, if prescribed because of an Emergency condition.

Medical Appliances: This insurance covers the cost of medical appliances including wheelchair, braces, crutches, walker, or Hospital-type beds, if ordered by a licensed Physician. We will pay the lesser of the rental or the purchase price.

Ambulance: This insurance covers the cost of local ground transport to a medical service provider in an Emergency.

Medical Assistance, Services Medical Assistance: If You have a medical problem or Emergency, You must contact the Administrator, who will refer You to a local Physician, dentist, Hospital, medical facility, or other appropriate resource.

Medical Consultation and Monitoring: If You are hospitalized, We will keep in contact with You and Your treating Physician to get information on the care You are receiving and determine the need for further assistance. The Administrator will also contact Your personal Physician and family at home, if necessary.

Emergency Medical Transportation: We will arrange and pay for medical transportation services as specified below, which are required by You as a result of an Injury or Illness that occurs during a covered Trip that requires transportation to an appropriate medical facility or return to Your province or territory of residence. All Emergency medical transportation services must be authorized in advance and organized by the Administrator. Such services that the Administrator does not pre-authorize may not be covered.

Transportation to an Appropriate Medical Facility: If Our consulting physician and the local attending Physician determine that adequate Treatment is not available locally and that Treatment is Medically Necessary, You will be transported to the nearest appropriate medical facility.

Return to Your Province or Territory of Residence: Once You have received Emergency Medical Care and Our consulting physician determines You are able to and recommends that You return home, We will arrange for You to return to Your province or territory of residence.

We will arrange and pay for the following services and expenses to evacuate You to Your province or territory of residence:

- the cost of an economy class one-way ticket on a commercial flight via the most cost-effective route, less any refunds from any unused return trip Tickets. If Medically Necessary or required by the airline, We will also pay the expenses for a qualified medical attendant to accompany You.
- the cost of a stretcher fare on a commercial flight via the most cost-effective route to Your province or territory of residence, if a stretcher is Medically Necessary.
- the cost of air ambulance transportation to the most appropriate facility in Your province or territory of residence, if the use of an air ambulance is required and Medically Necessary.

Accommodation & Meals: We will pay up to \$150 per day per Account, up to a total of 10 days to cover hotel expenses, meals and taxi fares, if You or Your Travelling Companion because of receiving a covered Emergency Treatment:

- are delayed beyond the initial scheduled Return Date; or
- have to relocate to receive the Emergency Treatment.

Beside Visits: If You are travelling alone and will be hospitalized as an Inpatient for more than 3 consecutive days, We will pay for the cost of a round-trip economy fare on a commercial flight via the most cost-effective route, to bring a Family Member or a close personal friend of Your choice who is required at Your bedside while You are hospitalized. We will also pay up to \$150 per day per Account, up to a total of 10 days, for that person's reasonable accommodation, taxi fares and meals.

This benefit is subject to pre-authorization and must be arranged by the Administrator.

Repatriation of Remains: In the event of Your death during Your Trip from a Medical Condition covered under this insurance, the insurance covers a maximum benefit of up to \$5,000 for:

- the cost for reasonable and necessary services needed for the transport of Your remains from the place of death to Your city of residence; or
- the burial or the cremation of Your remains where Your death occurred. The cost of a burial coffin or urn is not a covered expense.
- the cost of a round-trip economy fare on a commercial flight via the most cost-effective route for a person to identify Your remains, if legally required. Meals and accommodations for that person are covered up to a maximum of \$150 per day per Account, up to a maximum of 3 days.

Return of Dependent Children and Escort for Dependent Children to their

Departure Point: If Dependent Children travel with You or join You during Your Trip and You are hospitalized for more than 24 hours or You must return to Canada because of Your Emergency Medical Condition covered under this insurance, this insurance covers:

- the extra cost of a one-way economy air fare on a commercial flight via the most cost-effective route for the return of those Dependent Children to their Departure Point; and
- the cost of a round-trip economy air fare via the most cost-effective route on a commercial flight for an escort, if the airline requires that the Dependent Children be escorted.

Vehicle Return: If, as a result of a covered medical Emergency, You are unable to return Your vehicle or Your rented vehicle to its point of origin, this insurance covers the reasonable costs up to a maximum of \$2,000 to return the vehicle to Your residence or to the rental agency, when pre-authorized by the Administrator.

Emergency Medical and Dental coverage is also subject to the General Conditions, Limitations and Exclusions, as well as the Pre-Existing Condition Exclusions.

5.1.1 — CONDITIONS AND LIMITATIONS SPECIFIC TO EMERGENCY MEDICAL AND DENTAL COVERAGE

1. You must contact the Administrator before seeking care. If You do not notify the Administrator or if You choose to receive Treatment from a service provider other than that recommended by the Administrator, You may be responsible for 30% of Your medical expenses under this insurance. If Your Medical Condition prevents You from calling before seeking Emergency Treatment, You must call as soon as medically possible. As an alternative, someone else (Family Member, friend, Hospital or Physician's office staff, etc.) may call on Your behalf.
2. The medical staff of the Administrator must approve all cardiac procedures, including cardiac catheterization, angioplasty and cardiovascular surgery in advance.
3. If Your employer (or former employer if You are retired) provides an extended health insurance plan and:
 - if Your lifetime maximum coverage is less than \$50,000, We will not coordinate payment;
 - if Your lifetime maximum coverage is more than \$50,000, We will coordinate payment only in excess of \$50,000 in accordance with the coordinating coverage guidelines issued by the Canadian Life and Health Insurance Association.

5.1.2 — EXCLUSIONS SPECIFIC TO EMERGENCY MEDICAL AND DENTAL COVERAGE

Coverage is not provided for:

1. any Treatments, services, supplies, or charges We determine are non-emergent or can be reasonably delayed until Your return to Your province or territory of residence;
2. any Treatment received in unlicensed facilities or given by unlicensed health care providers, or given by a Family Member or a Travelling Companion whether or not a licensed provider;
3. regular care or Treatment of a chronic condition;
4. routine pre-natal care, fertility Treatments, elective abortion, a child born during Your Trip, complications of Your pregnancy when they occur in the 9 weeks before or after the expected date of delivery;
5. any Treatment received if the purpose for travel was to receive medical care, medication or Treatment regardless of whether the Emergency Treatment received was related to the medical purpose of Your Trip;
6. any condition for which You had symptoms before Your Departure Date that would have caused a prudent person to seek diagnosis or Treatment (including Emergency Treatment);

7. any recurrence or complication of any Medical Condition following medical Treatment during Your Trip where the Administrator determined and recommended You should return home and You chose not to do so;
8. any cardiac catheterization, angioplasty, or cardiovascular surgery unless approved in advance by the Administrator;
9. treatment for any Medical Condition for which future investigation or Treatment was planned before Your Departure Date (other than routine monitoring);
10. treatment or surgery for a specific condition, or a related condition, which:
 - had caused Your Physician to advise You not to travel; or
 - You contracted in a country during Your Trip when, before Your Departure Date, a Travel Advisory was issued advising Canadians not to travel to that country, region, or city.

5.2 — EMERGENCY TRAVEL ASSISTANCE SERVICES

Assistance Services: The following assistance services are available to You:

Travel Document and Ticket Replacement Assistance: If Your passport or other travel documents are lost or stolen, the Administrator will provide You with information and assistance to obtain replacement documents. The Administrator will also help You to replace lost airline and other travel tickets and assist You in obtaining money for this purpose. The cost of obtaining replacement documents will be charged to Your Mastercard (subject to credit availability) or arranged, if reasonably possible, through You, Your family or friends. The Administrator may assist You in making the necessary arrangements.

Legal Assistance: If You have legal issues while travelling, the Administrator's assistance coordinators will help You find a local legal advisor. If You require the posting of bail or immediate payment of legal fees, up to a maximum of \$5,000 may be charged to Your Mastercard (subject to credit availability) or arranged, if reasonably possible, through You, Your family or friends. The Administrator may assist You in making the necessary arrangements.

Emergency Cash Transfer: If Your cash or travellers cheques are lost or stolen, or if You need funds for the immediate payment of unexpected expenses, the Administrator will help arrange for emergency cash (in currency, travellers cheques or any other form acceptable to Us) to be transmitted to You in a timely fashion. These funds, to a limit of \$5,000, will be charged to Your Mastercard (subject to credit availability) or arranged, if reasonably possible, through You, Your family or friends. The Administrator may assist You in making the necessary arrangements.

Emergency Message Centre: In an emergency, call the Administrator, identify yourself by name and Your Certificate number, and give the assistance coordinator Your message. The Administrator will make at least 3 attempts in 24 hours to reach Your requested party, and will provide You with an update on the results of the efforts made to deliver the message. Neither We, nor the Administrator are responsible for delivery of a message if the recipient cannot be reached. This service can be used for Trips anywhere in the world.

6 — GENERAL CONDITIONS, LIMITATIONS AND EXCLUSIONS

Your insurance coverage is subject to the terms set out as follows.

6.1 — GENERAL CONDITIONS AND LIMITATIONS

1. All premiums, benefit maximums and benefit payments are stated in Canadian dollars unless otherwise specified. At Our option, We may pay a claim for benefits in the currency where the loss occurred or in Canadian currency.
2. Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the *Insurance Act*, *Limitations Act*, or other applicable legislation in Your province or territory.
3. No agent or other person has authority to accept or make representations of information or alter, modify or waive any of the provisions of this Certificate.
4. You must submit claims to the Administrator within 3 months from date of loss. If applicable law provides for a longer period, You must submit Your claim within the longer period provided for by law. For Your claim to be valid, You must provide all of the documents We require to support Your claim. Failure to give notice of claim or furnish proof of loss within the time prescribed does not invalidate the claim if it is shown that it was not reasonably possible to give notice or furnish proof within the time so prescribed and if the notice or proof is given or furnished as soon as reasonably possible, and in no event later than 1 year from the date of the event for which benefits are being claimed. Failure to provide the requested documentation to substantiate Your claim under this Certificate will invalidate Your claim.
5. If You are covered under another certificate issued by Us that provides the same or similar coverage, We will adjust Your claim by applying the terms and conditions of the coverage that pays the most. The amount We pay will not exceed Your total monetary loss.
6. We may void this Certificate in the case of fraud or attempted fraud by You or if You conceal or misrepresent any circumstance or fact that is material.
7. You must repay to Us amounts paid or authorized for payment on Your behalf, if We determine the amount is not payable under this insurance.

8. We may require a physician(s) of Our choice to physically examine You as often as reasonably needed while a claim is pending. We may also require an autopsy in the case of death, where law does not forbid it. We will bear all necessary costs for this.
10. If You incur losses covered by this insurance because of a third party, We may take legal action against that party at Our expense. We have full rights of subrogation. You agree to allow Us to fully assert Our right to subrogation and to cooperate fully with Us by delivering such documents. You agree to do nothing that would prejudice Our rights to recover funds from any source.
11. We, Our Administrator, and Our agents, or the Policyholder are not responsible for the availability, quality or outcome of any medical Treatment or of any medical transportation, or Your failure to obtain medical Treatment.
12. All benefit payments under this Certificate are in excess of similar insurance benefits payable by another insurer. If You are eligible from more than one insurer for benefits, which are similar to those for which You are insured hereunder, the total benefits paid to You by all insurers cannot exceed Your actual covered losses.
13. If a covered loss is incurred either directly or indirectly as the result of an "Act of Terrorism", payment for a covered expense will be made at 100% of the sum insured under this Certificate.
14. Notice of Applicable Statutory Conditions — Notwithstanding any other provision herein contained, this contract is subject to the statutory conditions in the applicable Insurance Act respecting contracts of Accident and Sickness insurance.
15. This policy contains a provision removing or restricting the right of the group person insured to designate persons to whom or for whose benefit insurance money is to be payable.

6.2 — PRE-EXISTING CONDITIONS EXCLUSIONS

Pre-Existing Conditions applicable to Insured Persons up to and including age 64.

This insurance does not pay for any expenses incurred directly or indirectly as a result of:

1. If at any time during the Pre-Existing Condition Period Your Medical Condition or related condition has not been Stable.
2. Your heart condition, if at any time during the Pre-Existing Condition Period:
 - any heart condition has not been Stable;
 - You have taken nitroglycerin more than once per week specifically for the relief of angina pain.
3. Your lung condition, if at any time during the Pre-Existing Condition Period:
 - any lung condition has not been Stable ;
 - You have been treated with home oxygen or taken oral steroids (prednisone or prednisolone) for any lung condition.
4. Any Medical Condition for which future investigation or Treatment was planned during the Pre-Existing Condition Period (other than routine monitoring).
5. Any condition for which You had symptoms during the Pre-Existing Condition Period that would have caused a prudent person to seek diagnosis or Treatment (including Emergency Treatment).

Pre-Existing Conditions applicable to Insured Persons age 65 up to and including age 74.

This insurance does not pay for any expenses incurred directly or indirectly as a result of:

1. Your Medical Condition or related condition, if at any time during the Pre-Existing Condition Period Your Medical Condition or related condition has not been Stable.
2. Your heart condition, if at any time during the Pre-Existing Condition Period:
 - any heart condition has not been Stable;
 - You have taken nitroglycerin more than once per week specifically for the relief of angina pain.
3. Your lung condition, if at any time during the Pre-Existing Condition Period:
 - any lung condition has not been Stable;
 - You have been treated with home oxygen or taken oral steroids (prednisone or prednisolone) for any lung condition.
4. Any Medical Condition for which future investigation or Treatment was recommended or planned by a Physician during the Pre-Existing Condition Period (other than routine monitoring).
5. Any condition for which You had symptoms during the Pre-Existing Condition Period that would have caused a prudent person to seek diagnosis or Treatment (including Emergency Treatment).

6.3 — GENERAL EXCLUSIONS

These exclusions apply to all benefits and services. This insurance provides no payment for any loss arising directly or indirectly out of, or as a result of the following:

1. Intentionally self-inflicted harm, suicide or attempted suicide (whether sane or insane).
2. Terminal illness where the prognosis for life expectancy is limited to 9 months or less.
3. Kidney disease, or failure, when dialysis Treatments are recommended or required on an ongoing basis.

4. Abuse of any medication or non-compliance with prescribed medical Treatment or therapy.
5. Any Injury or Accident occurring while You are under the influence of illicit drugs or alcohol (where the concentration of alcohol in Your blood exceeds 80 milligrams of alcohol in 100 millilitres of blood) or when You illustrate a visible impairment due to alcohol or illicit drugs and any chronic Illness or hospitalization related to, or exacerbated by, the habitual use of alcohol or illicit drugs.
6. Any expense incurred when the purpose of travel was to obtain medical care, medication or Treatment.
7. Any Medical Condition for which it was reasonable to expect Treatment or hospitalization during Your Trip.
8. War (whether declared or undeclared), acts of war, military duty, civil disorder or unrest, Terrorism or Act of Terrorism (unless specifically covered).
10. Amateur or Professional sports, or other athletic activities, which are organized and/or sanctioned. Full-contact bodily sports, skydiving, hang gliding, bungee jumping, parachuting, Mountain Climbing (where ropes or guides are normally used), caving, heli-skiing, any skiing or snowboarding outside marked trails, any motorized race or motorized speed contest. This exclusion does not include: amateur athletic activities, which are non-contact and engaged in by an Insured Person solely for leisure, recreational, entertainment or fitness purposes.
11. Scuba diving, unless You hold a basic SCUBA designation from a certified school or other licensing body or You are accompanied by a dive master or are diving in water not deeper than 10 metres.
12. Nuclear reaction, radiation or radioactive Contamination.
13. Any unlawful acts committed by You, Family Members, or Travelling Companions, whether they are insured or not.
14. Prohibition or regulation by any government which interferes with Your Trip.
15. Cosmetic or any other elective surgery.
16. Air travel except while You are riding, boarding or alighting as a ticketed passenger on a certified passenger aircraft provided by a regularly scheduled airline on a regularly scheduled Trip or charter.
17. Your travel to a country for which the Canadian government has issued a written Travel Advisory prior to Your Departure Date.

7 — CLAIMS NOTIFICATION AND FILING PROCEDURES

CLAIM NOTIFICATION

IF YOU ARE IN NEED OF EMERGENCY ASSISTANCE OR EMERGENCY MEDICAL OR DENTAL CARE WHILE TRAVELLING, YOU MUST CALL THE ADMINISTRATOR AT ONE OF THESE NUMBERS BEFORE SEEKING TREATMENT:

- 1-877-699-1354 toll-free from the U.S. and Canada.
- 1-613-634-6979 collect from anywhere else in the world.

Please have the following information ready for the representative when You call:

- Your name, and Account number, and
- Your location and local phone number.

PLEASE NOTE: You must call the Administrator prior to seeking Emergency Medical or Dental Care. Failure to call may result in reduced benefits. Should Your Medical Condition prevent You from calling before seeking Emergency Treatment someone else may call on Your behalf, alternatively You must call the Administrator as soon as medically possible.

All medical procedures (including cardiac procedures and cardiac catheterization) must be approved in advance by the medical advisors of the Administrator.

The Emergency Medical and Dental insurance covers only the Medically Necessary expenses You incur once You have left Your province or territory of residence.

In addition, the Emergency Medical and Dental insurance covers only the expenses in excess of those covered under Your Government Health Insurance Plan.

When You contact the Administrator, they will refer You or may transfer Your call, when medically appropriate, to an accredited medical service provider within a network.

The Administrator may also make a request for the medical service provider to bill the medical expenses covered under this insurance directly to Us instead of to You. If needed to secure Your Medically Necessary admission to a Hospital, We will guarantee payment up to the amount provided for under this Certificate.

To File a Claim: Contact the Administrator at 1-877-699-1354 to obtain claim forms.

Claims must be submitted within 3 months from date of loss. If applicable law provides for a longer period, You must submit Your claim within the longer period provided for by law. Failure to complete the required claim and authorization forms in full will delay the assessment of Your claim.

All benefits will be paid in Canadian dollars unless otherwise stated. If currency conversion is necessary, We will use the exchange rate on the date the last service was rendered to You. This insurance will not pay for any interest.

Information to Submit When Filing a Claim (proof of claim): As a condition to the payment of benefits under this insurance, We will require certain information from You if You need to file a claim. This documentation will include, at a minimum and is not limited to, the following:

General Documentation Requirements

1. Original receipts, invoices and itemized bills for all expenses.
2. The fully and accurately completed claim forms supplied to You by Us.
3. Proof of departure from Your province or territory of residence.

Emergency Medical and Dental Claims

General documentation requirements and the following:

1. any explanation of diagnosis along with Your original itemized bills, receipts, and proof of other insurance payment(s); and
2. for Accidental dental expenses, We require proof of the Accident.

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