



**TD Insurance**  
**TD 55+ Extended Stay Travel Medical Insurance**  
**Distribution Guide**

**Name of Insurance Product**

TD 55+ Extended Stay Travel Medical Insurance

**Type of Insurance Product**

Group Travel Insurance

**Name and Address of Insurer:**

TD Life Insurance Company  
P.O. Box 1  
TD Centre  
Toronto, Ontario M5K 1A2  
Phone: 1-888-788-0839

**Name and Address of the Administrator:**

Allianz Global Assistance  
P.O. Box 277  
Waterloo, Ontario N2J 4A4  
Phone: 1-800-293-4941  
416-977-2039  
Fax: 519-742-9471

**Name and Address of the Distributor:**

The Toronto-Dominion Bank  
P.O. Box 1  
TD Centre  
Toronto, Ontario M5K 1A2

**Responsibility of the Autorité des marchés financiers**

*The Autorité des marchés financiers does not express an opinion on the quality of the product offered in this guide.*

*The Insurer alone is responsible for any discrepancies between the wording of the guide and the policy.*

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## INTRODUCTION

This Distribution Guide describes TD 55+ Extended Stay Travel Medical Insurance (55+ Extended Stay), underwritten by TD Life Insurance Company (“*We*”, “*Us*”, “*Our*”) under the Group Policy TI002 issued to The Toronto-Dominion Bank (the “Policyholder” or “TD Canada Trust”). It will help *you* make a knowledgeable decision about the type of coverage that best suits *your* needs without the presence of an insurance advisor.

All benefits under the *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 the *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.

Terms in italic throughout this Distribution Guide are defined in the “DEFINITION” section.

## DESCRIPTION OF THE PRODUCT OFFERED

### NATURE OF THE COVERAGE

This product is intended to cover *Insured Persons* over the age of 55 for up to \$5,000,000 in *Medical Emergency* coverage while travelling outside their home province for more than 30 days. *Insured Persons* must undergo medical underwriting to be eligible for this product.

Additional benefits covered by the product are up to \$5,000 towards services performed and supplies deemed necessary by a registered nurse and emergency return home coverage, including one-way economy air fare and a stretcher if required.

The *Certificate* is voidable by *us* and no benefits will be payable for:

- Failure to disclose all *Medical Conditions*, current medications, prescribed medications and periods of *Hospitalization* in response to the medical questions asked, or
- Failure to fully, completely and accurately answer the medical questions asked in the telephone interview with *our Administrator*.

## SUMMARY OF SPECIFIC FEATURES

55+ Extended Stay provides *Medical Emergency* coverage for up to \$5,000,000 per *Covered Trip*. Please refer to the table under "AMOUNT OF THE PROTECTION" in this Distribution Guide.

### ELIGIBILITY

You can apply for insurance by calling *our Administrator* and completing an *Application* by telephone or online at **tdinsurance.com**. You can apply for an top-up of insurance by calling *our Administrator* at the 24Hour Assistance line and completing an *Application* by telephone. The telephone number is 1-800-359-6704 from Canada or the United States, or from any other countries, *you* can call collect at 416-977-5040.

You may apply for coverage if:

- *you* are at least 55 years old on the *Effective Date* of *your* 55+ Extended Stay plan;
- *you* are a *Resident of Canada*;
- *you* are covered under a *GHIP*;
- *you* are a TD Bank Group customer;
- *you* are in Canada when *you* enroll in the coverage;
- *you* have answered medical questions to determine whether *you* are eligible for this coverage;
- *you* enroll in the insurance no earlier than 120 days before the *Effective Date* of *your* 55+ Extended Stay.

## 2. TOP-UP COVERAGE

### i. How to apply for a top-up of *Our* coverage

If *You* already have TD Travel Medical Insurance coverage, *You* can apply to top-up the coverage period, by contacting *Our Administrator* by telephone, if each *Insured Person* meets the applicable eligibility criteria described in this section, except that:

- *You* do not have to be in Canada when *You* buy this top-up of coverage; and
  - *You* can apply 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 top-up of coverage;
    - *You* apply before 11:59 p.m. ET on the date on which the original coverage terminates;
    - the duration of *Your Covered Trip* is from one day, up to 212 days but not longer than the maximum number of days allowed under *Your GHIP* for travel outside of Canada; and
    - *You* pay the required premium for the top-up of coverage.
- Any top-up is subject to approval by *Our Administrator*.

### AMOUNT OF PROTECTION

The following tables illustrate the Maximum Benefit Limits.

*You* have purchased 55+ Extended Stay:

Benefits	Maximum Benefit Limits (per <i>Insured Person</i> per <i>Covered Trip</i> )
Medical Emergency Coverage	Up to \$5,000,000
Private Duty Nursing	Up to \$5,000
Professional Fees (Physiotherapist, Chiropractor, etc.)	Up to \$300 per profession
Accidental Dental	Up to \$2,000
Emergency Return Home	One way economy air fare
Bedside Companion Benefit	Round trip economy air fare and up to \$1,500 for meals and accommodation for the bedside companion
Travelling Companion Benefit	One way economy air fare
Meals and Accommodation	Up to \$3,500
Incidental Hospital Expenses	Up to \$500
Return and Escort of Children	One way economy air fare and escort if required by airline
Pet Return	Up to \$500
Vehicle Return	Up to \$2,000
Return of Deceased	Up to \$10,000

## MEDICAL EMERGENCY COVERAGE PERIOD

The *Medical Emergency Coverage Period* begins on the later of:

- *your Effective Date*, shown in the *Application* or most recent *Declaration of Coverage*;
- when *you* actually depart on the *Covered Trip*,

and ends on the earlier of:

- *your* scheduled expiry date, shown in the *Application* or most recent *Declaration of Coverage*;
- the date *you* actually return;
- the date the *Certificate* terminates.

The *Medical Emergency Coverage Period* for the 55+ Extended Stay plan will not end if *you* temporarily return to *your* province or territory of residence before the termination date of *your* 55+ Extended Stay plan provided that:

- *you* have not incurred or submitted a claim under this *Certificate* or suffered a *Medical Emergency* during the *Covered Trip* or during *your* temporary return to *your* province or territory of residence; and
- there has been no change in any *Pre-Existing Condition* during the *Covered Trip* or during the temporary return to *your* province or territory of residence; and
- *your Medical Condition* has not changed during *your* temporary return to *your* province or territory of residence; and
- *you* are fit to resume travel on *your Covered Trip*.

## Automatic Extension of Certificate in a Medical Emergency

If *you* are suffering from a *Medical Emergency* on the date the *Medical Emergency Coverage Period* would end for any reason except cancellation of the *Certificate*, the *Medical Emergency Coverage Period* is automatically extended to 72 hours immediately following the end of the *Medical Emergency*.

## AMOUNT OF COVERAGE

Eligible *Medical Emergency* expenses Includes:

### 1. Medical Emergency Coverage

Up to \$5,000,000 per *Covered Trip*. No overall maximum per policy year.

### 2. Hospital Benefit

Covered as part of the overall benefit. Attendance at a *Hospital* or appropriate medical facility for *Treatment* as an in-patient, out-patient and emergency basis; that has been approved in advance by *our Administrator*.

**EXCLUSION:** Chronic care, convalescent, nursing home facilities or rehabilitation centres.

### 3. Physicians' Bills

### 4. Private Duty Nursing

- Up to \$5,000 for services performed and supplies deemed necessary by a registered nurse.

### 5. Diagnostic Services

- Charges for diagnostic tests, laboratory tests and X-rays which are:
  - prescribed by the treating *Physician*; **AND**
  - 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.

### 6. Ambulance

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

### 7. Air Ambulance

- Charges for an emergency air ambulance, if *our Administrator*:
  - determines that the *Insured Person's* physical condition precludes the use of any other means of transportation;
  - makes the determination before the service is provided;
  - pre-approves this service; **AND**
  - arranges this service.

### 8. Prescriptions

- Reimbursement of prescription drugs required for *Treatment* of a *Medical Emergency* while in *Hospital*, excluding vitamins and patent, proprietary and experimental drugs.

## 9. Professional Fees

- Up to a maximum of \$300 per profession for expenses incurred as a result of a covered *Medical Emergency* which requires *Treatment* by a licensed physiotherapist, chiropractor, chiropodist, podiatrist or osteopath:
  - *Treatment* must be required for the immediate relief of an acute symptom, or that, according to a *Physician*, cannot be delayed until *you* return to *your* province or territory of residence.
  - *Treatment* must be ordered by a *Physician* during the *Covered Trip* and received by a licensed professional as described under this benefit.

## 10. Accidental Dental

- Up to a maximum of \$2,000 for a dental treatment that is required during the *Medical Emergency Coverage Period*; **AND**
- necessary because of a blow to natural or permanently installed teeth which results from an accident causing a *Medical Emergency*.

*Treatment* for emergency relief of dental pain is covered separately up to a maximum of \$200.

## 11. Medical Appliance

- Charges for casts, crutches, trusses, braces, slings, splints, medical walking boots, and/or the rental cost of a wheelchair or walker when these are required as a result of a *Medical Emergency* and prescribed by a *Physician*.

## 12. Emergency Return Home

- The cost of a one-way economy fare plus a second one-way economy fare, if required to accommodate a stretcher:
  - if as a result of a *Medical Emergency*, *our Administrator* determines that *you* should return to *your* province or territory of residence; **AND**
  - *our Administrator* approves the transportation in advance.

## 13. Bedside Companion Benefit

- The cost of one round-trip economy airfare from their province or territory of residence and up to \$150 per day, to a maximum of \$1,500 for food and accommodation **AND**
  - if *you* are *Hospitalized* because of a covered *Medical Emergency* and are expected to remain *Hospitalized* for at least three consecutive days, **AND**
  - *our Administrator* approves this benefit in advance.

## 14. Travelling Companion Benefit

- The cost of a single one-way economy airfare for a *Travelling Companion* to return to his or her city of departure if:
  - *you* have a *Medical Emergency* that makes it necessary for the *Travelling Companion* to stay beyond their scheduled return date; **AND**
  - *our Administrator* approves the travel in advance.

## 15. Meals and Accommodation

- Up to \$350 per day to a maximum of \$3,500, for *your*:
  - commercial accommodations and meals;
  - essential telephone calls and internet usage fees;
  - taxi fares (or rental car in lieu of taxi fares);
    - If, upon a *Physician's* discretion *you*, or *your Travelling Companion*, are relocated to receive medical attention, for a *Medical Emergency* condition covered under this insurance; **OR**
    - *you* are delayed beyond *your* return date in order to receive *Medical Emergency Treatment*; **OR**
    - *your Travelling Companion* requires *Medical Emergency Treatment* for any *Medical Condition* covered under this insurance.

**NOTE:** Subject to both the advice of a *Physician* and the pre-authorization from *our Administrator*.

## 16. Incidental Hospital Expenses

- Up to \$50 per day to a maximum of \$500, for *your* incidental hospital expenses (telephone calls, television rental, parking), while *you* are *Hospitalized* for at least 48 hours.

## 17. Return and Escort of Children

- If *Children* or grandchildren are travelling with *you* or join *you* during *your Covered Trip* and *you* are *Hospitalized* for more than 24 hours or *you* must return to *your* province or territory of residence because of *your Medical Emergency* covered under this insurance, this insurance covers:

- the lesser of the cost of a one-way economy air fare on a commercial flight via the most cost effective route for the return of those *Children* to their province or territory of residence or the cost incurred to change the return date of existing air fare on a commercial flight; **AND**
- the cost of a return economy air fare via the most cost effective route on a commercial flight for an escort, if the airline requires that the *Children* be escorted.

#### **18. Pet Return**

- Cost of one-way transportation up to a maximum of \$500 to return *your* domestic dog(s) or cat(s) to *your* province or territory of residence if:
  - *your* domestic dog(s) or cat(s) travel with *you* during *your Covered Trip* and *you* must return to *your* province or territory of residence because of *your Medical Emergency* covered under this insurance, **AND**
  - *our Administrator* approves this benefit in advance.

#### **19. Vehicle Return**

- Up to \$2,000 toward the cost of returning *your* vehicle to *your* province or territory of residence or, the nearest appropriate vehicle rental agency if:
  - *you* are unable to return the vehicle because of a *Medical Emergency*; **AND**
  - *our Administrator* arranges for the return of the vehicle.

#### **20. Return of Deceased**

- Up to \$10,000 toward the cost for preparation and transportation 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 **AND**
    - one roundtrip economy airfare if:
    - an *Immediate Family Member* is required to identify or obtain release of the deceased; **AND**
    - *our Administrator* approves this transportation in advance.

**EXCLUSION:** The cost of a burial casket or urn is not covered.

#### **PERSON TO WHOM THE BENEFIT WILL BE PAID**

Benefits under the *Certificate* are payable to *you* or, on *your* behalf, to *your* medical provider. *You* do not have the right to choose the beneficiary of any benefits payable under the *Certificate*.

#### **THE AMOUNT OF THE PREMIUMS AND THE PAYMENT FREQUENCY**

Premiums for the *Certificate* will be based on:

- *your* age as of the *Effective Date* of *your Certificate*; **AND**
- the medical information provided when *you* apply; **AND**
- premiums in effect at the time of *your Application*; **AND**
- the duration of *your Covered Trip*.

#### **THE EFFECTIVE DATE OR THE EXPIRY DATE OF THE INSURANCE CONTRACT AND THE CONDITIONS ATTACHED THERETO**

If the following conditions have been met, *your Certificate* takes effect on the *Effective Date* as set out in *your Application* or, if applicable, *your* most recent *Declaration of Coverage*:

- *you* meet the eligibility criteria for insurance;
- *you* apply for insurance;
- *you* provide *us* with accurate and complete evidence of insurance;
- *you* pay the required premium at time of enrollment; **AND**
- *you* have confirmation that *your* insurance has been issued, as explained in the section "CONFIRMATION OF THE INSURER" of this Distribution Guide.

#### **Expiry of Insurance**

*Your Certificate* will terminate on the earliest of:

- the scheduled return date in *your Application*, or if applicable, the most recent *Declaration of Coverage*;
- the date *you* return to *your* province or territory of residence from the *Covered Trip*;
- the date *you* are no longer eligible for coverage;
- the date *your* insurance is cancelled because of a change in *Medical Condition* before departing on the *Covered Trip*;
- the date *your* request to cancel *your Certificate* is effective.

If *you* wish to cancel *your* insurance, *you* can do so as described in the section "CANCELLATION".

## CONFIRMATION OF THE INSURER

You will have confirmation of insurance once:

- you receive a *Certificate Number*, **AND**
- our *Administrator* sends a *Declaration of Coverage*.

## EXCLUSIONS, RESTRICTIONS OR REDUCTIONS IN COVERAGE

You must contact *Our Administrator* if *Your Medical Condition* changes, and/or is not *Stable*, after enrollment and before the date of departure. If You are unsure if You should inform Us of Your change in health status, please contact *Our Administrator* for assistance.

This *Certificate* is **voidable** by Us and no benefits will be payable under it, if the *Insured Person* fails to contact *Our Administrator* as required.

### Applicable to Medical Coverage

#### CAUTION

##### 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. Pre-Existing Condition

■ Your *Pre-Existing Condition* exclusion is determined by the rate category provided to You when You completed Your *Application* for insurance, and medical questionnaire (if 55 years of age or older). Please refer to the following chart for specific details of the period within which a *Pre-Existing Condition* must be *Stable* in order to be eligible for coverage in the event of a claim.

Rate Category	<i>Pre-Existing Condition</i> exclusion that applies to You:
Customers with Rate Category A & B	We will not pay for any expenses or benefits incurred directly or indirectly as a result of Your <i>Medical Condition</i> or related condition (whether or not the diagnosis has been determined), if at any time in the <b>90 days</b> before You depart on Your <i>Covered Trip</i> , Your <i>Medical Condition</i> or related condition has not been <i>Stable</i> .
Customers with Rate Category C & D	We will not pay for any expenses or benefits incurred directly or indirectly as a result of Your <i>Medical Condition</i> or related condition (whether or not the diagnosis has been determined), if at any time in the <b>180 days</b> before You depart on Your <i>Covered Trip</i> , your <i>Medical Condition</i> or related condition has not been <i>Stable</i> .
NOTE	
<i>Stable</i>	means that, for any <i>Medical Condition</i> or related condition, in the period applicable to your rate category, there has been: <ul style="list-style-type: none"><li>■ No new symptoms, or more frequent or severe symptoms;</li><li>■ No new test results showing a deterioration;</li><li>■ No <i>Hospitalizations</i>;</li><li>■ No new <i>Treatment</i>, medical management, or prescribed medication;</li><li>■ No change in <i>Treatment</i>, medical management, or prescribed medication;</li><li>■ No pending surgery, referrals to a specialist, or other <i>Treatment</i>.</li><li>■ The following exceptions are NOT considered unstable:<ul style="list-style-type: none"><li>■ the routine adjustment of Coumadin, warfarin or insulin (as long as they are not newly prescribed or stopped) and there has been no change in your <i>Medical Condition</i>;</li><li>■ a change from a brand name medication to a generic brand medication of the same dosage.</li></ul></li></ul>
<i>Minor Ailment</i>	means any sickness or injury which does not require: <ul style="list-style-type: none"><li>■ the use of medication for a period of greater than 15 days;</li><li>■ more than one follow up visit to a <i>Physician</i>, <i>Hospitalization</i>, surgical intervention or referral to a specialist; and</li><li>■ which ends at least 30 consecutive days prior to the departure date of the trip.</li></ul> <b>NOTE:</b> a chronic condition or complications of a chronic condition are not considered a <i>Minor Ailment</i> .

### 3. General

- The benefits payable under the *Certificate* will be the actual cost of eligible expenses less any amounts recoverable under *your GHIP* and/or any other insurance or health plan coverage *you* may have.

### 4. Reasonably Foreseeable Conditions

- We will not pay any expenses or benefits under this *Certificate* relating to a *Medical Condition*:
  - When *you* knew or for which it was reasonable to expect before *you* left *your* province or territory of residence, or before the *Effective Date* of the *Coverage Period*, that *you* would need or be required to seek *Treatment*; and/or
  - For which future investigation or *Treatment* was planned before *you* left *your* province or territory of residence; and/or
  - Which produced symptoms that would have caused an ordinarily prudent person to seek *Treatment* in the three (3) months before leaving their province or territory of residence; and/or
  - That had caused *your Physician* to advise *you* not to travel.

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

- No benefit will be payable with respect to a *Medical Emergency* that occurs outside the *Coverage Period*. For example, no benefit will be paid with respect to a *Medical Emergency* that occurs after 11:59 p.m. EST on the last day of the *Coverage Period*, if *you* have not purchased top-up coverage.

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

### 6. Failure to transfer to an appropriate Facility for Treatment

- We, reserve the right to transfer *you* to an appropriate medical facility or to *your* province or territory of residence for further *Treatment* in consultation with *your treating Physician*.
- Refusal to comply with an arranged transfer will release *us* of any liability to pay any expenses incurred after the scheduled transfer date.

### 7. Recurrence

- A *Medical Emergency* is considered to have ended when medical evidence indicates that *you* are able to return to *your* province or territory of residence. Any subsequent *Medical Emergency* caused by the same condition will not be covered after the initial *Medical Emergency* has ended if *you* choose not to return.

### 8. Failure to obtain Advance Approval

- Where we require that an *Eligible Expense* be approved in advance by *our Administrator*, we will not pay a benefit for that expense if advance approval was not obtained.
- We will not pay a benefit 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 advance approval would delay necessary surgery in a life-threatening *Medical Emergency*.

### 9. Non-Emergency Services

- We will not pay a benefit with respect to non-emergency, experimental or elective *Treatment*, such as cosmetic surgery, chronic care, rehabilitation, or any directly or indirectly related complications, including any *Treatment*, surgery or medication which medical evidence indicates that *you* could have returned to *your* province or territory of residence to receive.

### Applicable to All Coverage

#### CAUTION

*You* can find limitations and exclusions that apply specifically to particular benefits in the description of those benefits. In addition, for all benefits, this insurance does not cover any *Treatment*, services, or expenses of any kind caused directly or indirectly as a result of the following:

#### 1. Failure to take medication

- as prescribed by *your Physician*

#### 2. Alcohol or drug abuse

- abuse or misuse of prescription and over-the-counter medication, or alcohol, or any use of illicit drugs

#### 3. Intentional self-inflicted injury

- intentional self-inflicted injury, suicide or attempted suicide (whether or not the *Insured Person* is aware of the result of their actions), regardless of the *Insured Persons* state of mind.

#### 4. 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 a *Covered Trip*

#### **5. Hazardous activities**

- recreational scuba diving (unless *you* hold 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

#### **6. Professional sports or racing**

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

#### **7. Elective Treatment**

- *Treatment* if *you* specifically purchased this insurance to obtain such *Treatment* whether or not it was authorized by a *Physician*

#### **8. Travel advisories**

- a specific or related *Medical Condition* which *you* contracted in a foreign country, region or city if before *you* left *your* province or territory of residence, a formal written warning was issued by Foreign Affairs and International Canada, advising Canadians not to travel to that country, region or city during the time of *your Covered Trip*

#### **9. 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

#### **10. Payment of benefit prohibited by Canadian law**

- we will not pay a benefit where the payment of the benefit is prohibited by Canadian law or where Canada has signed a treaty or agreed to a sanction prohibiting such payment

#### **11. Mental disorders**

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

#### **12. Crime**

- participation in a criminal offence including driving while impaired or over the legal limit

#### **13. Misrepresentation**

- regarding any *Medical Condition* for which *you* gave *us* or *our Administrator* false or inaccurate information about any diagnosis, *Hospitalizations*, *Treatment*, prescriptions or medications

#### **14. Inaccurate evidence of insurability**

- failure to provide accurate and complete evidence of insurability as described under "PERSONS TO WHOM PROTECTION APPLIES"

### **GENERAL CONDITIONS**

#### **Proof of loss and timely reporting**

If *you* are making a claim, *you* must send *our Administrator* the appropriate claim forms, together with written proof of loss (e.g. original invoices and tickets, medical and/or death certificates as soon as possible. In every case, *you* must report *your* claim within one (1) year from the date of the accident or the date the claim arises.

#### **Review and medical examination**

When a claim is being processed, *we* will have the right and the opportunity, at *our* own expense, to review all medical records related to the claim and to examine *you* medically when and as often as may be reasonably required.

#### **Subrogation**

There may be circumstances where another person or entity should have paid *you* for a loss but instead *we* paid *you* for the loss. If this occurs, *you* agree to co-operate with *us* so *we* may demand payment from the person or entity who should have paid *you* for the loss. This may include:

- transferring to *us* the debt or obligation owing to *you* from the other person or entity;
- permitting *us* to bring a lawsuit in *your* name;
- if *you* receive funds from the other person or entity, *you* will hold it in trust for *us*;
- acting so as not to prejudice any of *our* rights to collect payment from the other person or entity.

*We* will pay the costs for the actions *we* take.

## Other insurance

If *you* have other insurance in addition to this *Certificate*, whether with *us* or with another insurer, the total benefits payable under all *your* insurance including this *Certificate*, cannot be more than the actual expenses for a claim. If *you* are also insured under any other insurance certificate or policy, *we* will coordinate payment of benefits with the other insurer.

## Legal action limitation period

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

## False claim

If *you* make a claim knowing it to be false or fraudulent in any respect, *you* will not be entitled to the benefits of this coverage or 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 Bank Group, *our Administrator* and their affiliates are not responsible for the availability, quality or results of any medical *Treatment* or transport, or for *your* failure 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 *you* are summarized in this *Certificate*. The Group Policy is on file at the office of the Policyholder and upon request, *you* are entitled to receive and examine 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").

## CANCELLATION

All requests for cancellation of the 55+ Extended Stay plan must be made to *Our Administrator*, in writing or by phone. The following table explains how and when cancellations may take place.

**NOTE:** No benefits will be paid under the *Certificate* for losses incurred after coverage has terminated or under any *Certificate* for which *You* have requested rescission.

How To Cancel	When Can You Cancel	Premium Refund/Fees
<b>by phone</b> – cancellation will be effective on the date of <i>Your</i> call; or <b>by written, mailed request</b> – cancellation will be effective on the post-marked date of <i>Your</i> request.	Before the <i>Effective Date</i> on <i>Your Application</i> or <i>Declaration of Coverage</i> . After the <i>Effective Date</i> and <u>no claim</u> has been opened.	Full refund  Pro-rated refund less a \$15 administrative fee.

## End of the Insurance Coverage

*Your Certificate* will terminate on the earliest of:

- the scheduled return date in *your Application* or, if applicable, the most recent *Declaration of Coverage*;
- the date *you* return to *your* province or territory of residence from the *Covered Trip*;
- the date *you* are no longer eligible for coverage;
- the date *your* insurance is cancelled because of a change in *Medical Condition* before departing on the *Covered Trip*; and
- the date *your* request to cancel *your Certificate* is effective.

**NOTE:** If *you* are suffering from a *Medical Emergency* on the date the *Medical Emergency Coverage Period* would end, for any reason except cancellation of the *Certificate*, the *Medical Emergency Coverage Period* is automatically extended to 72 hours immediately following the end of the *Medical Emergency*.

## OTHER INFORMATION

In order to obtain further information regarding 55+ Extended Stay, *you* may:

- contact *our Administrator's* customer service. Please refer to the section "HOW TO CONTACT OUR ADMINISTRATOR" of this Distribution Guide for additional information; OR
- refer to the *Certificate of Insurance for 55+ Extended Stay* which can be viewed online at [www.tdinsurance.com/travel](http://www.tdinsurance.com/travel).

## PROOF OF LOSS OR CLAIM

### SUBMISSION OF A CLAIM – CLAIM NOTIFICATION

*You* must report *your* claim and provide supporting documentation to *our Administrator* as soon as possible and no later than one (1) year after the date it occurred.

### Medical Emergency Claim

A *Medical Emergency* should always be reported immediately or benefits will be limited. To make an *Emergency Medical* claim, *We* will need documentation to substantiate the claim, including but not limited to the following:

- proof of payment by *You* and by any other benefit plan;
- the original itemized receipts for all bills and invoices;
- proof of travel (including departure and return dates);
- medical records including complete diagnosis by the attending *Physician* or documentation by the *Hospital*, which must support that the *Treatment* was medically necessary;
- proof of the accident if *You* are submitting a claim for dental expenses resulting from a *Medical Emergency*; and
- *Your* historical medical records (if *We* determine applicable).

### If *you* report the claim immediately

If *our Administrator* guarantees or pays eligible expenses on behalf of *you* then *you* must sign an authorization form allowing *our Administrator* to recover those expenses:

- from *your GHIP*;
- from any health plan or other insurance;
- through rights *you* may have against other insurers or other parties (see General Conditions, under "Subrogation").

If *our Administrator* pays eligible expenses that are covered under other insurance or another plan, *you* must help *our Administrator* to seek reimbursement as required.

*You* must also provide evidence of the actual departure date from *your* province or territory of residence. If requested, *you* must also confirm any return dates to *your* province or territory of residence.

**NOTE:** If *our Administrator* makes an advance payment for expenses that are ineligible under this *Certificate*, then *you* must reimburse *us*.

### If *you* do not report the claim immediately

If *you* incur eligible *Medical Emergency* expenses without first contacting *our Administrator* for assistance and claim management, *you* must first submit receipts and other proof to:

- *GHIP*;
- then to any group or individual health plan(s) and/or insurer(s).

Eligible *Medical Emergency* expenses not covered by a *GHIP* or other plan or insurance must be submitted to *our Administrator* with proof of:

- claim, receipts and payment statements;
- the actual departure date from *your* province or territory of residence (Proof includes, but not limited to, a flight itinerary, gas receipts or toll-road receipts);
- a copy of *your* completed claim form for *your* records.

See "HOW TO CONTACT OUR ADMINISTRATOR", under "Customer Service" for information on how to get a claim form.

## HOW TO CONTACT OUR ADMINISTRATOR

24-Hour Emergency Assistance Number

To report a *Medical Emergency*, *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 a top-up of coverage for a *Covered Trip*.

## Customer Service

To obtain a claim form, cancel *your* insurance or for general inquiries, call *our Administrator* from 8 a.m. to 9 p.m. EST, Monday to Saturday toll-free at 1-800-293-4941 or 416-977-2039 or mail *your* request to:

Re: TD Insurance Travel Medical Insurance  
Allianz Global Assistance  
P.O. Box 277  
Waterloo, Ontario N2J 4A4  
Fax: 519-742-9471

## INSURER'S REPLY

Once *We* have approved the claim, *We* will notify *You* and payment will be made within 60 days after receipt of the required claim forms and written proof of loss. If the claim has been denied, *We* will inform *You* of the claim denial reasons within 60 days after receipt of the required claim forms and written proof of loss.

## APPEAL OF AN INSURER'S DECISION AND RECOURSE

If *your* claim is refused, *you* can appeal this decision by submitting new information to the Insurer. *You* may also consult the Autorité des marchés financiers or *your* own legal advisor.

## SIMILAR PRODUCTS

Other travel insurance products may be offered by other insurance companies.

## REFERRAL TO THE AUTORITÉ DES MARCHÉS FINANCIERS

For more information about the Insurer's obligation and the distributor's obligation to *you*, the customer, *you* can contact the Autorité des marchés financiers at:

### Autorité des marchés financiers

Place de la Cité, Tour Cominar  
2640 Laurier Blvd., 4th Floor  
Quebec, Quebec G1V 5C1  
Telephone Numbers  
Toll free: 1-877-525-0337  
Quebec: 418-525-0337  
Montreal: 514-395-0337  
Internet: <http://www.lautorite.qc.ca>

## DEFINITIONS

Defined terms are presented in the *Italic* format throughout this Distribution Guide.

**Administrator** means the company *we* select to provide medical and claims assistance, claims payment, administrative and adjudication services under the Group Policy.

**Application** means:

- the series of questions that form *Your* application and are submitted on *Your* behalf when *You* apply by telephone; or
- the enrollment page that *You* complete online; and
- the series of medical questions that form part of *Your Application* if *You* apply online or by telephone and *Your* answers to those questions.

The *Application* which is used to determine *Your* eligibility for insurance, also includes the questions asked and answers given in connection with requests to top-up a *Coverage Period*. The *Application* forms part of *Your* insurance contract and is used to process *Your* request for insurance.

**Certificate** means the *Certificate* of insurance issued by *us* which contains complete coverage details.

**Certificate Holder** means the TD Bank Group customer who has applied, and has been accepted under the 55+ Extended Stay plan.

**Certificate Number** means the unique identifier that *you* receive when *you* buy this insurance.

**Child(ren)** means *Your* natural, adopted, or step-children who are:

- unmarried;
- dependant 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; or
- mentally or physically handicapped.

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

**Coverage Period** means the *Medical Emergency Coverage Period* and is defined under "RISKS AND BENEFITS COVERED BY THE INSURER".

**Covered Trip** means a trip:

- made by *you* outside *your* province or territory of residence;
- that has a minimum duration of 30 days

And begins on the later of:

- *your Effective Date*, shown in the *Application* or most recent *Declaration of Coverage*;
- the date *you* actually depart on the *Covered Trip*,

And ends on the earlier of:

- *your* scheduled expiry date, shown in the *Application* or most recent *Declaration of Coverage*;
- the date *you* actually return;
- the date this *Certificate* terminates.

**NOTE:** Check with *your Government Health Insurance Plan (GHIP)* for regulations regarding extending *your* coverage when leaving *your* province or territory for a specific length of time. All *GHIP* have different maximum coverage limits on the number of days allowed outside of the province or territory before coverage will cease.

**NOTE:** *Covered Trips* do not include trips taken for the purpose of commuting to or from *your* usual place of employment.

**NOTE:** The departure date counts as one full day.

**Declaration of Coverage** means the document *You* receive when *You* enroll in the branch, online or by telephone, for new or additional coverage under the Group Policy. It includes *Your Certificate Number* and confirms the coverage *You* have purchased.

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

**Effective Date** means the date *your Certificate* takes effect. It is the date shown on *your* most recent *Declaration of Coverage*.

**Government Health Insurance Plan ("GHIP")** means a Canadian provincial or territorial government health insurance plan.

**Hospital** means:

- an institution that is accredited and licensed by the appropriate authority as a *Hospital* to treat patients on an in-patient, out-patient and emergency basis; or
- the nearest medical facility that has been approved in advance by *our Administrator*.

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

**Hospitalized** or **Hospitalization** means to be an in-patient in a *Hospital*.

**Immediate Family Member** means *your*:

- *Spouse*, parents, step-parent, grandparents, natural or adopted children, step-children or legal ward, grandchildren, brothers, sisters, step-brothers, step-sisters, aunts, uncles, nieces, nephews; and
- mother-in-law, father-in-law, brothers-in-law, sisters-in-law, sons-in-law, daughters-in-law; and
- *your Spouse's* grandparents, brothers-in-law and sisters-in-law.

**Insured Person** means a person:

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

**Medical Condition** means any injury, illness, or disease; complication of pregnancy within the first thirty-one (31) weeks of pregnancy; a mental or emotional disorder, including acute psychosis that requires admission to a *Hospital*.

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

**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 to *you* by blood or marriage.

**Pre-Existing Condition** means a *Medical Condition* that existed before *Your Effective Date*.

**Resident of Canada** and/or **Canadian Resident** is any person who:

- has lived in Canada for a total of 183 days within the last year (the 183 days do not have to be consecutive); or
- is a member of the Canadian Forces.

For a more detailed explanation, please visit the Canada Revenue Agency website.

**Reasonable Charges** means charges incurred by *you* for a *Medical Emergency* that are comparable to what other providers charge for comparable treatment, services or suppliers in the same geographical area.

**Spouse** means:

- the person *you* are legally married to; or
- the person *you* have lived with for at least one (1) year and publicly refers to as his or her domestic partner.

**Stable** means that for any *Medical Condition* or related condition, in the period applicable to your rate category, there has been:

- No new symptoms, or more frequent or severe symptoms;
- No new test results showing a deterioration;
- No *Hospitalizations*;
- No new *Treatment*, no new medical management, no new prescribed medication;
- No change in *Treatment*, no change in medical management, no change in prescribed medication;
- No pending surgery, referrals to a specialist, or other *Treatment*.
- The following exceptions are NOT considered unstable:
  - the routine adjustment of Coumadin, warfarin or insulin (as long as they are not newly prescribed or stopped) and there has been no change in your *Medical Condition*;
  - a change from a brand name medication to a generic brand medication of the same dosage.

**Travelling Companion** means any person who travels with *you* during the *Covered Trip* and who is sharing transportation and/or accommodation with *you*.

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

**You, Your and Yours** means the person(s) named as the *Insured Person(s)* on *Your* most recent *Declaration of Coverage*, for which insurance coverage was applied and the appropriate premium has been received by *Us*.

**We, us, our and ours** mean TD Life Insurance Company.

**This is the end of the Distribution Guide.**

Schedule 1  
(Section 2)  
NOTICE OF RESCISSION OF AN INSURANCE CONTRACT

NOTICE GIVEN BY A DISTRIBUTOR

Section 440 of the Act respecting the distribution of financial products and services

THE ACT RESPECTING THE DISTRIBUTION OF FINANCIAL PRODUCTS AND SERVICES GIVES YOU IMPORTANT RIGHTS.

- The Act allows you to rescind the insurance contract you have just signed when signing another contract, without penalty, within 10 days of its signature. The insurer offers you 10 days from the issuance of the certificate of insurance to rescind this insurance product. To do so, you must give notice by registered mail within that delay to insurer at the address below. You may use the attached model for this purpose.
- Despite the rescission of the insurance contract, the first contract entered into will remain in force. Caution, it is possible that you may lose advantageous conditions as a result of the rescission of this insurance contract; contact your distributor or consult your contract.
- After the expiry of the 10-day delay, you may rescind the insurance at any time; however, penalties may apply.

For further information, contact the Autorité des marchés financiers at (418) 525-0337 or 1-877-525-0337.

NOTICE OF RESCISSION OF AN INSURANCE CONTRACT

To: TD Life Insurance Company      P.O. Box 1 TD Centre  
Toronto, Ontario  
M5K 1A2

Date: \_\_\_\_\_  
(date of sending of notice)      Certificate # \_\_\_\_\_

Pursuant to section 441 of the Act respecting the distribution of financial products and services, I hereby rescind the insurance certificate issued under group master policy no.:TI002.

Entered into on: \_\_\_\_\_ In: \_\_\_\_\_  
(date of signature of contract)      (place of signature of contract)

\_\_\_\_\_  
(name of client)      (signature of client)

The distributor must first complete this section.

This document must be sent by registered mail.

Sections 439, 440, 441, 442 and 443 of the Act must be reproduced on the back of this notice.

439. A distributor may not subordinate the making of a contract to the making of an insurance contract with the insurer specified by the distributor.

The distributor may not exercise undue pressure on the client or use fraudulent tactics to induce the client to purchase a financial product or service.

440. A distributor that, at the time a contract is made, causes the client to make an insurance contract must give the client a notice, drafted in the manner prescribed by regulation, stating that the client may cancel the insurance contract within 10 days of signing it.

441. A client may cancel an insurance contract made at the same time as another contract, within 10 days of signing it, by sending notice by registered or certified mail.

Where such an insurance contract is cancelled, the first contract retains all its effects.

442. No contract may contain provisions allowing its amendment in the event of cancellation or termination by the client of an insurance contract made at the same time.

However, a contract may provide that the cancellation or termination of the insurance contract will entail, for the remainder of the term, the loss of the favourable conditions extended because more than one contract was made at the same time.

443. A distributor that offers financing for the purchase of goods or services and that requires the debtor to subscribe for insurance to guarantee the reimbursement of the loan must give the debtor a notice, drawn up in the manner prescribed by regulation, stating that the debtor may subscribe for insurance with the insurer and representative of the debtor's choice provided that the insurance is considered satisfactory by the creditor, who may not refuse it without reasonable grounds. The distributor may not subordinate the making of the contract of credit to the making of an insurance contract with the insurer specified by the distributor.

No contract of credit may stipulate that it is made subject to the condition that the insurance contract subscribed with such an insurer remain in force until the expiry of the term, or subject to the condition that the expiry of such an insurance contract will entail forfeiture of term or the reduction of the debtor's rights.

The rights of the debtor under the contract of credit shall not be forfeited when the debtor cancels, terminates or withdraws from the insurance contract, provided that the debtor has subscribed for insurance with another insurer that is considered satisfactory by the creditor, who may not refuse it without reasonable grounds.