Issued by: TD Life Insurance Company (“TD Life”) under Group Policy Number TI002 (the “Group Policy”) to The Toronto-Dominion Bank (the “Policyholder” or “TD Canada Trust”). Allianz Global Assistance provides administrative and adjudication services under the Group Policy.

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: This Certificate may not provide coverage for Medical Conditions and/or symptoms that existed on or prior to the date of departure and that were not accurately disclosed and/or updated as required under this Certificate. It is important that You understand how this applies in this Certificate and how it relates to Your enrollment, Your departure date or Your Effective Date.
■ 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 Administrator prior to Treatment. Benefits may be limited should You not contact Our Administrator within 48 hours or as soon as reasonably possible. If filing a claim, You will be asked to provide all original medical bills and prescription receipts and proof of payment for any eligible expenses.

PLEASE READ THIS CERTIFICATE OF INSURANCE CAREFULLY BEFORE YOU TRAVEL.
If You have any questions or need clarification, call Our Administrator at 1-800-293-4941.

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### Coverage

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### Section 2: Definitions

In this Certificate, the following words and phrases shown in italics have the meanings shown below. As You read through the Certificate, You may need to refer to this section to ensure You have a full understanding of Your coverage, limitations and exclusions.

**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.

**Bedside Companion** means a person of Your choice who is required at Your bedside while You are Hospitalized during Your trip.

**Certificate** means this Certificate of Insurance.

**Certificate Holder** means the TD Bank Group customer who has applied, and has been accepted under the TD 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 or grandchildren who are:
- unmarried;
- dependent on You for financial maintenance and support; and
  - 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 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 time between the Effective Date of Your Certificate and the return date indicated in Your Application or most recent Declaration of Coverage. In the event of a Medical Emergency, Your Coverage Period will be extended up to 72 hours immediately following the end of the Medical Emergency.

**Covered Trip** means a trip made by You outside Your province or territory of residence; and begins on the later of:
- Your Effective Date, shown in the Application or most recent Declaration of Coverage; or
- 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:** The departure date counts as one full day.

**Declaration of Coverage** means the document You receive when You apply 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 and is the scheduled departure date shown in Your Application or 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 this 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.

Minor Ailment means any sickness or injury which does not require:
- the use of medication for a period of greater than 15 days;
- more than one follow up visit to a Physician, Hospitalization, surgical intervention, or referral to a specialist; and
- which ends at least 30 consecutive days prior to the departure date of the trip.

NOTE: a chronic condition or complications of a chronic condition are not considered a Minor Ailment.

Physician means a doctor 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.

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.

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.

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, other than a Minor Ailment, for which there have 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 considered Stable:
- 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 or unprescribed medication, investigative testing
and surgery. The term “Treatment” does not include the unaltered use of prescribed medication for a medical condition which is Stable.

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 means TD Life Insurance Company

Section 3: Eligibility – Who Can Apply for Coverage

1. You may apply for coverage if:
   - You are at least 55 years old on the Effective Date of Your TD 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 Plan; and
   - The duration of Your Covered Trip is from 30 days, up to 212 days but not longer than the maximum number of days allowed under Your GHIP for travel outside of Canada.

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.

   ii. How to apply for Our top-up coverage when You have another insurer's coverage
   If You have another insurer’s travel insurance, and wish to apply for Our top-up coverage, You can apply for Our Per-Trip Plan before Your departure from Your province or territory of residence, if:
   ■ You meet the eligibility criteria under Single Coverage;
   ■ 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 coverage before Your departure.
   The terms, conditions and exclusions of Our Certificate issued as top-up coverage apply to You.

Section 4: When is a Medical Questionnaire Required, and Important Obligations

When Is a Medical Questionnaire Required?
A medical questionnaire is required in all cases when You are applying for the TD 55+ Extended Stay Travel Plan or a top-up of the TD 55+ Extended Stay Plan.

Failure to Disclose Impacts Your Benefits
This Certificate is voidable by Us and no benefits will be paid if a person who applies to be insured and completes a medical questionnaire as part of the Application:
■ fails to disclose all Medical Conditions, current medications, prescribed medications and periods of Hospitalization in response to the medical questions; or
■ fails to fully, completely and accurately answer the medical questions.

This Certificate and all coverage hereunder is voidable by Us even if:
■ the failure to disclose or misrepresentation relates only to the amount of premium that should have been paid; or
■ any failure to disclose or misrepresentation does not relate to the cause of any claim.

NOTE: We may investigate the answers provided to the health questions in the Application at any time, including at the time of claim.
You must inform Us of any changes to Your health
If an Insured Person is required to complete a medical questionnaire, they must contact Our Administrator if their 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.

Amending or Cancelling Coverage based on a Change in Medical Condition
Where medical evidence is required, Our decision as to whether, and on what basis, to insure a person depends on his or her condition on the date he or she leaves on the Covered Trip. Therefore, if the Insured Persons Medical Condition changes, and/or is not Stable, as described above under “You must inform Us of any changes to Your health”, before the Covered Trip begins, We may:
■ cancel the Insured Person’s insurance for that Covered Trip; or
■ request a higher premium for 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 refund any premiums that were paid for the cancelled coverage.

Section 5: What Your Insurance Covers – Medical Emergency Coverage, Limitations and Exclusions
We will pay a Medical Emergency benefit for eligible Medical Emergency expenses if You suffer a Medical Emergency during the Coverage Period for a Covered Trip.

Medical Emergency Coverage
Eligible Medical Emergency expenses includes:
• Medical Emergency Coverage up to $5,000,000 per Covered Trip. No overall maximum per policy year.
• 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 centers.
• Physicians’ bills
• Private duty nursing
  o up to $5,000 for services performed and supplies deemed necessary by a registered nurse.
• Diagnostic services
  o 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.
• Ambulance
  o charges for emergency ambulance service to the nearest approved Hospital.
• Air ambulance
  o charges for emergency air ambulance only if Our Administrator determines that Your physical condition precludes the use of any other means of transportation and:
  ▪ makes the determination before the service is provided;
  ▪ pre-approves the service; and
  ▪ arranges for the service.
• Prescriptions
  o reimbursement of prescription drugs required for Treatment of a Medical Emergency while in Hospital.
EXCLUSION: Vitamins and patent, proprietary and experimental drugs are excluded.
• Professional Fees
  o 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.
  o 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.
  o Treatment must be ordered by a Physician during the Covered Trip and received by a licensed professional as described under this benefit.
• Accidental dental
  o up to $2,000 for dental treatment that is:
    ▪ required during a 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.

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

• Medical appliances
  o the cost of casts, crutches, trusses, braces, slings, splints, medical walking boots and/or the rental cost of a wheelchair or walker:
    ▪ prescribed by a Physician; and
    ▪ required because of a Medical Emergency.

• Emergency Return Home
  o 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 an Insured Person should return to their province or territory of residence; and
    ▪ Our Administrator approves the transportation in advance.

• Bedside Companion Benefit
  o 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.

• Travelling Companion Benefit
  o 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.

• Meals and Accommodation
  o 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).
  o 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
  o You are delayed beyond Your return date in order to receive Medical Emergency Treatment or
  o 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.

• Incidental Hospital Expenses
  o 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

• Return and Escort of Children
  o 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.

• Pet Return
  o 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.
• Vehicle return
  o up to $2,000 toward the cost of returning Your vehicle to Your province or territory of residence or the nearest 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.
• Return of Deceased
  o 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;
  o the burial or the cremation of Your remains where Your death occurred and
  o 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.

LIMITATIONS AND EXCLUSIONS

Medical Emergency Insurance 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. Otherwise, the maximum benefit payable will be reduced to 80% of the eligible Medical Emergency expenses, to a maximum of $30,000.

2. 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 (as described under Section 12 How to Make a Claim).

Medical Emergency Insurance Exclusions

1. 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. 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.

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<th>Rate Category</th>
<th>Pre-Existing Condition exclusion that applies to You:</th>
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<td>Rate Category</td>
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<tr>
<td>A &amp; B</td>
<td>We will not pay for any Medical Emergency expenses or benefits incurred directly or indirectly as a result of Your Medical Condition or related condition (whether or not the diagnosis has been determined), if at any time in the 90 days before You depart on Your Covered Trip, Your Medical Condition or related condition has not been Stable, other than a Minor Ailment.</td>
</tr>
<tr>
<td>C &amp; D</td>
<td>We will not pay for any Medical Emergency expenses or benefits incurred directly or indirectly as a result of Your Medical Condition or related condition (whether or not the diagnosis has been determined), if at any time in the 180 days before You depart on Your Covered Trip, your Medical Condition or related condition has not been Stable, other than a Minor Ailment.</td>
</tr>
</tbody>
</table>

NOTE

Stable means that for any Medical Condition or related condition, other than a Minor Ailment, for which there have 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 considered Stable:
  - 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.

Minor Ailment means any sickness or injury which does not require:
- the use of medication for a period of greater than 15 days;
- more than one follow up visit to a Physician, Hospitalization, surgical intervention, or referral to a specialist; and
2. 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.

3. Medical Emergency occurring outside the Coverage Period
We will not pay a benefit 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.

4. 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 from any liability to pay any expenses incurred after the scheduled transfer date.

5. Recurrence
A Medical Emergency is considered to have ended when medical evidence shows 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.

6. Failure to get 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.

7. 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.

Section 6: Limitations and Exclusions
You can find limitations and exclusions that apply specifically to particular benefits in the description of those benefits. In addition, for all benefits, this Certificate 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 Person’s state of mind.

4. Pregnancy
   – pregnancy or childbirth within nine (9) weeks of expected delivery date;
   – any complication relating to pregnancy that occurs in the last nine (9) 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
– any non-emergency, experimental or elective Treatment, including cosmetic surgery, chronic care or rehabilitation, if You specifically purchased this insurance to obtain such Treatment whether or not it was authorized by a Physician.
– any Treatment, surgery or medication which medical evidence indicates that an Insured Person could have returned to his or her province or territory of residence to receive.

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 in Section 4: Medical Eligibility.

Section 7: Proof of Insurance
It is important to know if You have insurance coverage. You will have coverage once You complete all the following steps:
• meet the eligibility criteria for insurance under Section 3: Eligibility – Who Can Apply for Coverage;
• apply for insurance;
• provide Us with accurate and complete evidence of insurance. See Section 4: Medical Eligibility; and
• pay the required premium at time of enrollment.

Once this is complete You will receive proof of insurance.

What is Proof of Insurance?
Your proof of insurance is the Declaration of Coverage document that is provided to You when You complete Your Application for coverage. If You do not receive Your proof of insurance before You depart on Your Covered Trip, You must contact Our Administrator immediately.

Section 8: When Your Certificate Terminates
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 canceled 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: Refer to Section 10: Medical Emergency Coverage Period for details on Automatic Extension of Certificate in a Medical Emergency.

Cancelling Your TD 55+ Extended Stay Plan
All requests for cancellation of the 55+ Extended Stay plan must be made to Our Administrator, in writing or by phone (see Section 13: How to Contact Our Administrator).

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

NOTE: If You cancel Your insurance, Your premiums may be refunded as described under Section 9: Premium Calculations and Premium Refunds

Section 9: Premium Calculations and Premium Refunds

Your premiums will be based on:
• Your age as of the Effective Date of Your Certificate and
• the medical information provided when You apply;
• premiums in effect at the time of Your Application; and
• the duration of Your Covered Trip;
• If You cancel Your insurance, Your premiums may be refunded as follows:
• cancellations before the Effective Date on Your Application or Declaration of Coverage will receive a full refund
• cancellations after the Effective Date where no claim has been opened will receive a pro-rated refund less a $15 administrative fee.

Section 10: Medical Emergency Coverage Period

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
• the date 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.
Section 11: What to do in a Medical Emergency

In a Medical Emergency, You must phone Our Administrator immediately, or as soon as is reasonably possible. If not, benefits will be limited as described in Section 5 under Limitations and Exclusions, “Medical Emergency Insurance Limitations: 1. Failure to report”. Some expenses will only be covered if Our Administrator approves them in advance. You can get help 24 hours a day, seven days a week by calling:

- from Canada or the U.S., toll-free, 1-800-359-6704, or
- from other countries 416-977-5040, collect.

Our Administrator will verify whether coverage is in effect and will direct You to the nearest appropriate medical facility. Our Administrator will arrange for direct payment to the medical services provider wherever possible and manage the Medical Emergency from the initial report through to its conclusion. If a direct payment cannot be arranged, You may be asked to pay for services and then submit a claim for reimbursement of eligible expenses.

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

Section 12: How to Make a Claim

IMPORTANT NOTE: 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, as described in Section 11: What to do in a Medical Emergency or benefits will be limited.

To make an Emergency Medical claim, as part of the requirements under Section 18 (Proof of loss and timely reporting), 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 Section 14: 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)

See Section 13: How to Contact Our Administrator, under “Customer Service” for information on how to get a claim form.
Section 13: 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 an extension 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. ET, 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

Section 14: General Conditions

Unless this Certificate or the Group Policy states otherwise, the following conditions apply to Your coverage.

Proof of loss and timely reporting
If You are making a claim, You must complete and 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 described in Section 12: How to Make a Claim) 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.

Benefit payments
This policy contains provisions removing or restricting the right of the group person insured to designate persons to whom or for whose benefit money is to be payable. This means that under the Group Policy, You do not have the right to choose a beneficiary who will receive any benefits payable under this Certificate. Benefits are payable to You or, on Your behalf, to Your medical provider.

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.

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”).

This is the end of Your Certificate of Insurance.
Travel Medical Insurance
Privacy Agreement

In this Agreement, the words “you” and “your” mean any person, or that person’s authorized representative, who has requested from us, or offered to provide a guarantee for, any product, service or account offered by us in Canada. The words “we”, “us” and “our” mean TD Bank Group (“TD”). TD includes The Toronto-Dominion Bank and its world-wide affiliates, which provide deposit, investment, loan, securities, trust, insurance and other products or services. The word “Information” means personal, financial and other details about you that you provide to us and we obtain from others outside TD, including through the products and services you use.

You acknowledge, authorize and agree as follows:

COLLECTING AND USING YOUR INFORMATION
At the time you request to begin a relationship with us and during the course of our relationship, we may collect Information including:

- details about you and your background, including your name, address, contact information, date of birth, occupation and other identification
- records that reflect your dealings with and through us
- your preferences and activities.
  This Information may be collected from you and from sources within or outside TD, including from:
- government agencies and registries, law enforcement authorities and public records
- credit reporting agencies
- other financial or lending institutions
- organizations with whom you make arrangements, other service providers or agents, including payment card networks
- references or other information you have provided
- persons authorized to act on your behalf under a power of attorney or other legal authority
- your interactions with us, including in person, over the phone, at the ATM, on your mobile device or through email or the Internet
- records that reflect your dealings with and through us

You authorize the collection of Information from these sources and, if applicable, you authorize these sources to give us the Information.

We will limit the collection and use of Information to what we require in order to serve you as our customer and to administer our business, including to:

- verify your identity
- evaluate and process your application, accounts, transactions and reports
- provide you with ongoing service and information related to the products, accounts and services you hold with us
- analyze your needs and activities to help us serve you better and develop new products and services
- help protect you and us against fraud and error
- help manage and assess our risks, operations and relationship with you
- help us collect a debt or enforce an obligation owed to us by you
- comply with applicable laws and requirements of regulators, including self-regulatory organizations.

DISCLOSING YOUR INFORMATION
We may disclose Information, including as follows:

- with your consent
- in response to a court order, search warrant or other demand or request, which we believe to be valid
- to meet requests for information from regulators, including self-regulatory organizations of which we are a member or participant, or to satisfy legal and regulatory requirements applicable to us
- to suppliers, agents and other organizations that perform services for you or for us, or on our behalf
- to payment card networks in order to operate or administer the payment card system that supports the products, services or accounts you have with us (including for any products or services provided or made available by the payment card network as part of your product, services or accounts with us), or for any contests or other promotions they may make available to you
- on the death of a joint account holder with right of survivorship, we may release any information regarding the joint account up to the date of death to the estate representative of the deceased, except in Quebec where the liquidator is entitled to all account information up to and after the date of death
- when we buy a business or sell all or part of our business or when considering those transactions
- to help us collect a debt or enforce an obligation owed to us by you
• where permitted by law.

SHARING INFORMATION WITHIN TD
Within TD we may share Information world-wide, other than health-related Information, for the following purposes:
• to manage your total relationship within TD, including servicing your accounts and maintaining consistent Information about you
• to manage and assess our risks and operations, including to collect a debt owed to us by you.
• to comply with legal or regulatory requirements.
You may not withdraw your consent for these purposes.
Within TD we may also share Information world-wide, other than health-related Information, to allow other businesses within TD to tell you about products and services. In order to understand how we use your Information for marketing purposes and how you can withdraw your consent, refer to the Marketing Purposes section below.

ADDITIONAL COLLECTIONS, USES AND DISCLOSURES

Social Insurance Number (SIN) – If requesting products, accounts or services that may generate interest or other investment income, we will ask for your SIN for revenue reporting purposes. This is required by the Income Tax Act (Canada). If we ask for your SIN for other products or services, it is your option to provide it. When you provide us with your SIN, we may also use it as an aid to identify you and to keep your Information separate from that of other customers with a similar name, including through the credit granting process. You may choose not to have us use your SIN as an aid to identify you with credit reporting agencies.

Credit Reporting Agencies and Other Lenders – For a credit card, line of credit, loan, mortgage or other credit facility, merchant services, or a deposit account with overdraft protection, hold and/or withdrawal or transaction limits, we will exchange Information and reports about you with credit reporting agencies and other lenders at the time of and during the application process, and on an ongoing basis to review and verify your creditworthiness, establish credit and hold limits, help us collect a debt or enforce an obligation owed to us by you, and/or manage and assess our risks. You may choose not to have us conduct a credit check in order to assess an application for credit. Once you have such a facility or product with us and for a reasonable period of time afterwards, we may from time to time disclose your Information to other lenders and credit reporting agencies requesting such Information, which helps establish your credit history and supports the credit granting and processing functions in general. We may obtain Information and reports about you from Equifax Canada Inc., Trans Union of Canada, Inc. or any other credit reporting agency. You may access and rectify any of your personal information contained in their files by contacting them directly through their respective websites www.consumer.equifax.ca and www.transunion.ca. Once you have applied for any credit product with us, you may not withdraw your consent to this exchange of Information.

Fraud - In order to prevent, detect or suppress financial abuse, fraud, criminal activity, protect our assets and interests, assist us with any internal or external investigation into potentially illegal or suspicious activity or manage, defend or settle any actual or potential loss in connection with the foregoing, we may collect from, use and disclose your Information to any person or organization, fraud prevention agency, regulatory or government body, the operator of any database or registry used to check information provided against existing information, or other insurance companies or financial or lending institutions. For these purposes, your Information may be pooled with data belonging to other individuals and subject to data analytics.

Insurance – This section applies if you are applying for, requesting prescreening for, modifying or making a claim under, or have included with your product, service or account, an insurance product that we insure, reinsure, administer or sell. We may, collect, use, disclose and retain your Information, including health-related Information. We may collect this Information from you or any health care professional, medically-related facility, insurance company, government agency, organizations who manage public information data banks, or insurance information bureaus, including MIB Group, Inc. and the Insurance Bureau of Canada, with knowledge of your Information.

With regard to life and health insurance, we may also obtain a personal investigation report prepared in connection with verifying and/or authenticating the information you provide in your application or as part of the claims process.

With regard to home and auto insurance, we may also obtain Information about you from credit reporting agencies at the time of, and during the application process and on an ongoing basis to verify your creditworthiness, perform a risk analysis and determine your premium.

We may use your Information to:
• determine your eligibility for insurance coverage
• administer your insurance and our relationship with you
• determine your insurance premium
• investigate and adjudicate your claims
• help manage and assess our risks and operations.

We may share your Information with any health-care professional, medically-related facility, insurance company, organizations who manage public information data banks, or insurance information bureaus, including the MIB Group,
Inc. and the Insurance Bureau of Canada, to allow them to properly answer questions when providing us with Information about you. We may share lab results about infectious diseases with appropriate public health authorities. If we collect your health-related Information for the purposes described above, it will not be shared within TD, except to the extent that a TD company insures, reinsurance, administers or sells relevant coverage and the disclosure is required for the purposes described above. Your Information, including health-related Information, may be shared with administrators, service providers, reinsurers and prospective insurers and reinsurers of our insurance operations, as well as their administrators and service providers for these purposes.

**Marketing Purposes** – We may also use your Information for marketing purposes, including to:

- tell you about other products and services that may be of interest to you, including those offered by other businesses within TD and third parties we select
- determine your eligibility to participate in contests, surveys or promotions
- conduct research, analysis, modeling, and surveys to assess your satisfaction with us as a customer, and to develop products and services
- contact you by telephone, fax, text messaging, or other electronic means and automatic dialing-announcing device, at the numbers you have provided us, or by ATM, internet, mail, email and other methods.

With respect to these marketing purposes, you may choose not to have us:

- contact you occasionally either by telephone, fax, text message, ATM, internet, mail, email or all of these methods, with offers that may be of interest to you
- contact you to participate in customer research and surveys.

**Telephone and Internet discussions** – When speaking with one of our telephone service representatives, internet live chat agents, or messaging with us through social media, we may monitor and/or record our discussions for our mutual protection, to enhance customer service and to confirm our discussions with you.

**MORE INFORMATION**

This Agreement must be read together with our Privacy Code which includes our Online Privacy Code and our Mobile Apps Privacy Code. You acknowledge that the Privacy Code forms part of the Privacy Agreement. For further details about this Agreement and our privacy practices, visit www.td.com/privacy or contact us for a copy.

You acknowledge that we may amend this Agreement and our Privacy Code from time to time. We will post the revised Agreement and Privacy Code on our website listed above. We may also make them available at our branches or other premises or send them to you by mail. You acknowledge, authorize and agree to be bound by such amendments.

If you wish to opt-out or withdraw your consent at any time for any of the opt-out choices described in this Agreement, you may do so by contacting us at 1-800-293-4941. Please read our Privacy Code for further details about your opt-out choices.
Complaint-Handling Process for TD Life Insurance Company

At TD Insurance we are committed to providing you with the best customer experience we can. Your confidence and trust are extremely important to us. If you have a concern about TD Insurance or the service you have received we want to work with you to resolve it as efficiently as possible. If a problem cannot be resolved immediately, the following steps are taken to ensure it is fixed as quickly and fairly as possible:

Step 1: Contact Our Administrator
If you are not satisfied with the outcome of your claim, you may appeal the decision by contacting our administrator by phone, mail, or email using the contact information provided below:

Allianz Global Assistance
Attention: Appeals Department
4273 King Street East
Kitchener, ON, Canada N2P 2E9
Phone: 1-800-293-4941
Email: appeals@allianz-assistance.ca

Step 2: Problem is referred to TD Insurance Customer Care
If you are not satisfied with the solution offered in Step 1, the problem will be escalated to the TD Insurance Customer Care Department. At this level a TD Insurance Customer Care Manager will work with you to understand the problem. The TD Insurance Customer Care Manager will provide you with the decision on the matter. You may contact the TD Insurance Customer Care Department directly by phone, mail or email using the contact information provided below:

TD Insurance Customer Care Department
320 Front Street West, 3rd Floor
PO Box 1
TD Centre
Toronto, Ontario M5K 1A2
Phone: 1-877-734-1288
Email: tdinscc@TD.COM

Please be sure to include your full name, address, telephone number, policy and/or claim number in all inquiries.

Step 3 – Contact the TD Insurance Ombudsman
If your problem or concern remains unresolved after you have followed Steps 1 and 2, you may contact the TD Insurance Ombudsman. The TD Insurance Ombudsman is dedicated to resolving disputes fairly and professionally. If the TD Insurance Ombudsman determines that your concern has not been addressed by a TD Insurance Customer Care Manager as outlined in Step 2, the TD Insurance Ombudsman may direct your problem to the appropriate business area for investigation and response. Within five days of receiving your enquiry, the TD Insurance Ombudsman will write or call to advise you if and where your problem has been redirected, whether it has been resolved, or in more complex cases, what further steps are being taken and when you can expect a resolution. You may contact the TD Insurance Ombudsman by:

TD Ombudsman
P.O. Box 1
Toronto-Dominion Centre
Toronto, Ontario M5K 1A2
Phone: 416-982-4884 or 1-888-361-0319 (toll free)
Fax: 416-983-3460 or 1-866-891-2410 (toll free)
Email: td.ombudsman@td.com.

Please be sure to include your full name, address, telephone number, policy and/or claim number in all inquiries.

Step 4 – If your problem or concern remains unsatisfied after you have received the ombudsman’s final position letter you may contact the appropriate OmbudService:

Contact for home and auto complaints:
General Insurance OmbudService (GIO)
10 Milner Business Court, Suite 701
Toronto, Ontario M1B 3C6
Phone: 416-299-6931 or 1-877-225-0446 (toll free)
Fax: 416-299-4261
Website: www.giocanada.org

Contact for life and health complaints:
OmbudService for Life & Health Insurance (OLHI)
Toronto
401 Bay Street, Suite 1507
P.O. Box 7
Toronto, Ontario M5H 2Y4
Phone: 416-777-9002 or 1-888-295-8112 (toll free)
Fax: 416-777-9750
Website: www.olhi.ca

Financial Consumer Agency of Canada

The Financial Consumer Agency of Canada (FCAC) supervises federally regulated financial institutions to ensure that they comply with federal consumer protection laws.

The FCAC also helps educate consumers, and monitors industry codes of conduct and public commitments designed to protect the interests of consumers. At TD Insurance, we comply with consumer laws that protect you in various ways. For example, we will provide you with information about our complaint-handling procedures. We also comply with the CBA Code of Conduct for Authorized Insurance Activities.

If you have a complaint regarding a potential violation of a consumer protection law, a public commitment, or an industry code of conduct, you can contact the FCAC in writing at:
Financial Consumer Agency of Canada
Enterprise Building, 6th Floor
427 Laurier Avenue West
Ottawa, Ontario
K1R 1B9

The FCAC can also be contacted by telephone at 1-866-461-3222 (en français 1-866-461-2232).

For more information about the FCAC, please visit www.fcac-acfc.gc.ca

Please note: The FCAC does not become involved in matters of redress or compensation – all requests for redress from TD Insurance must follow the problem resolution process available in this site.