TD Insurance
Travel Medical Insurance
Per Trip Plan
Distribution Guide

Name of Insurance Product
Travel Medical Insurance Per Trip Coverage

Type of Insurance Product
Group Travel Insurance

Name and Address of Insurer:
TD Life Insurance Company
P.O. Box 1
Toronto Dominion Centre
Toronto, Ontario M5K 1A2
Phone: 1-888-788-0839

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

Name and Address of the Distributor:
The Toronto-Dominion Bank
1350 René-Lévesque Boulevard, 6th floor
Montréal, Québec H3G 1T4
Phone: 1-888-983-7070
Fax: 1-866-534-5534

Responsibility of the Autorité des marchés financiers.

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

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

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Introduction

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

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

Terms in italic throughout this Distribution Guide are defined in the section "Definitions".

Nature of the *Medical Emergency* Coverage

We will pay a benefit if an *Insured Person* suffers a *Medical Emergency* during a *Covered Trip*.

Summary of Specific Features
The following tables illustrate the Maximum Benefit Payable for each type of insurance.

Coverage	Maximum Benefit Payable (per *Insured Person* per *Covered Trip*)
Medical Emergency Coverage and other benefits including: • Hospital Benefit • Physician's bills • Diagnostic services • Ambulance • Medical appliances • Emergency Return Home	Up to $2,000,000
Private duty nursing	Up to $5,000
Accidental dental	Up to $2,000
Bedside Companion Benefit	Round trip economy air fare and up to $1,500 for meals and accommodation for a *Bedside Companion*.
Vehicle return	Up to $1,000
Return of Deceased	Up to $5,000

Eligibility
Depending on the age of the people to be insured, *You* can apply online at tdinsurance.com, over the telephone with *Our Administrator*, or at any TD Canada Trust branch. Please refer to the following table for specific details.

Eligibility	In Person	Online	Over the Telephone with our *Administrator*
How to Apply	Any TD Canada Trust Branch	tdinsurance.com	**Toll Free** at **1-800-359-6704** from Canada or the United States **Collect** at **416-977-5040** from any other countries.
Customers under age 55	Yes	Yes	Yes
Customers aged 55+	No	Yes	Yes

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

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

1. Single Coverage
You may apply for Single Coverage if:
■ *You* are:
– at least 18 years old on the *Effective Date* of *Your* Per Trip Plan;
– a resident of Canada;
– covered under a *GHIP*;
– a TD Bank Group customer;
– physically present in Canada when *You* purchase the insurance coverage; **AND**
– *You* purchase the insurance no earlier than 240 days before the departure date as set out in *Your Application* or most recent *Declaration of Coverage*.

2. Couple Coverage
You may apply for Travel Medical Insurance on behalf of *Your Spouse* or any named *Travelling Companion* under the *Couple Coverage* if:
■ *You* apply for *Couple Coverage*;
■ *You* name *Your Spouse* or *Travelling Companion* in *Your Application*; **AND**
■ *Your Spouse* or *Travelling Companion* meets the criteria of the *Single Coverage*, except that:
– he or she is not required to be a TD Bank Group customer; **AND**
– he or she may be under 18 years of age, if *Your Travelling Companion* is *Your Dependent Child(ren)*.

3. Family Coverage
You may apply for Travel Medical Insurance for *Your Spouse* and *Your Dependent Child(ren)* under the *Family Coverage* if:
■ *You* apply for *Family Coverage*;
■ *You* name *Your Spouse* and/or Y*our Dependent Children* in *Your Application*; **AND**
■ they meet the criteria of the *Single Coverage*, except that:
– they are not required to be TD Bank Group customers; **AND**
– *Your Dependent Children* may be under 18 years of age, but must be travelling with *You* or *Your Spouse*.
You may also apply for Travel Medical Insurance for a *Dependent Child* if:
■ *You* apply for *Single Coverage*;
■ *You* specify in *Your Application* that the *Certificate* is to cover the *Dependent Child* instead of *You*; **AND**
■ *Your Dependent Child* meets the criteria of the *Single Coverage*, except that:
– he or she is not required to be a TD Bank Group customer; **AND**
– he or she may be under 18 years of age.

4. 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 period of coverage, 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*.

When is a Medical Questionnaire Required, and Important Obligations
In some cases, a person who wants to be insured will need to answer some medical questions to determine if insurance can be provided. In these cases, the premium for the coverage or top-up of coverage will be based on the answers to the medical questions. Some applicants may not qualify for coverage or for a top-up of coverage based on their responses to the medical questions.

When Is a Medical Questionnaire Required?
A medical questionnaire will be required if the person to be insured is 55 years of age, or older and is applying for the Per Trip Plan, or a top-up of the Per Trip Plan.

***You* must inform *Us* of any changes to *Your* health**
If an *Insured Person* is required to complete a medical questionnaire as part of the insurance *Application*, then he or she is required to contact *Our Administrator*, if the *Insured Person's* medical status changes in any way after the *Insured Person* is enrolled and before his or her date of departure.
NOTE:
■ The minimum premium for top-up coverage is **$15**, which will be charged to *Your* credit card, **AND**
■ The date of departure is counted as one full day.

Travel Medical Insurance *Effective Date*
If the following conditions have been met, *Your Certificate* takes effect on the *Effective Date* as set out in *Your Application* or, *Your* most recent *Declaration of Coverage*:
■ *You* have applied for insurance;
■ all of the people to be insured meet the eligibility requirements;

■ the people to be insured that were required to complete a medical questionnaire, have done so and *Our Administrator* has approved them for coverage;
■ *You* have paid the required premium; **AND**
■ *You* have confirmation that *Your* insurance has been issued, as explained in the section "Confirmation of Insurance" of this Distribution Guide.

Proof of Insurance
You will have confirmation of insurance once
■ *You* receive a *Certificate Number*; **AND**
■ *You* are provided a *Declaration of Coverage*.

Renewal and Expiry of Insurance
Your Per Trip coverage will not renew and will expire after *Your* trip is complete and coverage ceases.

Description of Covered Risks and Benefits
A. Medical Emergency Coverage
(i) Coverage Period
The *Coverage Period* for the Per Trip Plan begins on the later of:
■ the *Insured Person's* scheduled departure date, as specified in the *Application* or, most recent *Declaration of Coverage*;
■ when the *Insured Person* actually departs on the *Covered Trip*.
The *Coverage Period* ends on the earlier of:
■ the *Insured Person's* scheduled return date, as specified in the *Application* or, most recent *Declaration of Coverage*;
■ the date the *Insured Person* actually returns;
■ the date this *Certificate* terminates.

The *Coverage Period* will not end if an *Insured Person* temporarily returns to his or her province or territory of residence prior to the termination date of *Your* Per Trip coverage, provided that:
■ such *Insured Person* has not incurred or submitted a claim under the *Certificate* or suffered a *Medical Emergency* during the *Covered Trip* or during his or her temporary return to his or her province or territory of residence;
■ there has been no change in any *Pre-Existing Conditions* during the *Covered Trip* or during the temporary return to the *Insured Person's* province or territory of residence;
■ such *Insured Person's Medical Condition* has not changed during the temporary return to the province or territory of residence; **AND** in addition to all of the above,
■ such *Insured Person* was fit to resume travel on the *Covered Trip*.

(ii) Covered Risk
We will pay a *Medical Emergency* benefit if an *Insured Person* suffers a *Medical Emergency* during the *Medical Emergency Coverage Period* for a *Covered Trip*.
We will pay for the *Usual, Customary and Reasonable Charges* for eligible *Medical Emergency* expenses up to the Maximum Benefit Payable as described in the section "Summary of Specific Features", less any amounts payable or reimbursable under:
■ *a GHIP*;
■ any group or individual health plans; **OR**
■ any insurance policies.

Eligible *Medical Emergency* expenses include:
1. *Hospital* Accommodation.
2. *Physicians'* Bills.
3. Private Duty Nursing
■ up to $5,000 for services performed by a registered nurse including medically necessary nursing supplies.

4. 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.

5. Ambulance
■ Charges for an emergency ambulance service to the nearest approved *Hospital*.

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

7. Prescriptions
■ Reimbursement of prescription drugs that are required as part of emergency *Treatment*, excluding vitamins and patent, proprietary and experimental drugs.

8. Accidental Dental
■ Up to a maximum of $2,000 for a dental *Treatment* that is:
– required during the *Medical Emergency Coverage* Period; **AND**
– necessary because of a blow to natural or permanently installed teeth which results from an accident causing a *Medical Emergency*.
Treatment for emergency relief of dental pain is covered up to a maximum of $200.

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

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

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

12. *Travelling Companion* Benefit
■ The cost of a single one-way economy airfare if:
– an *Insured Person* suffers a covered *Medical Emergency*;
– as a result, a *Travelling Companion* stays beyond his or her scheduled return date; **AND**
– *Our Administrator* approves, in advance, the cost of a one-way economy airfare back to the *Travelling Companion's* place of departure.

13. *Bedside Companion* Benefit
■ Up to $150 per day, to a maximum of $1,500 for food and accommodation for a person if:
– *Our Administrator* has approved transportation for the person under either a Transportation to Bedside Benefit or a *Travelling Companion* Benefit; **AND**
– *Our Administrator* has approved the *Bedside Companion* Benefit in advance.

14. Vehicle Return
■ Up to $1,000 toward the cost of returning an *Insured Person's* vehicle to his or her home or, if applicable, the nearest appropriate vehicle rental agency if:
– the *Insured Person* is unable to return the vehicle due to a covered *Medical Emergency*; **AND**
– *Our Administrator* arranges for the return of the vehicle.

15. Return of Deceased
■ Up to $5,000 toward the cost of preparation and transportation home of a deceased *Insured Person* if death results from a covered *Medical Emergency*; **AND**
■ One roundtrip economy airfare if:
– an *Immediate Family Member* is required to identify or obtain release of the deceased; AND
– *Our Administrator* approves this transportation in advance.
The cost of a burial casket or urn is not covered under this benefit.

(iii) Exclusions, Restrictions or Reductions specific to *Medical Emergency* Coverage
CAUTION

1. Failure to report

■ A *Medical Emergency* must be reported to *Our Administrator* within 48 hours of admission to *Hospital*, or as soon as is reasonably possible.

■ If the *Medical Emergency* is not reported as required, the maximum benefit payable with respect to the *Medical Emergency* will be reduced to 80% of the eligible *Medical Emergency* expenses, to a limit of $30,000.

2. *Pre-Existing Condition*

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

Rate Category	***Pre-Existing Condition* exclusion that applies to *You*:**
Customers under the age of 55	*We* will not pay for any 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*.
Customers age 55 and Older with Rate Category A & B	*We* will not pay for any 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*.
Customers age 55 and Older with Rate Category C & D	*We* will not pay for any 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*.
NOTE	
Stable	means that, for any *Medical Condition* or related condition, in the period applicable to your rate category, there has been: ■ No new symptoms, or more frequent or severe symptoms; ■ No new test results showing a deterioration; ■ No *Hospitalizations;* ■ No new *Treatment*, medical management, or prescribed medication; ■ No change in *Treatment*, medical management, or prescribed medication; ■ No pending surgery, referrals to a specialist, or other *Treatment.* ■ The following exceptions are NOT considered unstable: ■ the routine adjustment of Coumadin, warfarin or insulin (as long as they are not newly prescribed or stopped) and there has been no change in your *Medical Condition*; ■ a change from a brand name medication to a generic brand medication of the same dosage.
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*.

3. Reasonably Foreseeable Conditions

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

– when the *Insured Person* departed on the *Covered Trip*; **OR**

– if *You* purchased a top-up of coverage after that departure date, on the date *You* purchased that additional insurance.

4. *Medical Emergency* occurring outside the *Coverage Period*
■ No benefit will be payable with respect to a *Medical Emergency* that occurs before the *Coverage Period* begins or after it ends.

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

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

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

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

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

10. If an advance payment is made for expenses and it is later discovered that they were not covered under the *Certificate*, then the *Insured Person* must reimburse *Us*.
NOTE: The day of departure counts as a full day for this purpose.

CAUTION
Please see the relevant coverage section for details of specific exclusions, restrictions or reductions that apply to a particular coverage. In addition for all coverages:
1. No benefit will be payable in connection with *Treatment*, services or expenses related to or resulting from:

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

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

■ Failure to take Medication
– failure to take medication as prescribed by the *Insured Person's Physician*;

■ Alcohol or Drug abuse
– abuse of medication or alcohol or any use of illicit drugs;

■ Crime
– participation in a criminal offence;

■ Professional Sports or Racing
– participation in professional sports or any organized racing or speed contests;

■ 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;

■ **Mental Disorders**
– any mental, nervous or emotional problems, including any *Medical Emergency* arising from these problems;

■ **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;

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

2. *Your Certificate* is null and void and no benefit will be payable under it for:
■ **Misrepresentation**
– any *Medical Condition* for which *You* or an *Insured Person* provided *Our Administrator* or *Us* with false or inaccurate information regarding *Hospitalizations*, *Treatment* or medications;

■ ***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.

3. Medical Evidence
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.

4. General Conditions

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

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

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

■ **Legal Action 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 *You* nor the *Insured Person* will be entitled to the benefits of this coverage, nor to the payment of any claim under the *Group Policy*.

■ **Currency**
– All amounts shown are in Canadian Currency.

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

Premiums
If any person to be insured is required to complete a medical questionnaire as described under section "Eligibility" of this Distribution Guide, then premiums for the *Certificate* will be based on:
■ the medical information provided when *You* apply online at tdinsurance.com or apply over the telephone by calling *Our Administrator*; **AND**
■ the duration of *Your Covered Trip*.
Otherwise, the premium will be based on:
■ the age of the oldest person to be insured under the *Certificate* as of:
– the *Effective Date* of *Your Certificate*;
– the duration of *Your Covered Trip* **AND**
■ *Our* then-current premium tables for the requested type of insurance.
NOTE: The day of departure counts as a full day for this purpose.

End of the Insurance Coverage
■ *Your Certificate* will terminate on the earliest of the following dates:
– the scheduled return date shown in *Your Application* or, if applicable, the most recent *Declaration of Coverage*;
– the date the last *Insured Person* under the *Certificate* returns to his or her province of residence from the *Covered Trip*;
– the date the last *Insured Person* under the *Certificate* ceases to be eligible for coverage;
– the date the last *Insured Person* under the *Certificate* has his or her insurance cancelled due to a change in *Medical Condition* before departing on the *Covered Trip*; **AND**
– the date on which *Your* request to cancel *Your Certificate* is effective.
NOTE: If any *Insured Person* is suffering from a *Medical Emergency* on the date when *Your Certificate* would otherwise terminate, for any reason other than cancellation, then the *Certificate* is automatically extended until 72 hours following the end of the *Medical Emergency*.

Cancellation and Right to Examine/Rescind Coverage
All requests for cancellation of the Per Trip Plan must be made to *Our Administrator*, in writing or by phone. The following table explains how and when cancellations may take place.
NOTE: No benefits will be paid under the *Certificate* for losses incurred after coverage has terminated or under any *Certificate* for which *You* have requested rescission.

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

Other Information
In order to obtain further information regarding Travel Medical Insurance, *You* may:
■ contact *Our Administrator's* customer service. Please refer to the section "How to Contact *Our Administrator*" of this Distribution Guide for additional information; **OR**
■ refer to the *Certificate* of Insurance of Travel Medical Insurance which can be viewed online at **tdinsurance.com/travel**

What to do in case of an Emergency
All emergencies must be reported to *Our Administrator* immediately. This includes *Medical Emergencies***.**
If *You* do not contact *Our Administrator* promptly, benefits may be limited or excluded.

In the case of a *Medical Emergency*
You must call *Our Administrator* immediately, or as soon as is reasonably possible. Otherwise, benefits will be limited as described in section "Exclusions Restrictions or Reductions specific to *Medical Emergency* Coverage" in the section "Description of Covered Risks and Benefits" of this Distribution Guide.
Some expenses will only be covered if *Our Administrator* approves them in advance.
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 pay, or arrange payment to, the provider of medical services wherever possible, and manage the *Insured Person's Medical Emergency* from the initial report through its conclusion.
If a direct payment is not possible, the *Insured Person* may be asked to pay for services. Upon submission and approval of a claim, the Insured Person will be reimbursed for any such eligible expenses so paid, as described under this Distribution Guide.

How to Make a Claim
In the case of a *Medical Emergency*

To make an *Emergency Medical* claim, *We* will need documentation to substantiate the claim, including but not limited to the following:

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

If *You* did not report the claim immediately as required:
If an *Insured Person* incurs eligible *Medical Emergency* expenses without contacting *Our Administrator* for assistance and claim management, then he or she must first submit receipts and other proof to:
- *GHIP*;
- then to any group or individual health plans and/or insurers.

Any eligible *Medical Emergency* expenses that are not covered by such *GHIP*, plans or insurance should then be submitted to *Our Administrator* with proof of claim, receipts and payment statements. In this case, claims forms can be obtained from *Our Administrator's* customer service representatives at the number set out in the section "How to contact *Our Administrator*".
The *Insured Person* will also be required to provide evidence of his or her actual departure date from his or her province or territory of residence. Proof of *Your* departure date includes but is not limited to;
- a flight itinerary;
- gas receipts; **OR**
- toll-road receipts.

If *You* did report the claim immediately as required:
If *Hospital* or other medical charges have been arranged for or paid by *Our Administrator* on behalf of an *Insured Perso*n, then *You* and, if applicable, the *Insured Person* must sign an authorization form allowing *Our Administrator* to recover these charges:
- from the *Insured Person's GHIP*;
- from any health plan or other insurance;
- through subrogation rights against any responsible third party.

If *Our Administrator* has paid for eligible expenses covered under another insurance or another plan, *You* and, if applicable, the *Insured Person* must assist *Our Administrator* in obtaining reimbursement, where necessary.
The *Insured Person* will also be required to:
- provide evidence of his or her actual departure date from his or her province or territory of residence;
- confirm the dates of any return travel to his or her province or territory of residence, if requested.

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

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

You can also call this number to apply for a top-up of coverage for a *Covered Trip.*

Customer Service
To purchase insurance *You* can call *Our Administrator* from 8 a.m. to 9 p.m. ET on Monday to Saturday, toll-free at **1-800-293-4941** or **416-977-2039**.

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

Insurer's Reply
We will notify *You* of a decision to approve *Your* claim approximately 60 business days after receiving all documents and information required upon which to make a decision. Once the required proof has been received and the claim has been approved, payment will be made by the Insurer within 30 days. *We* will inform *You* of the claim denial and the reasons for such denial approximately within 60 business days after receiving all documents and information required upon which to make a decision.

Appeal of an Insurer's Decision and Recourse
If *Your* claim is refused, *You* can appeal this decision by submitting new information to the Insurer. *You* may also consult the Autorité des marchés financiers or *Your* own legal advisor.

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

Referral to the Autorité des marchés financiers
For more information about the Insurer's obligation and the distributor's obligation to *You*, the customer, *You* can contact the Autorité des marchés financiers at:
Autorité des marchés financiers
Place de la Cité, Tour Cominar
2640 Laurier Blvd., 4th Floor
Quebec, Quebec G1V 5C1
Telephone Numbers
Toll free: **1-877-525-0337**
Quebec: **418-525-0337**
Montreal: **514-395-0337**
Fax: **418-525-9512**
Email: information@lautorite.qc.ca
Internet: http://www.lautorite.qc.ca

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

Administrator means the company *We* select to provide medical and claims assistance, claims payment, administrative and adjudication services under the *Group Policy*.
Application means:
■ the series of questions that form *Your* application and are submitted on *Your* behalf when *You* apply at a TD Canada Trust branch or by telephone; or
■ the enrollment page that *You* complete online; or
■ 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 extend 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 the 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 Per Trip Plan.
Certificate Number means the unique identifier that *You* receive when *You* buy this insurance.

Couple Coverage means coverage under the *Certificate* for *You* and one named *Travelling Companion*.
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 an *Insured Person* outside the *Insured Person's* province or territory of residence;
■ that begins on the departure date and ends on the return date shown in the *Application* or, *Your* most recent *Declaration of Coverage;* **AND**
■ that lasts 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.
Declaration of Coverage means the document *You* receive when *You* enroll in the branch, online or by telephone, for new or additional coverage under the Group Policy. It includes *Your Certificate Number* and confirms the coverage *You* have purchased.
Dependent Child(ren) means *Your* natural, adopted, or step-children who are:
■ unmarried;
■ dependent on *You* for maintenance and support; and who are:
– under 22 years of age; **OR**
– under 26 years of age and attending an institution of higher learning, full-time, in Canada; or
■ mentally or physically handicapped.
NOTE: A *Dependent Child* does not include a child who is born while the child's mother is outside of her province or territory of residence during the *Covered Trip*, and as such, the child will not be insured with respect to that trip.
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*.
Family Coverage means coverage under the *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 the *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 occurring 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 the *Certificate*.
Pre-Existing Condition means a *Medical Condition* that existed before *Your Effective Date*.
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 under 18 years of age.
Spouse means:
■ the person to whom the *Insured Person* is legally married; OR
■ if there is no such person, the person whom the *Insured Person* has lived with for at least one year and publicly represented as his or her domestic partner.
Stable means that for any *Medical Condition* or related condition, in the period applicable to your rate category, there has been:
■ No new symptoms, or more frequent or severe symptoms;
■ No new test results showing a deterioration;
■ No *Hospitalizations;*
■ No new *Treatment*, no new medical management, no new prescribed medication;
■ No change in *Treatment*, no change in medical management, no change in prescribed medication;
■ No pending surgery, referrals to a specialist, or other *Treatment.*
■ The following exceptions are NOT considered unstable:
    ■ the routine adjustment of Coumadin, warfarin or insulin (as long as they are not newly prescribed or stopped) and there has been no change in your *Medical Condition*;
    ■ a change from a brand name medication to a generic brand medication of the same dosage.
Travelling Companion means any person who travels with *You* during the *Covered Trip* and who is sharing transportation and/or accommodation with *You*.
Treated or ***Treatment*** means any medical, therapeutic or diagnostic procedure prescribed, performed or recommended by a Physician, including but not limited to prescribed 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*.
Usual, Customary and Reasonable Charges means charges that do not exceed the general level of charges made by other providers of similar standing in the geographical area where charges are incurred for comparable *Treatment*, services or supplies for a similar *Medical Emergency*.
You, 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*** and ***Our*** means TD Life Insurance Company.

This is the end of the Distribution Guide.

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