



# TD Insurance

## Travel Medical Insurance

### Certificate of Insurance

**Issued by:** TD Life Insurance Company ("TD Life") under Group Policy Number T1002 (the "Group Policy") issued to The Toronto-Dominion Bank (the "Policyholder" or "TD Canada Trust").

#### IMPORTANT NOTICE – PLEASE READ CAREFULLY

The coverage described in this Certificate of Insurance (*Certificate*) is designed to cover losses arising from sudden and unforeseeable circumstances only. It is important that *You* read and understand this *Certificate* before *You* travel as *Your* coverage may be subject to certain limitations or exclusions.

**WARNING:** If a medical condition existed or if symptoms existed on or prior to the date of departure, a *Pre-Existing Conditions* exclusion may apply. There is no coverage under this *Certificate* for claims that arise from a *Pre-Existing Condition* or to which a *Pre-Existing Condition* contributes.

In the event of an accident, injury or sickness, *Your* prior medical history may be reviewed when a claim is reported.

*You* are required to notify *Our* assistance administrator prior to treatment. Benefits may be limited should *You* not contact *Our* assistance administrator within a specified time period.

#### PLEASE READ THIS CERTIFICATE OF INSURANCE CAREFULLY BEFORE YOU TRAVEL.

#### What to do in an emergency

All emergencies must be reported to *Our Administrator* immediately. **Please see sections 14 and 15 for details.**

#### Annual Plan Participants – Right to Examine this *Certificate*

Annual Plan participants have a period of ten (10) days from the date of receipt of this *Certificate* to rescind this insurance and receive a full refund of any premium that has been paid. In that event, this insurance shall be void. *You* must notify *Us* within that time period if *You* wish to rescind the insurance described in this *Certificate*.

#### Section 1: Summary of Benefits

If *You* have purchased the **Annual Plan**:

Benefits	Maximum Benefit Payable
<b>Trip Cancellation Coverage</b>	<i>\$1,000 per Insured Person per Covered Trip</i> or, if applicable, the higher amount that is indicated on <i>Your</i> most recent <i>Application</i> or <i>Letter of Confirmation</i> , not to exceed <i>\$3,000</i> .  Overall maximum of <i>\$5,000</i> for all <i>Insured Persons</i> and all <i>Covered Trips per Policy Year</i> or, if applicable, the higher amount that is indicated on <i>Your</i> most recent <i>Application</i> or <i>Letter of Confirmation</i> , not to exceed <i>\$15,000</i> .
<b>Trip Interruption Coverage</b>	<i>\$5,000 per Insured Person per Covered Trip</i> . No overall maximum per <i>Policy Year</i> .
<b>Medical Emergency Coverage</b>	<i>\$2,000,000 per Insured Person per Covered Trip</i> . No overall maximum per <i>Policy Year</i> .

If *You* have purchased **Per Trip coverage**:

Benefits	Maximum Benefit Payable
<b>Medical Emergency Coverage</b>	<i>\$2,000,000 per Insured Person per Covered Trip</i> .

## Section 2: Definitions

In this *Certificate*, the following words and phrases have meanings set for the below and are in italics.

**Anniversary Date** for the Annual Plan means the date one (1) year from *Your Effective Date* and if *You* renew *Your Certificate*, subsequent anniversaries of *Your Effective Date*, as applicable.

**Application** means the printed *Application* form in a brochure that contains this *Certificate*; or the enrollment page that *You* complete online; or the series of questions that form part of *Your Application* if *You* call to enroll by telephone and the answers *You* provide to such medical questions. The *Application* also includes any questions asked and information provided in connection with requests to extend or increase insurance *You* have already purchased. The *Application* is part of *Your* insurance contract and is used to process *Your* request for insurance.

**Certificate** means this *Certificate* of insurance.

**Certificate Holder** means the TD Canada Trust customer who has applied, and been accepted for either *Single Coverage*, *Couple Coverage* or *Family Coverage*.

**Certificate Number** means the unique identifier that *You* receive when *You* buy this insurance by telephone or online. *Your Certificate Number* can be verified against *Our Administrator's* records, and it confirms what insurance *You* have purchased.

**Couple Coverage** means coverage under this *Certificate* for *You* and one named travelling companion.

**Coverage Period** means the *Trip Cancellation Coverage Period*, the *Trip Interruption Coverage Period* or the *Medical Emergency Coverage Period*, as applicable.

**Covered Cause for Cancellation** is defined in section 10.

**Covered Cause for Interruption** is defined in section 11.

**Covered Trip** means a trip:

- ▶ made by an *Insured Person*;
- ▶ outside the *Insured Person's* province or territory of residence;
- ▶ which, for the Annual Plan, begins and ends while the Annual Plan is in effect;
- ▶ which, for Per Trip coverage, begins on the departure date and ends on the return date shown in the *Application* or, if applicable, such dates as shown on the most recent *Letter of Confirmation* for that trip; and
- ▶ up to the first consecutive number of days that is less than 212 days (or such lesser number of days as is allowed under *Your* Government Health Insurance Plan (*GHIP*) for travel outside Canada).

**NOTE:** A *Covered Trip* does not include any trip for the purpose of commuting to or from an *Insured Person's* usual place of employment.

**Dependent Child(ren)** means *Your* children who are:

- ▶ unmarried;
- ▶ dependent on *You* for maintenance and support; and
- ▶ who are:
  - under 22 years of age; or
  - under 26 years of age and attending an institution of higher learning, full-time, in Canada.

**NOTE:** A *Dependent Child* does not include a child who is born while the child's mother is outside of her province of residence during the *Covered Trip*. Such a child will not be insured with respect to that trip.

**Dollars** and **\$** mean Canadian dollars.

**Effective Date** means the date on which *Your Certificate* takes effect. For the Annual Plan, this is the effective date specified in *Your Application* or, if applicable, *Your* most recent *Letter of Confirmation*. For Per Trip coverage, it means *Your* scheduled departure date as specified in *Your Application* or, if applicable, *Your* most recent *Letter of Confirmation*.

**Eligible Expenses** means *Eligible Trip Cancellation Expenses*, *Eligible Trip Interruption Expenses* or *Eligible Medical Emergency Expenses*, as applicable.

**Eligible Medical Emergency Expense** is defined in section 12.

**Eligible Trip Cancellation Expense** is defined in section 10.

**Eligible Trip Interruption Expense** is defined in section 11.

**Family Coverage** means coverage under this *Certificate* for *You* and *Your Spouse* and, if applicable, *Your Dependent Child(ren)*.

**GHIP** means a Canadian provincial or territorial government health insurance plan.

**Group Policy** means the *Group Policy* T1002 issued by TD Life Insurance Company to The Toronto-Dominion Bank.

**Hospital** means:

- ▶ an institution that has been accredited and licensed by the appropriate authority as a hospital to treat patients on an inpatient, outpatient and emergency basis; or
- ▶ the nearest appropriate medical facility that has been approved in advance by *Our Administrator*.

**NOTE:** *Hospital* does not include chronic care, convalescent or nursing home facilities.

**Hospitalized** or **Hospitalization** means confinement or confined as an inpatient in a *Hospital*.

**Immediate Family Member** means an *Insured Person's Spouse*, parents, grandparents, children, grandchildren, brothers, brothers-in-law, sisters, sisters-in-law and the *Insured Person's Spouse's* parents, grandparents, brothers, brothers-in-law, sisters, sisters-in-law and children.

**Insured Person** means a person:

- ▶ who is eligible to be insured under this *Certificate*;
- ▶ who was named in the *Application*;
- ▶ for whom the required premium has been paid; and
- ▶ on whom insurance has been issued under the *Certificate*.

**Letter of Confirmation** means the document *Our Administrator* sends to *You* when *You* enroll over the telephone or online for new or additional emergency travel medical insurance coverage under the *Group Policy*. It includes *Your Certificate Number* and confirms the insurance coverage *You* have purchased.

**Medical Emergency** means any unforeseen illness or accidental bodily injury occurring during a *Covered Trip* that requires immediate emergency medical treatment by a *Physician*.

**Medical Emergency Coverage Period** is defined in section 9.

**Our Administrator** means the company selected by *Us* from time to time, to provide medical and claims assistance, claims payment and administrative services under the *Group Policy*.

**Physician** means a physician or surgeon who is registered or licensed to practice medicine in the jurisdiction where he or she provides medical advice or treatment and who is not related by blood or marriage to any *Insured Person* under this *Certificate*.

**Policy Year for the Annual Plan** means the period beginning on *Your Effective Date* and ending with the *Anniversary Date* twelve months later; and if *You* renew *Your Annual Plan*, subsequent twelve month periods, as applicable.

**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*, where treatment includes medication; 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** with respect to a benefit under this *Certificate* is that period of time that ends immediately before the commencement of the applicable *Coverage Period* for that type of benefit. The *Pre-Existing Condition Period* is:

- ▶ 180 days for *Insured Persons* who are 74 years of age or younger;
- ▶ 365 days for *Insured Persons* who are 75 years of age or older.

**NOTE:** For this purpose, age is calculated as of the date the *Coverage Period* in question begins.

**Single Coverage** means coverage on a single person who is either:

- ▶ *You*; or
- ▶ if specified in the *Application*, *Your Dependent Child(ren)* who is under 18 years of age.

**Spouse** means:

- ▶ the person to whom the *Insured Person* is legally married; or if there is no such person;
- ▶ the person with whom the *Insured Person* has lived for at least one year and publicly represented as his or her domestic partner.

**Trip Cancellation Coverage Period** is defined in section 9.

**Trip Interruption Coverage Period** is defined in section 9.

**Usual, Customary and Reasonable Charges** means charges that do not exceed the general level of charges made by other providers of similar standing in the geographical area where charges are incurred for comparable treatment, services or supplies for a similar *Medical Emergency*.

**You** and **Your** mean the person who purchases this *Certificate*. *You* and *Your* do not include that person's *Spouse* or *Dependent Child(ren)*.

**We, Us** and **Our** mean TD Life Insurance Company.

## Section 3: Eligibility

### Eligibility for the Annual Plan and Per Trip coverage

You may apply for the Annual Plan or Per Trip coverage under *Single Coverage* if:

- ▶ You are:
  - 18 to 84 years of age on the *Effective Date* of *Your Annual Plan*; or
  - at least 18 years of age on the *Effective Date* of *Your Per Trip coverage*; and
- ▶ You are a resident of Canada;
- ▶ You are covered under a Canadian provincial or territorial government health insurance plan;
- ▶ You are a TD Canada Trust Customer;
- ▶ You are physically present in Canada when You purchase the insurance coverage;
- ▶ the information You provide in connection with *Your Application* is true and complete; and
- ▶ You purchase the insurance no earlier than 45 days before:
  - the *Effective Date* of *Your Annual Plan*; or
  - if You are purchasing Per Trip coverage, the departure date as set out in *Your Application* or most recent *Letter of Confirmation*.

You may apply for the Annual Plan or Per Trip coverage on *Your Spouse* or any named travelling companion under *Couple Coverage* if:

- ▶ You apply for *Couple Coverage*;
- ▶ You name *Your Spouse* or travelling companion in *Your Application*; and
- ▶ *Your Spouse* or travelling companion also meets the above criteria, except that:
  - he or she is not required to be a TD Canada Trust Customer; and
  - if *Your travelling companion* is *Your Dependent Child(ren)*, then he or she may be under 18 years of age.

You may apply for the Annual Plan or Per Trip coverage on *Your Spouse* including *Your Dependent Child(ren)* under *Family Coverage* if:

- ▶ You name *Your Spouse* and/or *Dependent Child(ren)* in *Your Application*; and
- ▶ they meet the above criteria except that:
  - they are not required to be TD Canada Trust Customers; and
  - *Your Dependent Child(ren)* is travelling with You or *Your Spouse*.

**NOTE:** *Your Dependent Child(ren)* does not have to be 18 years of age to be an *Insured Person*.

You may apply for the Annual Plan or Per Trip coverage on a *Dependent Child* if:

- ▶ You apply for *Single Coverage*;
- ▶ You specify in *Your Application* that the *Certificate* is to cover the *Dependent Child(ren)* instead of You; and
- ▶ *Your Dependent Child(ren)* meets the above criteria except that:
  - he or she is not required to be a TD Canada Trust Customer; and
  - he or she does not have to be 18 years of age to be an *Insured Person*.

### Eligibility to increase Trip Cancellation Benefits

If You already have the Annual Plan and You want to increase the benefits available with respect to *Your Trip Cancellation insurance*, You can apply for this coverage if each *Insured Person* meets the applicable criteria described under section 3 – Eligibility for the Annual Plan and Per Trip coverage.

### Eligibility for the Annual Plan Trip Extension Coverage

If You already have the Annual Plan under the *Group Policy* and You are planning a trip that will last more than 17 days, You can apply to purchase the Annual Plan Trip Extension Coverage through Us as long as each *Insured Person* meets the applicable criteria described under section 3 – Eligibility for the Annual Plan and Per Trip coverage, except that:

- ▶ You do not have to be in Canada when You purchase this additional coverage; and
- ▶ You can apply for the extended insurance either before or after You depart on *Your trip* as long as:
  - no *Insured Person* has suffered a *Medical Emergency* before You apply for this extended insurance; and

- You apply for the extended insurance before the end of the 17th day of *Your* trip (Note that the date of departure is counted as one full day.); and
- the total length of the *Covered Trip* is less than 212 days or such lesser number of days as is allowed under *Your GHIP* for travel outside Canada.

**NOTE:** The minimum premium for extension of the Annual Plan is \$15. This payment will be charged to *Your* credit card.

#### Eligibility to increase the length of Per Trip coverage

If *You* already have Per Trip coverage under the *Group Policy* and discover that *Your* trip will last longer than originally intended, *You* can apply to extend the period of coverage if each *Insured Person* meets the applicable criteria described in section 3 – Eligibility for the Annual Plan and Per Trip coverage, except that:

- *You* do not have to be in Canada when *You* purchase this extension of coverage; and
- *You* can apply for the insurance either before or after *You* depart on *Your* trip as long as:
  - no *Insured Person* has suffered a *Medical Emergency* before *You* apply for this extension of coverage;
  - *You* apply for this extension before the date on which the original coverage terminates; and
  - the trip does not exceed 212 days or such lesser number of days as is allowed under *Your GHIP* for travel outside Canada.

**NOTE:** The minimum premium for extension of Per Trip coverage is \$15. This payment will be charged to *Your* credit card.

## Section 4: Evidence of Insurability

### Medical Evidence

In some cases, a person who wants to be insured will need to answer some medical questions so that *We* can determine whether or not to provide the insurance. In these cases, the premium for the coverage or extension of coverage will be based on the answers to the medical questions. Some applicants, for example those with certain unstable medical conditions, may not qualify for coverage or for an extension of coverage.

**If a person to be insured:**

- **fails to disclose all medical conditions, current medications and periods of *Hospitalization* in response to the medical questions asked; or**
- **fails to fully, completely and accurately respond to the medical questions asked in the telephone interview with *Our Administrator*, then this *Certificate* will be null and void and no benefits will be payable under it.**
- **This *Certificate* and all coverage hereunder will be null and void even if the failure to disclose or misrepresentation relates only to the amount of premium that should have been paid and this *Certificate* will be null and void even if any failure to disclose or misrepresentation does not relate to the cause of any claim. This is why *We* investigate the answers provided to the health questions in the *Application*. *We* may do this at any time. *We* will do this at the time of claim.**

### When is Medical Evidence Required?

Medical evidence of insurability will be required in the following cases:

- if the person to be insured is over 85 years of age and is applying for Per Trip coverage, or for extension of Per Trip coverage; or
- if the person to be insured is 55 to 84 years of age and:
  - is applying for Per Trip coverage, or an extension of Per Trip coverage, with respect to a trip that will last 18 days or longer; or
  - has the Annual Plan and is applying for Annual Plan Trip Extension Coverage for a trip that will last 18 days or longer.

### Obligation to Update Medical Evidence

If an *Insured Person* is required to provide medical evidence, then he or she is required to contact *Our Administrator* if the *Insured Person's* medical status changes in any way after the *Insured Person* is enrolled and before his or her date of departure. This *Certificate* will be null and void and no benefits will be payable under it, if such an *Insured Person* fails to contact *Our Administrator* and fully disclose any change in his or her medical status between the date of enrollment and date of departure. This includes:

- **any medical condition discovered;**
- **any symptoms that appeared;**
- **any condition that was investigated, diagnosed or treated;**
- **any further investigation that was recommended or prescribed; or**
- **any change in treatment that was recommended, including new medication or any change to medication or dosage;**

in such period.

### Amending or Canceling Coverage based on a Change in Medical Condition

Where medical evidence is required, *Our* decision as to whether to insure a person, and on what basis to insure the person, depends on his or her condition on the date the *Insured Person* leaves on the *Covered Trip*. Therefore, if there is any change in an *Insured Person's* medical condition, as described above, before the *Covered Trip* begins, *We* may:

- cancel the *Insured Person's* insurance for that *Covered Trip*; or
- request a higher premium with respect to that *Insured Person* for that *Covered Trip*. If *You* do not pay the additional premium by the date the *Insured Person* departs, *We* will cancel the *Insured Person's* insurance for that *Covered Trip*.

If *We* cancel insurance under this provision, *We* will return any premiums that were paid for the canceled coverage.

## Section 5: How to apply for insurance

### By Phone

*You* can apply for insurance by calling *Our Administrator*, toll-free, at **1-800-293-4941** or at **416-977-2039** and completing an *Application* by telephone.

*You* can apply for an extension of insurance by calling *Our Administrator* at the 24-Hour Assistance line and completing an *Application* by telephone. The phone number is **1-800-359-6704** from Canada or the U.S., or from other countries, *You* can call collect at **416-977-5040**.

### Online

*You* can also apply for insurance online at **www.tdinsurance.com** if *You* would like to apply for:

- a new Annual Plan; or
- new Per Trip coverage if:
  - all of the people to be insured are under 55 years of age; or
  - all of the people to be insured are under 85 years of age and the trip will be 17 days or less.

### In a TD Canada Trust branch

*You* can also obtain an *Application* for insurance through any TD Canada Trust branch if *You* would like to apply for one of the following:

- a new Annual Plan with the lowest amount of Trip Cancellation Insurance coverage (i.e. \$1,000 per *Insured Person* per *Covered Trip*, with an overall maximum of \$5,000 per *Certificate* per *Policy Year* in total for all *Insured Persons* and all *Covered Trips*); or
- new Per Trip coverage where:
  - all of the people to be insured are under 55 years of age; or
  - all of the people to be insured are under 85 years of age and the trip will be 17 days or less.

## Section 6: When Your Certificate takes effect

If the following conditions have been met, *Your Certificate* of insurance takes effect on the *Effective Date* as set out in *Your Application* or, if applicable, *Your most recent Letter of Confirmation*:

- *You* have applied for insurance as described in section 5;
- all of the people to be insured have met the eligibility requirements described in section 3;
- if any of the people to be insured were required to provide evidence of insurability, as described in section 4, they have done so and *Our Administrator* has approved them for coverage;
- *You* have paid the required premium;
- if *You* applied in a TD Canada Trust branch, an authorized branch representative has stamped *Your Certificate* of insurance; and
- if *You* applied by telephone or online, *You* have received a *Certificate Number* to confirm insurance has been issued, and *Our Administrator* has sent a *Letter of Confirmation*.

## Section 7: How Your Annual Plan can be renewed

*Your Annual Plan* will automatically renew on the *Anniversary Date* if:

- *You* purchased *Your Annual Plan* online or by calling *Our Administrator*;
- *We* have a valid credit card on file when *Your Anniversary Date* occurs;

- ▶ no *Insured Person* under the *Certificate* is 85 years of age or older on the *Anniversary Date*; and
- ▶ the renewal premium is received and accepted for the next *Policy Year for the Annual Plan*.

Otherwise, if *You* want to renew *Your Annual Plan*, *You* will need to contact *Our Administrator* before *Your Anniversary Date* to arrange for payment. *You* can contact *Our Administrator*, toll-free, at **1-800-293-4941** or at **416-977-2039** from 8 a.m. to 8 p.m. ET on Monday to Friday or 12 p.m. to 6 p.m. ET on Saturday.

If there have been any changes, *We* will send *You* a new *Certificate* that will describe the terms and conditions of insurance for the new *Policy Year for the Annual Plan*. Otherwise, *Your* most recent *Certificate* will continue to apply.

If *You* wish to cancel *Your* insurance, *You* can do so as described in section 8.

## Section 8: When *Your Certificate* terminates

### Annual Plan

*Your Annual Plan Certificate* will terminate on *Your Anniversary Date*, unless *Your Annual Plan Certificate* is renewed.

### Per Trip Coverage

*Your Per Trip coverage Certificate* will terminate on the earliest of the following dates:

- ▶ the scheduled return date shown in *Your Application* or, if applicable, the most recent *Letter of Confirmation*;
- ▶ the date the last *Insured Person* under the *Certificate* returns to his or her province of residence from the *Covered Trip*;
- ▶ the date the last *Insured Person* under the *Certificate* ceases to be eligible for coverage;
- ▶ the date the last *Insured Person* under the *Certificate* has his or her insurance canceled due to a change in medical condition before departing on the *Covered Trip*; and
- ▶ the date on which *Your* request to cancel *Your Certificate* is effective.

### Automatic Extension of *Certificate* in a Medical Emergency

However, if any *Insured Person* is suffering from a *Medical Emergency* on a date when *Your Certificate* would otherwise terminate, for any reason other than cancellation, then the *Certificate* is automatically extended until 72 hours following the end of the *Medical Emergency*.

### Canceling *Your* insurance

*You* can cancel *Your Per Trip* insurance by writing (mail, phone or fax) to *Our Administrator* at the Customer Service address in section 17. Once *Our Administrator* receives *Your* written request, it will be effective on the date it was postmarked.

*You* will receive a refund as follows:

- ▶ if *Your* cancellation request for *Your Per Trip* coverage is postmarked before the departure date set out in *Your Application* or, if applicable, *Your* most recent *Letter of Confirmation*, *You* will receive a full refund; or
- ▶ if *Your* cancellation request for *Your Per Trip* coverage is postmarked after that date, and no claim has been incurred, *You* will receive a pro-rated refund, less an administrative fee of \$15.

No benefits will be paid under this *Certificate* for losses incurred after coverage has terminated.

### Annual Plan Participants – Right to Examine this *Certificate/Rescind Coverage*

Annual Plan participants have a period of ten (10) days from the date of receipt of this *Certificate* to rescind this insurance and receive a full refund of any premium that has been paid. *Your* request must be postmarked within 10 days from the date *You* receive this *Certificate* or, for renewals, the date *You* receive *Your* renewal notice or replacement *Certificate*. In that event, the Annual Plan coverage shall be void.

## Section 9: The Coverage Period for each type of benefit

### Trip Cancellation Coverage Period (Annual Plan only)

If *You* have purchased the Annual Plan coverage, the *Trip Cancellation Coverage Period* begins on the later of:

- ▶ *Your Annual Plan Effective Date*; and
- ▶ the date the *Covered Trip* is booked.

The *Trip Cancellation Coverage Period* ends on the earlier of:

- ▶ the date the *Insured Person* departs on the *Covered Trip*; and
- ▶ the date this *Certificate* terminates.

### Trip Interruption Coverage Period (Annual Plan only)

If *You* have purchased the Annual Plan, the *Trip Interruption Coverage Period* begins on the later of:

- ▶ *Your Annual Plan Effective Date*;
- ▶ the date the *Insured Person* completes a portion of the *Covered Trip* as shown on his or her invoice or ticket.

The *Trip Interruption Coverage Period* ends on the earlier of:

- ▶ the date the *Insured Person* is scheduled to return from the *Covered Trip*;
- ▶ if the *Covered Trip* exceeds 17 days and *You* have not purchased Annual Plan Trip Extension coverage, at 11:59 p.m. on the 17th day of the *Covered Trip* (Note that the date of departure is counted as one full day.);
- ▶ if the *Covered Trip* exceeds 17 days and *You* have purchased Annual Plan Trip Extension coverage, at 11:59 p.m. on the last day of *Your* Annual Plan Trip Extension coverage (Note that the date of departure is counted as one full day; and
- ▶ the date this *Certificate* terminates.

#### **Medical Emergency Coverage Period (Annual Plan)**

If *You* have purchased the Annual Plan coverage, the *Medical Emergency Coverage Period* begins when the *Insured Person* departs on a *Covered Trip*.

The *Medical Emergency Coverage Period* ends on the earlier of:

- ▶ the date the *Insured Person* returns from the *Covered Trip*;
- ▶ if the *Covered Trip* exceeds 17 days and *You* have not purchased Annual Plan Trip Extension coverage for the *Covered Trip*, at 11:59 p.m. on the 17th day of the *Covered Trip*. (Note that the date of departure is counted as one full day. The *Insured Person* will be required to provide evidence satisfactory to *Us* of his or her actual date of departure from his or her province or territory of residence. Proof of *Your* date of departure includes, but is not limited to, a flight itinerary, gas receipts or toll-road receipts.);
- ▶ if *You* have purchased Annual Plan Trip Extension Coverage, at 11:59 p.m. on the last day of coverage under Annual Plan Trip Extension coverage, as specified in the most recent *Letter of Confirmation*;
- ▶ the date this *Certificate* terminates.

However, if an *Insured Person* is suffering from a *Medical Emergency* on the date the *Medical Emergency Coverage Period* would otherwise end (for any reason except cancellation of the *Certificate*), then the *Medical Emergency Coverage Period*:

- ▶ for that *Insured Person*; and
- ▶ for any other *Insured Person* if:
  - that other *Insured Person* has extended his or her trip beyond his or her scheduled return date as a result of the first *Insured Person's* *Medical Emergency*; and
  - *Our Administrator* has approved a Travelling Companion Benefit for that other *Insured Person*

is automatically extended to 72 hours following the end of the *Medical Emergency*.

#### **Medical Emergency Coverage Period (Per Trip Plan)**

If *You* have purchased Per Trip coverage, the *Medical Emergency Coverage Period* begins on the later of:

- ▶ the *Insured Person's* scheduled departure date, as specified in the *Application* or, if applicable, the most recent *Letter of Confirmation*;
- ▶ when the *Insured Person* actually departs on the *Covered Trip*.

If *You* have purchased Per Trip coverage, then the *Medical Emergency Coverage Period* ends on the earlier of:

- ▶ the *Insured Person's* scheduled return date, as specified in the *Application* or, if applicable, the most recent *Letter of Confirmation*;
- ▶ the date the *Insured Person* actually returns;
- ▶ the date this *Certificate* terminates.

The *Medical Emergency Coverage Period* (Per Trip Plan) will not end if an *Insured Person* temporarily returns to his or her province or territory of residence prior to the termination date of *Your* Per Trip Plan *Certificate* as described in section 8, provided that:

- ▶ such *Insured Person* has not incurred or submitted a claim under this *Certificate* or suffered a *Medical Emergency* during the *Covered Trip* or during his or her temporary return to his or her province or territory of residence;
- ▶ there has been no change in any *Pre-Existing Condition* during the *Covered Trip* or during the temporary return to the *Insured Person's* province or territory of residence;
- ▶ such *Insured Person's* medical condition has not changed during his or her temporary return to his or her province or territory of residence; and, in addition to all of the above,
- ▶ such *Insured Person* was fit to resume travel on his or her *Covered Trip*.

## Section 10: What Your Insurance covers

### Trip Cancellation Insurance (Annual Plan only)

If You have purchased the Annual Plan, We will pay a Trip Cancellation Benefit with respect to an *Insured Person* if he or she is required to cancel a *Covered Trip* due to a *Covered Cause for Cancellation* listed below that occurs during the *Trip Cancellation Coverage Period* for the *Covered Trip*. No benefit will be payable with respect to cancellation of a *Covered Trip* for any reason other than those listed below.

**Trip Cancellation Benefit** is subject to the Maximum Benefit Payable described in section 1.

**Eligible Trip Cancellation Expenses** means one of the following two options:

- reimbursement for:
  - the portion of the *Insured Person's* unused travel arrangements which were:
    - paid in advance;
    - forfeited as a result of a *Covered Cause for Cancellation*; and
    - non-refundable on the date the *Covered Cause for Cancellation* arose; and
  - travel point administration cancellation fees that applied on the date the *Covered Cause for Cancellation* arose, where applicable.

**NOTE:** there will be no reimbursement for the cost of any additional travel insurance;

▸ or, in the alternative, if the *Insured Person* misses the scheduled departure as a result of a *Covered Cause for Cancellation*, payment of reasonable transportation costs that are:

- required for the *Insured Person* to travel to the destination of the *Covered Trip* by the most direct route; and
- approved in advance by *Our Administrator*.

**Covered Cause for Cancellation** means:

- death of an *Insured Person*
- sudden and unexpected sickness, accidental injury or quarantine of an *Insured Person* if:
  - it did not result from a *Pre-Existing Condition*;
  - it prevents the *Insured Person* from starting the *Covered Trip*;
  - a *Physician* certifies, in writing that:
    - he or she has advised the *Insured Person* to cancel the *Covered Trip*; or
    - the sickness or injury made it impossible for the *Insured Person* to start the *Covered Trip*;
  - and the medical reason for the decision; and
  - You provide the *Physician's* certification to *Our Administrator* on or before the scheduled departure date;
- death of an *Immediate Family Member* of the *Insured Person*;
- sudden and unexpected sickness, accidental injury or quarantine of an *Immediate Family Member* of the *Insured Person*; or
- the sudden and unexpected death or *Hospitalization* of an *Insured Person's* host at the destination.

#### TRIP CANCELLATION EXCLUSIONS

##### 1. Pre-Existing Condition

No benefit will be payable with respect to a medical condition of the *Insured Person* that relates to or results from a *Pre-Existing Condition*.

##### 2. Reasonably Foreseeable Conditions

No benefit will be payable with respect to a sickness, accidental injury or quarantine of the *Insured Person* that was reasonably foreseeable when the *Trip Cancellation Coverage Period* began.

##### 3. Cancellation penalties arising after a Covered Cause for Cancellation

Benefits will be limited to cancellation penalties in effect on the date the *Covered Cause for Cancellation* arises, so it is important to cancel *Your* travel plans promptly.

##### 4. Frequent flyer plan points

Under no circumstance will any benefit be payable in connection with the value of frequent flyer plan points that have been lost or wasted. However, TD Points earned with *Your* TD First Class Travel<sup>®</sup> Visa Infinite\* Card are eligible for benefit under this *Certificate*.

## Section 11: What Your Insurance covers

### Trip Interruption Insurance (Annual Plan only)

If You have purchased the Annual Plan, We will pay a Trip Interruption Benefit with respect to an *Insured Person* if he or she is prevented from continuing a *Covered Trip* as a result of a *Covered Cause for Interruption* listed below that occurs during the *Trip Interruption Coverage Period* for the *Covered Trip*. No benefit will be payable with respect to interruption of a *Covered Trip* for any reason other than those listed below.

**Trip Interruption Benefit** is subject to the Maximum Benefit Payable described in section 1.

**Eligible Trip Interruption Expenses** means:

- if the *Insured Person* must terminate the *Covered Trip* as a result of the *Covered Cause for Interruption*, the lesser of:
  - the cost of a one-way economy airfare to the point of departure, if *Our Administrator* approves this transportation in advance; or
  - the fee charged by the airline to change the *Insured Person's* date of return;
- if the *Insured Person* is delayed in reaching the next destination of his or her *Covered Trip* as a result of a *Covered Cause for Interruption*, payment of reasonable additional transportation costs that are:
  - required for the *Insured Person* to rejoin a tour group by the most direct route; and
  - approved in advance by *Our Administrator*; and
- the portion of any unused land arrangements which were:
  - part of the *Insured Person's Covered Trip*;
  - paid prior to the *Insured Person's* date of departure; and
  - non-refundable on the date the *Covered Cause for Interruption* occurred.

**Covered Cause for Interruption** means:

- death of an *Insured Person*;
- accidental injury or sickness of an *Insured Person* if:
  - it does not result from a *Pre-Existing Condition*; and
  - in the opinion of *Our Administrator*:
    - it requires immediate medical attention, and either:
      - it prevents the *Insured Person* from continuing with the *Covered Trip*; or
      - the *Insured Person* will be delayed in reaching the next destination of his or her *Covered Trip*;
- death of an *Immediate Family Member* of the *Insured Person*;
- sudden and unexpected sickness or accidental injury of an *Immediate Family Member* which requires an overnight stay in a *Hospital*.

#### TRIP INTERRUPTION EXCLUSIONS

##### 1. Pre-Existing Conditions

No benefit will be payable with respect to a medical condition of the *Insured Person* that relates to or results from a *Pre-Existing Condition*.

##### 2. Reasonably foreseeable conditions

No benefit will be payable with respect to a sickness or accidental injury of the *Insured Person* that was reasonably foreseeable:

- when the *Insured Person* departed on the *Covered Trip*; or
- if You purchased Annual Plan Trip Extension coverage after that departure date, on the date You purchased it.

##### 3. Interruption occurring outside the Coverage Period

No benefit will be payable with respect to an interruption that occurs before the *Trip Interruption Coverage Period* begins or after it ends.

This means, for example, that no benefit will be paid with respect to an interruption that occurs after 11:59 p.m. on the 17th day of a *Covered Trip*, if You have not purchased Annual Plan Trip Extension Coverage for the trip.

**NOTE:** The day of departure counts as a full day for this purpose.

##### 4. Sums that become non-refundable after the Covered Cause for Interruption occurs

Only the sums that are non-refundable on the day the *Covered Cause for Interruption* occurs shall be eligible for the purposes of this claim, so it's important to call *Our Administrator* immediately to discuss alternate arrangements.

**5. Causes not covered**

No benefit will be payable with respect to interruption of a *Covered Trip* for any reason other than those listed under *Covered Cause for Interruption*.

**6. Frequent flyer plan points**

Under no circumstance will any benefit be payable in connection with the value of frequent flyer plan points that have been lost or wasted. However, TD Points earned with *Your TD First Class Travel* <sup>®</sup>*Visa Infinite\** Card are eligible for benefit under this *Certificate*.

**7. Unused Return Travel**

Under no circumstance will Trip Interruption Benefits include the cost of prepaid unused return travel.

## Section 12: What Your Insurance covers

### Emergency Medical Insurance

We will pay a *Medical Emergency Benefit* if an *Insured Person* suffers a *Medical Emergency* during the *Medical Emergency Coverage Period* for a *Covered Trip*.

**Emergency Medical Benefit** means, subject to the Maximum Benefit Payable described in section 1, the *Usual, Customary and Reasonable Charges* for *Eligible Medical Emergency Expenses*, less all amounts payable or reimbursable under a *GHIP* or any group or individual health plans or insurance policies.

**Eligible Medical Emergency Expenses** means:

▸ **Hospital accommodation.**

▸ **Physicians' bills.**

▸ **Private duty nursing:**

- up to \$5,000 for:
  - o services performed by a registered nurse; including:
    - medically necessary nursing supplies.

▸ **Diagnostic services:**

- charges for diagnostic tests, laboratory tests and X-rays which are:
  - o prescribed by the treating *Physician*; and
  - o approved in advance by *Our Administrator* if the tests involve:
    - magnetic resonance imaging (MRI);
    - computerized axial tomography (CAT) scans;
    - sonograms;
    - ultrasounds; or
    - any invasive diagnostic procedures including angioplasty.

▸ **Ambulance:**

- charges for emergency ambulance service to the nearest approved *Hospital*.

▸ **Air Ambulance:**

- charges for emergency air ambulance only if *Our Administrator*:
  - o determines that the *Insured Person's* physical condition precludes the use of any other means of transportation;
  - o makes the determination before the service is provided;
  - o pre-approves this service; and
  - o arranges this service.

▸ **Prescriptions:**

- reimbursement of prescription drugs that are required as part of emergency treatment.

**Exclusion:** vitamins and patent, proprietary and experimental drugs are excluded.

▸ **Accidental Dental:**

- up to \$2,000 for dental treatment that is:
  - o required during a *Medical Emergency Coverage Period*; and
  - o necessitated by a blow to natural or permanently installed teeth which occurs during a *Medical Emergency Coverage Period*.

**Limitation:** treatment for emergency relief of dental pain is covered up to a maximum of \$200.

► **Medical Appliances:**

- cost of casts, crutches, trusses, braces, slings, splints and/or the rental cost of a wheelchair or walker where:
  - o prescribed by a *Physician*; and
  - o required as a result of a *Medical Emergency*.

► **Return Airfare:**

- the extra cost for a one-way economy fare plus, if required to accommodate a stretcher, a second one-way economy fare if:
  - o as a result of a *Medical Emergency*, *Our Administrator* determines that an *Insured Person* should return to Canada for medical reasons; and
  - o *Our Administrator* approves the transportation in advance.

**Limitation:** this benefit will be reduced by any amount paid under a Trip Interruption benefit to return the *Insured Person* to his or her point of departure.

► **Transportation to Bedside:**

- if an *Insured Person* is *Hospitalized* and is expected to remain *Hospitalized* for at least three consecutive days, the cost of one roundtrip economy airfare from Canada if it is:
  - o for the *Insured Person's Spouse*, parent, child, brother or sister; and
  - o approved in advance by *Our Administrator*.

► **Travelling Companion Benefit:**

- the cost of a single one-way economy airfare if:
  - o an *Insured Person* suffers a covered *Medical Emergency*;
  - o as a result, a travelling companion stays beyond his or her scheduled return date; and
  - o *Our Administrator* approves, in advance, the cost of a one-way economy airfare back to the travelling companion's place of departure.

**Limitation:** This benefit will be reduced by any amount paid under a Trip Interruption benefit to return the travelling companion to his or her point of departure if the travelling companion is also an *Insured Person* under this *Certificate*.

► **Bedside Companion Benefit:**

- up to \$150 per day, to a maximum of \$1,500, for food and accommodation for a person if:
  - o *Our Administrator* has approved transportation for the person under either a Transportation to Bedside benefit or a Travelling Companion Benefit; and
  - o *Our Administrator* has approved the Bedside Companion Benefit in advance.

► **Vehicle Return:**

- up to \$1,000 toward the cost of returning an *Insured Person's* vehicle to his or her home or, if applicable, the nearest appropriate vehicle rental agency if:
  - o the *Insured Person* is unable to return the vehicle due to a covered *Medical Emergency*; and
  - o *Our Administrator* arranges for the return of the vehicle.

► **Return of Deceased:**

- up to \$5,000 toward the cost of preparation and transportation home of a deceased *Insured Person* if death results from a covered *Medical Emergency*; and
- one roundtrip economy airfare if:
  - o an immediate family member is required to identify or obtain release of the deceased; and
  - o *Our Administrator* approves this transportation in advance.

**Exclusion:** the cost of a burial casket or urn is not covered under this benefit.

**Medical Emergency Limitations**

**1. Failure to report**

- A *Medical Emergency* must be reported to *Our Administrator* within 48 hours of admission to *Hospital*, or as soon as is reasonably possible.
- If the *Medical Emergency* is not reported as required, the Maximum Benefit Payable with respect to the *Medical Emergency* will be reduced to 80% of the *Eligible Medical Emergency Expenses*, to a limit of \$30,000.

## 2. General

As noted above, the benefits payable under the *Group Policy* will be the actual cost of the covered expense less:

- the amount reimbursable under *GHIP*; and
- the amount reimbursable through any other insurance or health plan coverage.

## EMERGENCY MEDICAL INSURANCE EXCLUSIONS

### 1. Pre-Existing Condition

If an *Insured Person* was not required to provide medical evidence, as described in section 4, in order to obtain insurance with respect to a *Covered Trip*, then no benefit will be paid for that *Covered Trip* with respect to treatment, services or expenses that relate to or result from a *Pre-Existing Condition*.

### 2. Reasonably foreseeable conditions

No benefit will be payable with respect to a sickness, accidental injury or *Medical Emergency* that was reasonably foreseeable:

- when the *Insured Person* departed on the *Covered Trip*; or
- if *You* purchased an extension of coverage after that departure date, on the date *You* purchased that additional insurance.

### 3. Medical Emergency occurring outside the Coverage Period

- No benefit will be payable with respect to a *Medical Emergency* that occurs before the *Medical Emergency Coverage Period* begins or after it ends.
- This means, for example, that under the Annual Plan, no benefit will be paid with respect to a *Medical Emergency* that occurs after 11:59 p.m. on the 17th day of a *Covered Trip*, if *You* have not purchased Annual Plan Trip Extension Coverage for the trip.

**NOTE:** The day of departure counts as a full day for this purpose.

### 4. Failure to transfer to an appropriate facility for treatment

- *We*, in consultation with the *Insured Person's* treating *Physician*, reserve the right to transfer an *Insured Person* to an appropriate medical facility or to his or her province or territory of residence for further treatment.
- Failure to comply with a transfer request will absolve *Us* of any liability to provide benefits for expenses incurred after the scheduled transfer date.

### 5. Recurrence

A *Medical Emergency* is considered to have ended when medical evidence indicates that the *Insured Person* is able to return to his or her province or territory of residence. No benefits will be paid in connection with the condition that caused a *Medical Emergency* if they are incurred after that time.

### 6. Failure to obtain advance approval

- Where an *Eligible Expense* specifies that it must be approved in advance by *Our Administrator*, if advance approval is not obtained, no benefit will be payable for that expense.
- No benefit will be paid with respect to any surgery or invasive procedure that has not been approved in advance by *Our Administrator*, except in extreme circumstances where a request for prior approval would delay necessary surgery in a life-threatening medical crisis.

### 7. Non-emergency services

No benefit will be payable with respect to non-emergency, experimental or elective services, including any treatment, surgery or medication which medical evidence indicates that the *Insured Person* could have returned to Canada to receive.

## Section 13: Limitations and exclusions: What *Your* insurance does not cover

Limitations and exclusions that apply to a particular benefit are found above in the description of those benefits.

**This Certificate is null and void and no benefits will be payable under it for:**

### 1. Misrepresentation

- any medical condition for which *You* or an *Insured Person* provided *Our Administrator* or *Us* with false or inaccurate information regarding *Hospitalizations*, treatment or medications;

### 2. Failure to provide accurate and complete evidence of insurability

- if an *Insured Person* was required to provide evidence of insurability as described in section 4 and:
  - a. he or she failed to disclose all medical conditions, as required under section 4; or
  - b. he or she failed to contact *Our Administrator* and disclose a change in his or her medical condition between the date of enrollment and date of departure, as required under section 4.

## ADDITIONAL EXCLUSIONS APPLICABLE TO ALL BENEFITS

Limitations and exclusions that apply to a particular benefit are found above in the description of those benefits. In addition, for all benefits:

No benefit will be payable in connection with treatment, services or expenses related to or resulting from:

### a. Pregnancy

- pregnancy or childbirth within nine weeks of expected delivery date;
- any complication relating to pregnancy that occurs in the last nine weeks leading up to the expected delivery date, or after the expected delivery date;
- any child born during the *Covered Trip* in question;

### b. Intentionally inflicted injuries

- intentionally inflicted injuries, suicide or attempted suicide, while either sane or insane;

### c. Failure to take medication

- failure to take medication as prescribed by the *Insured Person's Physician*;

### d. Alcohol or drug abuse

- abuse of medication or alcohol or use of illicit drugs;

### e. Crime

- participation in a criminal offence;

### f. Professional Sports or Racing

- participation in professional sports or any organized racing or speed contests;

### g. War or terrorism

- any act of war, whether declared or not, hostile or warlike action in time of peace or war, insurrection, rebellion, revolution, civil war, hijacking or terrorism;

### h. Commuting

- any trip that is primarily for the purpose of commuting to or from the *Insured Person's* usual place of employment;

### i. Mental Disorders

- any mental, nervous or emotional disorders, including any *Medical Emergency* arising from these disorders;

### j. Hazardous Activities

- recreational scuba diving (unless the *Insured Person* holds a basic scuba designation from a certified school or licensing body), mountaineering, bungee-jumping, parachuting, parasailing, cave exploration, hang-gliding, skydiving or any airborne activity in any aircraft other than a passenger aircraft that holds a valid certificate of airworthiness;

### k. Travel Advisories

- travel in a country if the Canadian government had issued a travel advisory for that country that was in effect immediately before the *Coverage Period* for the benefit in question began.

## Section 14: What to do in a Medical Emergency

**NOTE: For both the Annual Plan and Per Trip coverage, if a *Medical Emergency* occurs, You must phone *Our Administrator* immediately, or as soon as is reasonably possible. Otherwise, benefits will be limited as described in section 12 under "*Medical Emergency Limitations: 1. Failure to Report*". Some expenses will only be covered if *Our Administrator* approves them in advance.**

Assistance is available twenty-four hours a day, seven days a week by calling, toll-free, **1-800-359-6704** from Canada or the U.S., or from other countries by calling collect **416-977-5040**.

*Our Administrator* will verify whether coverage is in effect and, if so, will direct the *Insured Person* to the nearest appropriate medical facility. *Our Administrator* will arrange payment to, the provider of medical services wherever possible, and manage the *Insured Person's Medical Emergency* from the initial report through its conclusion.

If a direct payment is not arranged, the *Insured Person* may be asked to pay for services. Upon submission of a claim, the *Insured Person* will be reimbursed for any *Eligible Expenses* that are covered and so paid, as described under this *Certificate*.

**NOTE:** All payments and payment guarantees are subject to the terms and conditions of the *Certificate*, including limitations and exclusions.

## Section 15: Annual Plan customers: What to do if You need to cancel or interrupt a trip

### Trip Cancellation

It is important to **call Our Administrator immediately** at the 24-Hour Emergency Assistance number found in section 17.

The amount payable under Trip Cancellation coverage is limited to *Your* travel supplier's cancellation penalties in effect on the date the *Covered Cause for Cancellation* occurs, so it's important to cancel *Your* plans promptly, within one business day.

After the *Insured Person* has cancelled his or her travel arrangements with the travel supplier, *You* will need to follow the instructions under section 16 – How to make a claim.

### Trip Interruption

*You* must **call Our Administrator immediately** at the 24-Hour Emergency Assistance number found in section 17. Some expenses are only covered if they are approved in advance by *Our Administrator*. All transportation expenses must be preapproved.

Only the expenses that are non-refundable on the day the *Covered Cause for Interruption* occurs are eligible for reimbursement, so contact *Our Administrator* as soon as possible but no later than within one day to discuss alternate travel arrangements.

## Section 16: How to make a claim

### Trip Cancellation or Trip Interruption claim

Once the *Insured Person* has cancelled his or her travel arrangements with the travel supplier, call *Our Administrator* at the Customer Service phone number in section 17 to obtain a claim form.

*You* will be required to **submit a completed claim form and provide documentation to substantiate the claim**, including the following:

1. original invoice, original tickets (including any unused coupons), original vouchers, and original itinerary;
2. proof that cancellation or interruption resulted from a *Covered Cause for Cancellation* or *Covered Cause for Interruption*, as applicable. This may include a medical certificate, *Physician's* written statement or death certificate; and
3. a signed "Release of Medical Information" authorization to allow *Us* to obtain any further information required to complete the claim review.

The *Insured Person* will also be required to provide evidence of his or her actual departure date from his or her province or territory of residence.

### Medical Emergency Claim

A *Medical Emergency* should always be reported immediately, as described in section 14, or benefits will be limited.

#### If You did not report the claim immediately as required –

If, without contacting *Our Administrator* for assistance and claim management, an *Insured Person* incurs *Eligible Medical Emergency Expenses*, then he or she must first submit receipts and other proof to:

- ▶ *GHIP*;
- ▶ then to any group or individual health plans and/or insurers.

Any *Eligible Medical Emergency Expenses* that are not covered by such *GHIP*, plans or insurance should then be submitted to *Our Administrator* with proof of claim, receipts and payment statements. In this case, claims forms can be obtained from *Our Administrator's* Customer Service representatives at the number set out in section 17.

The *Insured Person* will also be required to provide evidence of his or her actual departure date from his or her province or territory of residence. Proof of *Your* departure date includes but is not limited to a flight itinerary, gas receipts or toll-road receipts.

#### If You did report the claim –

If *Hospital* or other medical charges have been guaranteed or paid by *Our Administrator* on behalf of an *Insured Person* then *You* and, if applicable, the *Insured Person* must sign an authorization form allowing *Our Administrator* to recover these charges:

- ▶ from the *Insured Person's* *GHIP*;
- ▶ from any health plan or other insurance;
- ▶ through subrogation rights against any responsible third party.

If *Our Administrator* has paid for *Eligible Expenses* covered under other insurance or another plan, *You* and, if applicable, the *Insured Person* must assist *Our Administrator* in obtaining reimbursement, where necessary.

The *Insured Person* will also be required to provide evidence of his or her actual departure date from his or her province or territory of residence. If requested, an *Insured Person* is also required to confirm the dates of any return travel to his or her province or territory of residence and this includes any interruption in a *Covered Trip*.

**NOTE:** If an advance payment is made for expenses and it is later discovered that they were not covered under this *Certificate*, then the *Insured Person* must reimburse *Us*.

## Section 17: How to contact *Our Administrator*

### 24-Hour Emergency Assistance Number

To report a *Medical Emergency*, or to make arrangements with respect to Trip Interruption or Trip Cancellation, *You* can call *Our Administrator* 24 hours a day, seven days a week:

From the U.S. or Canada      **1-800-359-6704**  
From elsewhere, call collect    **416-977-5040**

*You* can also call this number to apply for an extension of Per Trip coverage for a *Covered Trip* or to apply for Annual Plan Trip Extension coverage.

### Customer Service

To obtain a claim form, cancel *Your* insurance or for general inquiries, *You* can call *Our Administrator* 8 a.m. to 8 p.m. ET on Monday to Friday, or 12 p.m. to 6 p.m. ET on Saturday toll-free at **1-800-293-4941** or **416-977-2039**.

### Customer Service Mailing Address

*You* can mail *Your* request to:

Re: TD Insurance Travel Medical Insurance  
World Travel Protection Canada Inc.  
400 University Avenue,  
15th floor Toronto, Ontario M5G 1S7  
Fax: **416-205-4673**

## Section 18: Premiums and Premium refunds

If any person to be insured is required to provide evidence of insurability as described in section 4, then premiums for this *Certificate* will be based on the medical information provided when *You* call *Our Administrator* to apply, and, for Per Trip coverage, on the duration of *Your Covered Trip*.

Otherwise, premiums will be based on:

- ▶ the age of the oldest person to be insured under the *Certificate* as of:
  - the *Effective Date of Your Certificate*; or
  - if applicable, the *Anniversary Date* on which *Your Certificate* is renewed;
  - for Per Trip coverage, the duration of *Your Covered Trip*; and
- ▶ *Our* then-current premium tables for the requested type of insurance.

**NOTE:** Premium tables are subject to change without notice.

If *You* request an extension to Per Trip coverage, or if *You* request Annual Plan Trip Extension Coverage, the minimum premium will be \$15.

If *You* cancel *Your* insurance, some or all of *Your* premiums may be refunded, as described under section 8.

## Section 19: General Conditions

Unless otherwise expressly provided herein or in the *Group Policy*, the following general provisions apply to the benefits described in this *Certificate*:

### Delivery and Receipt of this *Certificate*

If *You* applied to enroll for this insurance by phone or by submitting *Your Application* by mail, *We* will send *You Your Certificate* by mail. *You* are deemed to have received this *Certificate* on the first to occur of the date *You* actually receive this *Certificate* in the mail or on the fifth day after it is post marked.

If *You* applied to enroll for this insurance at **www.tdinsurance.com** or **www.tdcanadatrust.com**, *We* will send *You Your Certificate* by e-mail. *You* are deemed to have received this *Certificate* on the date *We* e-mail it to *You*.

If *You* applied to enroll for this insurance by visiting a TD Canada Trust branch and submitting *Your Application* through the branch *You* shall receive *Your Certificate* at that time and that shall be the date used as the date *You* received delivery of this *Certificate*.

### Proof of Loss

The appropriate claim forms together with written proof of loss must be furnished as soon as reasonably possible, but in all events within one (1) year from the date of the accident or the date a claim arises under this *Certificate*.

### Examination

During the processing of a claim, *We* shall have the right and opportunity, at *Our* own expense, to review all medical records related to the claim and to examine the *Insured Person* medically when and as often as may be reasonably required.

### To Whom Benefits Are Payable

The *Group Policy* contains a provision removing the right of *You* or any *Insured Person* to designate a person to whom or for whose benefit insurance money is to be payable. Neither *You* nor any *Insured Person* may designate a beneficiary to receive insurance monies payable under this *Certificate*. Benefits are payable to *You* or, on *Your* behalf, to *Your* medical provider.

**Subrogation**

We shall have full rights of subrogation, including the right to proceed at *Our* own expense in the *Insured Person's* name against third parties who may be responsible for a claim arising or for providing indemnity or benefits similar to the benefits under this *Certificate*. *You* and the *Insured Person* shall give *Us* all such assistance as is reasonably required to secure *Our* rights and remedies, including the execution of all documents necessary to enable *Us* to bring suit in *Your* name or the name of the *Insured Person*, as applicable.

**Other Insurance**

The total benefits payable under all insurance, whether insured by *Us* or otherwise, with respect to a claim, cannot exceed the actual expenses incurred in connection with the claim. If a person who is insured under this *Certificate* is also insured under any other insurance certificate or policy, *We* will coordinate payment of benefits with the insurer of that other insurance.

**Legal Action and Limitation Period that May Apply**

No actions or proceedings may be brought against *Us* after two (2) years, or such longer period as is allowed under the Insurance Act or other legislation applicable in *Your* province of residence, from the date on which the loss occurred. Every action or proceeding against the 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 or other applicable legislation, applicable in *Your* province or territory of residence. All actions or proceedings against *Us* must be brought in the province or territory in which the *Certificate Holder* was resident at the *Effective Date* of this *Certificate* and will be governed by the laws of that province or territory, without reference to its conflicts of law rules.

**False Claim**

If *You* or an *Insured Person* make a claim knowing it to be false or fraudulent in any respect, neither *You* nor the *Insured Person* will be entitled to the benefits of this coverage, nor to the payment of any claim under the *Group Policy*.

**Currency**

All amounts shown are in Canadian currency.

**Access to Medical Care**

TD Life, TD Canada Trust, *Our Administrator* and their affiliates are not responsible for the availability, quality or results of any medical treatment or transport, or for the failure of any *Insured Person* to obtain medical treatment.

**Group Policy**

All benefits under this *Certificate* are subject in every respect to the *Group Policy* which alone constitutes the agreement under which benefits will be provided. The principal provisions of the *Group Policy* affecting *Insured Persons* are summarized in this *Certificate*. The *Group Policy* is on file at the office of the "Policyholder" and upon request, *You* are entitled to examine and receive a copy of the *Group Policy*.

**Relationship Between *Us* and the *Group Policy Holder***

TD Life Insurance Company is affiliated with The Toronto-Dominion Bank ("TD Bank").

**This is the end of *Your Certificate of Insurance*.**