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").

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 insurance may not cover, provide services, or pay claims for expenses resulting from Pre-Existing Conditions that existed before You depart on Your Covered Trip. 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.

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.

Right to Examine this Certificate
You have ten (10) days from the date You receive this Certificate to notify Us if You wish to cancel coverage. If You cancel coverage within this 10 day period, You will receive a full refund of any premiums paid, provided no claims have been initiated. Your right to examine this Certificate and cancel coverage does not apply if You receive a replacement or amended version of the Certificate.

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Section 1: Summary of Annual Plan Benefits

Complete details of coverage, limitations and exclusions can be found in Section 7: What Your Insurance Covers – Medical Emergency Coverage, Limitations and Exclusions.

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| Trip Cancellation Coverage | **Standard:** $1,000 per Insured Person per Covered Trip with an overall maximum of $5,000 for all Insured Persons and all Covered Trips per Policy Year.  
**Additional coverage available:** You can upgrade to $1,500 per Insured Person per Covered Trip with an overall maximum of $7,500 for all Insured Persons and all Covered Trips per Policy.  
You can upgrade to $3,000 per Insured Person per Covered Trip with an overall maximum of $15,000 for all Insured Persons and all Covered Trips per Policy. |
| Trip Interruption Coverage | $5,000 per Insured Person per Covered Trip.  
No overall maximum per Policy Year. |

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.

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

**Application** means:

- the series of questions that form Your application and are submitted on Your behalf when You apply at a TD Canada Trust branch or 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 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 or increase coverage. The Application is 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 for, either Single, Couple or Family Coverage under the Annual Plan.

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

**Couple Coverage** means coverage under this Certificate for You and one named Travelling Companion.
Coverage Period means any seventeen (17) day period falling within Your Policy Year which starts from the day You depart on Your Covered Trip and ends on the earlier of the seventeenth (17th) day of Your Covered Trip or the day You actually return from that Covered Trip. 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 Cause for Cancellation means:
- the death of an Insured Person
- sudden and unexpected sickness, accidental injury or quarantine of an Insured Person if:
  - it did not result from a Pre-Existing Condition;
  - it prevents the Insured Person from starting the Covered Trip; and
  - a Physician certifies, in writing, and explains the medical reason for the decision that:
    - he or she has advised the Insured Person to cancel the Covered Trip; or
    - the sickness or injury made it impossible for the Insured Person to start the Covered Trip; and
  - You provide the Physician’s certification to Our Administrator on or before the scheduled departure date;
- the death of an Immediate Family Member of the Insured Person;
- sudden and unexpected sickness, accidental injury or quarantine of an Immediate Family Member of the Insured Person; or
- the sudden and unexpected death or Hospitalization of an Insured Person’s host at the destination.

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

Covered Trip means a trip:
- made by an Insured Person outside the Insured Person’s province or territory of residence;
- that lasts no longer than 17 consecutive days;
- that begins and ends while the Annual Plan is in effect.

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

Dependent Child(ren) means Your natural, adopted, or step-children 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 Dependent Child does not include a child born while the child’s mother is outside her province or territory of residence during the Covered Trip and as such, the child will not be insured with respect to that trip.

Dollars and $ mean Canadian dollars.

Effective Date means the date Your Certificate takes effect and is the date shown in Your Application or Your most recent Declaration of Coverage.

Eligible Trip Cancellation Expense means the reimbursement portion of the Insured Person’s unused travel arrangements, which were:
- paid in advance and forfeited because of a Covered Cause for Cancellation; and
- non-refundable on the date the Covered Cause for Cancellation arose; and
- travel points administration cancellation fees that applied on the date the Covered Cause for Cancellation arose; or
- payment of reasonable transportation costs (if the Insured Person misses the scheduled departure because of a Covered Cause for Cancellation) that are:
  - required for the Insured Person to travel to the destination of the Covered Trip by the most direct route; and
  - approved in advance by Our Administrator.

NOTE: We will not reimburse the cost of any additional travel insurance.

Eligible Trip Interruption Expense means:
- if the Insured Person ends the Covered Trip because of a Covered Cause for Interruption, the lesser of:
  - the cost of a one-way economy fare, approved in advance by Our Administrator, to the point of departure; or
– the fee charged by the transportation provider to change the Insured Person’s date of return;

■ if the Insured Person is delayed in reaching the next destination of the Covered Trip because of a Covered Cause for Interruption, payment of reasonable additional transportation costs that are:
– required for the Insured Person to rejoin a tour group by the most direct route; and
– approved in advance by Our Administrator;
■ the portion of the cost of any unused travel arrangements which were:
– part of the Insured Person’s Covered Trip;
– paid before the Insured Person’s date of departure; and
– non-refundable on the date the Covered Cause for Interruption occurred.

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

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 inpatient, outpatient and emergency basis; or
■ the nearest appropriate medical facility that has been approved in advance by Our Administrator.

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

Hospitalized or Hospitalization means to be an inpatient in a Hospital.

Immediate Family Member means an Insured Person’s:
■ 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
■ the Insured Person’s Spouse’s grandparents, brothers-in-law and sisters-in-law.

Insured Person means a person:
■ who is eligible to be insured under this Certificate;
■ who was named in the Application;
■ for whom the required premium has been paid; and
■ on whom insurance has been issued under the Certificate.

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 You or related by blood or marriage to any Insured Person under this Certificate.

Policy Year means the period beginning on Your Effective Date and ending with the Anniversary Date one (1) year later and, if You renew Your Annual Plan, subsequent one (1) year periods, as applicable.

Pre-Existing Condition means a Medical Condition that existed before Your Effective Date or the 1st day of your Coverage Period for a Covered Trip.

Reasonable Charges means charges incurred 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.

Single Coverage means coverage on a single person who is either:
■ You; or
■ if specified in the Application, Your Dependent Child(ren) who is (are) under 18 years old.

Spouse means:
■ the person who the Insured Person is legally married to; or
■ the person the Insured Person has 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 non-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.

Trip Cancellation Coverage Period begins on the later of:

- Your Annual Plan Effective Date; and
- the date the Covered Trip is booked;
and ends on the earlier of:
- the date the Insured Person departs on the Covered Trip; and
- the date this Certificate terminates.

Trip Interruption Coverage Period begins on the later of:

- Your Annual Plan Effective Date; and
- the date the Insured Person completes a portion of the Covered Trip as shown on his or her invoice or ticket;
and ends on the earlier of:
- the date the Insured Person is scheduled to return from the Covered Trip;
- at 11:59 p.m. ET on the 17th day of the Covered Trip unless You purchased Annual Plan Trip Extension coverage;
- if You have Annual Plan Trip Extension Coverage, at 11:59 p.m. ET on the last day of Your Annual Plan Trip Extension Coverage; or
- the date this Certificate terminates.

NOTE: The departure date counts as one full day.

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.

Section 3: Eligibility – Who Can Apply For Coverage

There are three types of coverage available under the Annual Plan: Single Coverage, Couple Coverage and Family Coverage.

1. Single Coverage

You may apply for Single Coverage if:

- You are:
  - 18 to 84 years old on the Effective Date of Your Annual Plan; and
  - a Resident of Canada;
  - covered under a GHIP;
  - a TD Bank Group customer; and
  - in Canada when You buy the coverage;
- the information You provide in Your Application is true and complete; and
- You purchase the insurance no earlier than 240 days before the Effective Date of Your Annual Plan.

NOTE: You may also apply for Single Coverage on behalf of Your Dependent Child(ren) who are travelling without either You or Your Spouse if:

- You specify in Your Application that the Certificate is to cover the Dependent Child(ren) instead of You; and
- Your Dependent Child(ren) meet(s) the above criteria except that:
  - they do not have to be TD Bank Group customers; and
  - they can be under 18 years old.
2. Couple Coverage
You may apply for coverage under the Annual Plan on behalf of Your Spouse or a Travelling Companion under Couple Coverage if:

- You name Your Spouse or Travelling Companion in Your Application; and
- You and Your Spouse or Travelling Companion meet the eligibility criteria under Single Coverage above, except that:
  - they do not have to be a TD Bank Group customer; and
  - if Your Travelling Companion is Your Dependent Child, then he or she may be under 18 years old.

3. Family Coverage
You may apply for coverage under the Annual Plan for Your Spouse and Your Dependent Child(ren) under Family Coverage if:

- You name Your Spouse and/or Dependent Child(ren) in Your Application; and
- they meet the eligibility criteria under Single Coverage above except that:
  - they do not have to be TD Bank Group customers;
  - Your Dependent Child(ren) is/are travelling with You or Your Spouse; and
  - Your Dependent Child(ren) may be under 18 years old.

4. Top-Up Coverage
i. How to apply for a top-up of Your Annual Plan
If You already have a TD Travel Medical Insurance Annual Plan, and You are planning a trip that will last more than 17 days, You can apply for top-up coverage, 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 purchase this top-up of coverage; and
- You can apply either before or after You depart on Your trip if:
  - no Insured Person has suffered a Medical Emergency before You apply for this top-up of coverage; and
  - You apply before 11:59 p.m. ET on the 17th day of Your trip (Please note that the date of departure counts as one full day); and
  - the 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.
  - You pay the required premium for the top-up of coverage.

Any top-up is subject to approval by Our Administrator.

ii. How to increase Annual Plan Trip Cancellation Benefits
If You have the Annual Plan and You want to increase the trip cancellation benefit from the standard coverage of $1,000 per Insured Person per Covered Trip and $5,000 total per Annual Plan Certificate per Policy Year, You can apply for the following increases if each Insured Person meets the applicable eligibility criteria described in this section. The higher limits available are:

- $1,500 per Insured Person per Covered Trip with an overall maximum of $7,500 for all Insured Persons and all Covered Trips per Policy;
- $3,000 per Insured Person per Covered Trip with an overall maximum of $15,000 for all Insured Persons and all Covered Trips per Policy.

NOTE: There will be an additional premium charged.

Section 4: When is a Medical Questionnaire Required?
Customers who are 55 years of age or older, and applying for top-up coverage will need to answer some medical questions to determine if insurance can be provided. In these cases, the premium for the top-up of coverage will be based on the answers to the medical questions. Some applicants may not qualify for a top-up of coverage based on their responses to the medical questions.

Section 5: Medical Emergency Coverage Period
Automatic Extension of Certificate in a Medical Emergency
If an Insured Person is 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:

- for that Insured Person; and
- for any other Insured Person if:
  - that other Insured Person has extended his or her trip past his or her scheduled return date because of the first Insured Person’s Medical Emergency; and
Our Administrator has approved a Travelling Companion Benefit for that other Insured Person.

**Medical Emergency Coverage Period**
The Medical Emergency Coverage Period for the Annual Plan begins when the Insured Person departs on a Covered Trip and ends on the earlier of:
- the date the Insured Person returns from the Covered Trip;
- 11:59 p.m. ET on the 17th day of the Covered Trip if You do not have top-up coverage;
- 11:59 p.m. ET on the last day of Your top-up coverage shown in the most recent Declaration of Coverage; and
- the date this Certificate terminates.

**Section 6: Limitations and Exclusions That Apply to All Benefits**
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 the Insured Person’s 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 the Insured Person holds a basic scuba designation from a certified school or licensing body), mountaineering, bungee-jumping, parachuting, parasailing, cave exploration, hang-gliding, skydiving or any airborne activity in any aircraft other than a passenger aircraft that holds a valid Certificate of airworthiness.

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 or an Insured Person contracted in a foreign country, region or city if before You or an Insured Person left the 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 the 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 or an Insured Person gave Us or Our Administrator false or inaccurate information about 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: When Is Medical Evidence Required.

Section 7: What Your Insurance Covers – Medical Emergency Coverage, Limitations and Exclusions

We will pay a Medical Emergency benefit for eligible Medical Emergency expenses if an Insured Person suffers a Medical Emergency during the Medical Emergency Coverage Period for a Covered Trip.

MEDICAL EMERGENCY COVERAGE

Eligible Medical Emergency expenses include:

Medical Emergency Coverage up to $2,000,000 per Covered Trip. No overall maximum per Policy Year.

■ Hospital Benefit
– attendance at a Hospital or appropriate medical facility for Treatment as an inpatient, outpatient 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
– up to $5,000 for services performed and supplies deemed necessary by a registered nurse; including medically necessary nursing supplies.

■ 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.

■ Ambulance
– charges for emergency ambulance service to the nearest approved Hospital.

■ Air ambulance
– charges for emergency air ambulance only if Our Administrator determines that the Insured Person’s 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
– reimbursement of prescription drugs required as part of emergency Treatment while in Hospital.
EXCLUSION: Vitamins and patent, proprietary and experimental drugs are excluded.

■ Accidental dental
– 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 occurs as a result of a Medical Emergency.

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

■ Medical appliances
– 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
– the cost of a one-way economy fare plus a second one-way economy fare, if required to accommodate a stretcher:
  • if it is a result of a Medical Emergency, Our Administrator determines that an Insured Person should return to Canada; and
approves the transportation in advance.

NOTE: We will also pay the expenses for a qualified medical attendant to accompany You to Your province or territory of residence if recommended by the attending Physician during Your Medical Emergency and approval is granted by Our Administrator in advance.

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

- **Bedside Companion Benefit**
  - The cost of one round-trip economy airfare from Your Bedside Companion’s 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**
  - the cost of a single one-way economy airfare for a Travelling Companion to return to his or her place of departure if:
    - An Insured Person has a covered 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.

LIMITATION: This benefit will be reduced by any amount paid or payable under a Trip Interruption benefit to return the Travelling Companion to the place of departure if the Travelling Companion is also an Insured Person under this Certificate.

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

- **Return of deceased**
  - up to $5,000 toward the cost of preparation and transportation home of a deceased Insured Person if death results from a covered Medical Emergency; or
  - the burial or the cremation of an Insured Person’s remains where their death occurred; and,
  - one round-trip economy airfare if:
    - an Immediate Family Member is required to identify or obtain release of the deceased; and
    - Our Administrator approves the 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 the covered expense less any amounts recoverable under Your GHIP and/or any other insurance or health plan coverage You may have.

### Medical Emergency Insurance Exclusions

1. **Pre-Existing Condition**
   Your Pre-Existing Condition exclusion is determined by Your age on the Effective Date of Your Certificate. 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.

<table>
<thead>
<tr>
<th>Rate Category</th>
<th>Pre-Existing Condition exclusion that applies to You:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Customers under the age of 65</td>
<td><em>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 <strong>90 days</strong> before You depart on Your Covered Trip, Your Medical Condition or related condition has not been Stable.</em></td>
</tr>
<tr>
<td>Customers age 65 and Older</td>
<td><em>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 <strong>180 days</strong> before You depart on Your Covered Trip, Your Medical Condition or related condition has not been Stable.</em></td>
</tr>
</tbody>
</table>
Condition or related condition has not been Stable.

**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
- 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.

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 before the Medical Emergency Coverage Period begins or after it ends.

For example, under the Annual Plan, no benefit will be paid with respect to a Medical Emergency that occurs after 11:59 p.m. ET on the 17th day of a Covered Trip, if You have not purchased top-up coverage for the trip.

4. Failure to transfer to an appropriate facility for Treatment

We reserve the right to transfer an Insured Person to an appropriate medical facility, or to his or her province or territory of residence, for further Treatment in consultation with the Insured Person’s 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 the Insured Person is able to return to their 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.

6. Failure to get advance approval

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.
We will not pay a benefit with respect to 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.

Section 8: What Your Insurance Covers – Trip Cancellation Coverage, Limitations and Exclusions

We will pay up to the maximum benefit payable for trip cancellation coverage (with respect to an Insured Person if he or she is required to cancel a Covered Trip due to a Covered Cause for Cancellation that occurs during the Trip Cancellation Coverage Period.

We will not pay a benefit for the following:

1. Pre-Existing Condition
   – a Medical Condition of the Insured Person that relates to or results from a Pre-Existing Condition. See Section 7, Medical Emergency Insurance Exclusions, 1. Pre-Existing Condition for additional details of the Stability period that applies to You.

2. Reasonably Foreseeable Conditions
   – a sickness, accidental injury or quarantine of the Insured Person that was reasonably foreseeable when the Trip Cancellation Coverage Period began.

3. Cancellation penalties arising after a Covered Cause for Cancellation
   – We will only pay benefits for cancellation penalties in effect on the date the Covered Cause for Cancellation arises, so it’s important to cancel Your travel plans promptly.

4. Travel points
   – except for TD Travel Points earned with Your TD First Class Travel® Visa Infinite* Card, or Your TD Aeroplan® Visa Infinite* Card, We will not pay any benefit in connection with the value of frequent flyer plan points that have been lost or wasted.

Section 9: What Your Insurance Covers – Trip Interruption Coverage, Limitations and Exclusions

The Annual Plan offers coverage up to the maximum benefit payable for trip interruption coverage if an Insured Person is prevented from continuing a Covered Trip because of a Covered Cause for Interruption that occurs during the Trip Interruption Coverage Period.

We will not pay a benefit for the following:

1. Pre-Existing Conditions
   – a Medical Condition of the Insured Person that relates to or results from a Pre-Existing Condition. See Section 7, Medical Emergency Insurance Exclusions, 1. Pre-Existing Condition for additional details of the Stability period that applies to You.

2. Reasonably foreseeable conditions
   – a sickness, accidental injury or quarantine of the Insured Person that was reasonably foreseeable:
     • when the Insured Person departed on the Covered Trip; or
     • on the date You purchased top-up coverage

3. Interruption outside of the Coverage Period
   – an interruption that occurs before the Trip Interruption Coverage Period begins or after it ends.
   For example, We will not pay a benefit for an interruption that occurs after 11:59 p.m. ET on the 17th day of a Covered Trip, unless You have top-up coverage.

4. Pre-paid expenses
   – amounts that become non-refundable after the Covered Cause for Interruption occurs.
   NOTE: Only pre-paid expenses that are non-refundable on the day the Covered Cause for Interruption occurs will be eligible for the purposes of the claim, so it’s important to call Our Administrator immediately to discuss alternate arrangements.

5. Causes not covered
   – interruption of a Covered Trip for any reason other than those listed under Covered Cause for Interruption.

6. Travel points
   – except for TD Travel Points earned with Your TD First Class Travel® Visa Infinite* Card, or Your TD Aeroplan® Visa Infinite* Card, We will not pay any benefit in connection with the value of frequent flyer plan points that have been lost or wasted.
7. Unused Return Travel
– the cost of prepaid unused return travel.

Section 10: What to Do in a Medical Emergency

In a Medical Emergency, You must call Our Administrator immediately, or as soon as is reasonably possible. If not, benefits will be limited as described in Section 7 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, if so, will direct the Insured Person 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, the Insured Person 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 11: What to Do if You Need to Cancel or Interrupt a Trip

If You need to cancel or interrupt a trip because of a Covered Cause for Cancellation or Interruption, You must call to let Our Administrator know immediately or as soon as is reasonably possible at the 24-Hour Emergency Assistance number:
■ from Canada or the U.S., toll-free, 1-800-359-6704; or
■ from other countries, 416-977-5040, collect.

For Trip Cancellation, the benefit is limited to the travel supplier’s cancellation penalties in effect on the date the Covered Cause for Trip Cancellation occurs.

For Trip Interruption, You will only be reimbursed for eligible expenses that are non-refundable on the day the Covered Cause for Trip Interruption occurs. It is important to notify Our Administrator within 48 hours or as soon as reasonably possible. All transportation expenses and certain other expenses are only covered if Our Administrator pre-approves them. To make a claim for a cancelled or interrupted trip, follow the instructions in Section 12: How to Make a Claim.

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 10: 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: General Conditions - 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 an Insured Person, then You and, if applicable, the Insured Person must sign an authorization form allowing Our Administrator to recover those expenses:
■ from the Insured Person’s GHIP;
■ from any health plan or other insurance;
■ through rights You may have against other insurers or other parties (see Section 18: General Conditions, under “Subrogation”).
If Our Administrator pays eligible expenses that are covered under other insurance or another plan, You and the Insured Person (if applicable) must help Our Administrator to seek reimbursement as required. The Insured Person must also provide evidence of the actual departure date from his or her province or territory of residence. If requested, an Insured Person must also confirm any return dates related to an interruption in a Covered Trip.

NOTE: If Our Administrator makes an advance payment for expenses that are later discovered to be ineligible under this Certificate, the Insured Person must reimburse Us.

If You do not report the claim immediately
If an Insured Person incurs eligible Medical Emergency expenses without first contacting Our Administrator for assistance and claim management, he or she 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. See Section 13: How to Contact Our Administrator, under “Customer Service” for information on how to get a claim form.
The Insured Person must also provide proof of the actual departure date from his or her province or territory of residence. Proof includes, but is not limited to, a flight itinerary, gas receipts or toll-road receipts.

Trip Cancellation or Trip Interruption claim
Once the Insured Person has cancelled his or her trip with the travel supplier, call Our Administrator, toll-free at 1-800-359-6704 (from Canada or the U.S.) or 416-977-5040, collect (from other countries). Our Administrator will provide You with a claim form that You must complete and submit with documentation to support the claim, including the following:

- original invoice, original tickets (including any unused coupons), original vouchers, and original itinerary;
- proof that cancellation or interruption resulted from a Covered Cause for Cancellation or Covered Cause for Interruption.
This may include a medical Certificate, Physician’s written statement or death certificate; and
- a signed “Release of Medical Information” authorization to allow Us to get any further information We need to review the claim.
The Insured Person must also provide evidence of the actual departure date from his or her province or territory of residence.

Section 13: How to Contact Our Administrator

24-hour Emergency Assistance Number
To report a Medical Emergency, make arrangements with respect to trip interruption or trip cancellation, or to apply for top-up coverage, 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.

Customer Service
To get 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: Proof of Insurance
It is important to know if You have insurance coverage. You will have coverage once You complete the following steps:

- applicants meet the eligibility criteria for insurance under Section 3: Eligibility – Who Can Apply for Coverage;
- apply for insurance; and
- pay the required premium.
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 15: Annual Plan Review
Your Annual Plan will automatically renew on the Anniversary Date if:
■ You provided instructions to renew automatically;
■ We have a valid credit card on file on Your Anniversary Date;
■ no Insured Person under the Certificate is 85 years of age or older on the Anniversary Date; and
■ We receive and accept the renewal premium.

To renew an Annual Plan, You can contact Our Administrator before Your Anniversary Date to arrange for payment at 1-800-293-4941 (toll-free) or at 416-977-2039 from 8 a.m. to 9 p.m. ET, Monday to Saturday.
If there have been any changes to the insurance coverage, We will send You a new Certificate; otherwise, Your most recent Certificate will continue to apply. If You wish to cancel Your insurance, You can do so as described in the following section.

Section 16: When Your Certificate Terminates
If You do not renew Your Annual Plan, it will terminate on Your Anniversary Date.
NOTE: Refer to Section 5: Medical Emergency Coverage Period for details on Automatic Extension of Certificate in a Medical Emergency.

Cancelling Your Annual Plan
You have ten (10) days from the date You receive Your Certificate to cancel coverage and receive a full refund of any premium paid. All requests for cancellation of the Annual Plan must be made to Our Administrator, in writing or by phone (see Section 13: How to Contact Our Administrator). The following table explains how and when cancellations may take place.

<table>
<thead>
<tr>
<th>How To Cancel</th>
<th>When Can You 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>No later than ten (10) days from the date You receive Your Certificate, replacement Certificate or renewal notice.</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></td>
<td></td>
</tr>
</tbody>
</table>

Section 17: Premiums and Premium Refunds
Please note that premium rates can be changed without notice.

Premiums will be based on:
■ the age of the oldest person to be insured under Your Certificate as of:
  – the Effective Date of Your Certificate; or
  – if applicable, the Anniversary Date on which Your Certificate is renewed;
■ premiums in effect at the time of Your Application; and
■ Your coverage type (Single, Couple, Family).
The minimum premium for top-up coverage, is $15.
If You cancel Your insurance, some or all of Your premiums may be refunded, as described under Section 16: When Your Certificate terminates.

Section 18: 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 the Insured Person 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, neither You nor any Insured Person has 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 them 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 an Insured Person is 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 or an Insured Person make a claim knowing it to be false or fraudulent in any respect, neither of You will 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 the failure of any Insured Person to obtain medical Treatment.

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