



## **TD Insurance Travel Medical Insurance Distribution Guide**

**Name of Insurance Product**

Travel Medical Insurance

**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

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The Toronto-Dominion Bank  
500 St-Jacques Street, 12th Floor  
Montreal, Quebec H2Y 1S1

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**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”) under the *Group Policy* T1002 issued to The Toronto-Dominion Bank (the “Policyholder” or “TD Canada Trust”). It will help You make a knowledgeable decision about the type of coverage that best suits Your needs without the presence of an insurance advisor.

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

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

## DESCRIPTION OF THE PRODUCTS OFFERED

### NATURE OF THE COVERAGE

#### **Medical Emergency (Annual Plan and Per Trip Plan)**

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

#### **Trip Cancellation (Annual Plan Only)**

We will pay a benefit with respect to an *Insured Person* if he or she is required to cancel a *Covered Trip* as a result of a *Covered Cause* for Cancellation listed in the section “Description of Covered Risks and Benefits” of this Distribution Guide.

#### **Trip Interruption (Annual Plan Only)**

We will pay a benefit with respect to an *Insured Person* if he or she is prevented from continuing a *Covered Trip* as a result of a *Covered Cause* for Interruption listed in the section “Description of Covered Risks and Benefits” of this Distribution Guide.

## SUMMARY OF SPECIFIC FEATURES

You may decide to apply for the

- Annual Plan; **OR**
- Per Trip coverage,

under a

- *Single Coverage*;
- *Couple Coverage*; **OR**
- *Family Coverage*.

The following tables illustrate the Maximum Benefits Payable for each type of insurance.

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

Benefits	Maximum Benefit Payable
<b>Medical Emergency Coverage</b>	<b>\$2,000,000</b> per Insured Person per Covered Trip.
<b>Trip Cancellation Coverage</b>	For each Covered Trip: ■ <b>\$1,000</b> per Insured Person; <b>OR</b> ■ The higher amount that is indicated on Your most recent Application or Letter of Confirmation. This amount cannot be more than <b>\$3,000</b> . An overall maximum applies per Policy Year: ■ <b>\$5,000</b> for all Insured Persons for all Covered Trips; <b>or</b> ■ The higher amount that is indicated on Your most recent Application or Letter of Confirmation. This amount cannot be more than <b>\$15,000</b> .
<b>Trip Interruption Coverage</b>	■ <b>\$5,000</b> per Insured Person per Covered Trip.

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

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

## ELIGIBILITY

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

You can also apply for insurance online at **www.tdinsurance.com** or at any TD Canada Trust branch if You would like to apply for:

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

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

To be eligible for Travel Medical Insurance under the *Single Coverage*, You must meet all of the following conditions:

- You are:
  - 18 to 84 years of age on the Effective Date of Your Annual Plan; **OR**
  - at least 18 years of age on the Effective Date of Your Per Trip coverage;
- be a resident of Canada;
- be covered under a Canadian provincial or territorial government health insurance plan;
- be a TD Canada Trust customer;
- be physically present in Canada when You purchase the insurance coverage;

the information *You* provide in connection with *Your Application* is true and complete; **AND**

- *You* purchase the insurance no earlier than 45 days before:
  - the *Effective Date*, of *Your Annual Plan*; **OR**
  - if *You* purchase a Per Trip coverage, the departure date as set out in *Your Application* or most recent *Letter of Confirmation*.

*You* may apply for Travel Medical Insurance on *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 Canada Trust customer; **AND**
  - he or she may be under 18 years of age, if *Your* travelling companion is *Your Dependent Child(ren)*.

*You* may apply for Travel Medical Insurance on *Your Spouse* and *Your Dependent Children* under the *Family Coverage* if:

- *You* apply for *Family Coverage*;
- *You* name *Your Spouse* and/or *Your Dependent Children* in *Your Application*; **AND**
- they meet the criteria of the *Single Coverage*, except that:
  - they are not required to be TD Canada Trust 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 on 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 Canada Trust customer; **AND**
  - he or she may be under 18 years of age.

#### **Eligibility to increase Trip Cancellation Benefits**

If *You* already have the Annual Plan and *You* want to increase the benefits available with respect to *Your Trip Cancellation Insurance*, *You* can apply for this coverage if each *Insured Person* meets the applicable criteria described under “Eligibility for the Annual Plan and Per Trip Coverage” in the section “Eligibility” of this Distribution Guide.

#### **Evidence of Insurability Medical Evidence**

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

Medical evidence of insurability will be required if:

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

If an *Insured Person* is required to provide evidence of insurability in connection with the *Certificate*, 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.

#### **Eligibility for the Annual Plan Trip Extension Coverage**

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

- *You* do not have to be in Canada when *You* purchase this extension of coverage; **AND**
- *You* can apply for the insurance either before or after *You* depart on *Your* trip as long as:
  - no *Insured Person* has suffered a *Medical Emergency* before *You* apply for this extension of coverage;
  - *You* apply for this extension of coverage before the end of the 17th day of *Your Covered Trip*; and

- the total length of the *Covered Trip* does not exceed:
  - i) 212 days; **OR**
  - ii) such lesser number of days as is allowed under *Your GHIP* for travel outside Canada, for a trip of any duration.

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

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

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

#### NOTE:

- The minimum premium for an extension of 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, if applicable, *Your* most recent *Letter of Confirmation*:

- *You* have applied for insurance;
- all of the people to be insured meet the eligibility requirements;
- if any of the people to be insured were required to provide evidence of insurability, they 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.

#### CONFIRMATION OF INSURANCE

*You* will have confirmation of insurance once

- *You* receive a *Certificate Number*; **AND**
- *Our Administrator* sends a *Letter of Confirmation*.

#### RENEWAL AND EXPIRY OF INSURANCE

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

- *You* purchased *Your Annual Plan* online or by calling *Our Administrator*;
- *We* have a valid credit card on file when *Your Anniversary Date* occurs;
- no *Insured Person* under the *Certificate* is 85 years of age or older on the *Anniversary Date*; **AND**
- the renewal premium is received and accepted for the next *Policy Year for the Annual Plan*.

Otherwise, if *You* want to renew *Your Annual Plan*, *You* will need to contact *Our Administrator* before *Your Anniversary Date* to arrange for payment. *You* can contact *Our Administrator*:

- from 8 a.m. to 9 p.m. ET on Monday to Saturday, toll-free at **1-800-293-4941** or **416-977-2039**.

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

If *You* wish to cancel *Your* insurance, *You* can do so as described in the section “Cancellation”.

*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

##### In the case of the Annual Plan:

The *Coverage Period* 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*;
- at 11:59 p.m. on the 17th day of the *Covered Trip*, if the *Covered Trip* exceeds 17 days and *You* have not purchased Annual Plan Trip Extension Coverage for the *Covered Trip*.

The *Insured Person* will be required to provide evidence satisfactory to *Us* of the actual date of departure from the province or territory of residence. Proof of *Your* date of departure includes, but is not limited to:

- a flight itinerary;
- gas receipts; **OR**
- toll-road receipts;
- at 11:59 p.m. on the last day of the coverage under Annual Plan Trip Extension Coverage, as specified in the most recent *Letter of Confirmation*;
- the date the *Certificate* terminates;

If an *Insured Person* is suffering from a *Medical Emergency* on the date the *Medical Emergency Coverage Period* would otherwise end (for any reason except cancellation of the *Certificate*), then the *Medical Emergency Coverage Period* is automatically extended to 72 hours following the end of the *Medical Emergency* for:

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

##### In the case of the Per Trip Coverage:

The *Coverage Period* begins on the later of:

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

The *Coverage Period* ends on the earlier of:

- the *Insured Person's* scheduled return date, as specified in the *Application* or, if applicable, the most recent *Letter of Confirmation*;
- the date the *Insured Person* actually returns;
- the date the *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 means:**

**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**
  - necessitated by a blow to natural or permanently installed teeth which occurs during the *Medical Emergency Coverage Period*.

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

**9. Medical Appliance**

- Charges for the following medical appliances when these are required as a result of a *Medical Emergency* and prescribed by a *Physician*:
  - casts;
  - crutches;
  - trusses;
  - braces;
  - slings;
  - splints;
  - rental of a wheelchair,
  - rental of a walker.

**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.

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



#### 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.

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

#### 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

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

##### 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 an extension 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.

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

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

## 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 subjects 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*.

## B. Trip Cancellation Coverage provided with Annual Plan

### (i) Coverage Period

The *Coverage Period* begins on the later of:

- the *Effective Date* of *Your* plan; **AND**
- the date the *Covered Trip* is booked.

The *Coverage Period* ends on the earlier of:

- the date the *Insured Person* departs on the *Covered Trip*; **AND**
- the date the *Certificate* terminates.

### (ii) Covered Risk

If *You* have purchased the Annual Plan, *We* will pay a Trip Interruption Benefit with respect to an *Insured Person* if he or she is required to cancel a *Covered Trip* due to a Covered Cause for Cancellation.

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

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

There will be no reimbursement for the cost of any additional travel insurance.

### **OR**

- if the *Insured Person* misses the scheduled departure as a result of a Covered Cause for Cancellation, payment of reasonable transportation costs that are:
  - required for the *Insured Person* to travel to the destination of the *Covered Trip* by the most direct route; **AND**
  - approved in advance by *Our Administrator*.

**Covered Causes for Cancellation means:**

- death of an *Insured Person*;
- sudden and unexpected sickness, accidental injury or quarantine of an *Insured Person* if:
  - it did not result from a *Pre-Existing Condition*;
  - it prevents the *Insured Person* from starting the *Covered Trip*;

- a *Physician* certifies in writing:
  - that he or she has advised the *Insured Person* to cancel the *Covered Trip*; **OR**
  - that the sickness or injury made it impossible for the *Insured Person* to start the *Covered Trip*; and the medical reason for the decision; **AND**
- You provide the *Physician's* certification to Our Administrator before the scheduled departure date;
- death of an *Immediate Family Member* of the *Insured Person*;
- sudden and unexpected sickness, accidental injury or quarantine of an *Immediate Family Member* of the *Insured Person*; **OR**
- the sudden and unexpected death or *Hospitalization* of an *Insured Person's* host at the destination.

**(iii) Exclusions, Restrictions or Reductions, specific to Trip Cancellation Coverage**

**CAUTION**

**1. Pre-Existing Condition**

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

**2. Reasonably Foreseeable Conditions**

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

**3. Cancellation Penalties arising after Covered Cause for Cancellation**

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

**4. Frequent Flyer Plan Points**

- No benefit will be payable in connection with the value of Frequent Flyer Plan Points that have been lost or wasted. However, TD Points earned with *Your* TD First Class Travel® Visa Infinite\* Card are eligible for benefits under the *Certificate*.

**C. Trip Interruption Coverage Provided with Annual Plan**

**(i) Coverage Period**

The *Coverage Period* begins on the later of:

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

The *Coverage Period* ends on the earlier of:

- the date the *Insured Person* is scheduled to return from the *Covered Trip*;
- at 11:59 p.m. on the 17th day of the *Covered Trip*, if the *Covered Trip* exceeds 17 days and *You* have not purchased an Annual Plan Trip Extension Coverage;
- at 11:59 p.m. on the last day of *Your* Annual Plan Trip Extension Coverage, if the *Covered Trip* exceeds 17 days and *You* have purchased an Annual Plan Trip Extension Coverage; **AND**
- the date the *Certificate* terminates.

**(ii) Covered Risk**

If *You* have purchased the Annual Plan, We will pay a Trip Interruption Benefit with respect to an *Insured Person* if he or she is prevented from continuing on a *Covered Trip* as a result of a *Covered Cause* for Interruption:

**Eligible Trip Interruption Expenses means:**

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

**Covered Causes for Interruption means:**

- death of an *Insured Person*;

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

**(iii) Exclusions, Restrictions or Reductions, specific to Trip Interruption Coverage**

**CAUTION**

**1. Pre-Existing Conditions**

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

**2. Reasonably Foreseeable Conditions**

- No benefit will be payable with respect to a sickness or accidental injury of the *Insured Person* that was reasonably foreseeable:
  - when the *Insured Person* departed on the *Covered Trip*; **OR**
  - if *You* purchased an Annual Plan Trip Extension Coverage after that departure date, on the date *You* purchased it.

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

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

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

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

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

**5. Frequent Flyer Plan Points**

- No benefit will be payable in connection with the value of Frequent Flyer Plan Points that have been lost or wasted. However, TD Points earned with *Your* TD First Class Travel® *Visa Infinite\** Card are eligible for benefits under the *Certificate*.

**6. Unused Return Travel**

- No benefit will be payable in connection with the cost of prepaid unused return travel.

**EXCLUSIONS, RESTRICTIONS OR REDUCTIONS APPLICABLE TO ALL COVERAGE**

**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;
- **Intentionally Inflicted Injuries**
  - intentionally inflicted injuries, suicide or attempted suicide, while either sane or insane;
- **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 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;
  - **Commuting**
    - any trip that is primarily for the purpose of commuting to or from the *Insured Person's* usual place of employment;
  - **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;
  - Failure to provide Accurate and Complete Evidence of Insurability
    - an *Insured Person* was required to provide evidence of insurability; and
    - he or she failed to disclose all medical conditions, as required; **OR**
    - he or she failed to contact *Our Administrator* and disclose a change in his or her medical condition between the date of enrolment and date of departure, as required.
3. **Medical Evidence**
- If a person to be insured is required to provide evidence of insurability and:
- fails to disclose all medical conditions, current medications and periods of *Hospitalization* in response to the medical questions asked;
  - fails to fully, completely and accurately respond to the medical questions asked in the telephone interview with *Our Administrator*; **OR**
  - fails to contact *Our Administrator* and fully disclose any change in his or her medical status between the date of enrollment and the date of departure, including:
    - any medical condition discovered;
    - any symptoms that appeared;
    - any condition that was investigated, diagnosed or treated;
    - any further investigation that was recommended or prescribed; **OR**
    - any change in treatment that was recommended, including new medication or any change to medication or dosage;

in that period.

Then the *Certificate* will be null and void and no benefits will be payable under it.

The *Certificate* and all coverage hereunder will be null and void even if the failure to disclose or misrepresentation relates only to the amount of premium that *You* should have paid and the *Certificate* and all coverage hereunder will be null and void even if the failure to disclose or misrepresentation does not relate to the cause of any claim.

This is why *We* investigate the answers provided to the health questions in the *Application*. *We* may do this at any time. *We* will do this at the time of claim.

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

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

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

- No actions or proceedings may be brought against *Us* after two (2) years from the date on which the loss occurred. Every action or proceeding against the insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act or other applicable legislation, applicable in *Your* province or territory of residence.
- All actions or proceedings against *Us* must be brought in the province or territory in which the *Certificate Holder* was resident at the *Effective Date* of the *Certificate* and will be governed by the laws of that province or territory, without reference to its conflicts of law rules.

- **False Claim**

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

- **Currency**

- All amounts shown are in Canadian Currency.

- **Access to Medical Care**

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

### PREMIUMS

If any person to be insured is required to provide evidence of insurability as described under "Evidence of Insurability" in the section "Eligibility" of this Distribution Guide, then premiums for the *Certificate* will be based on:

- the medical information provided when *You* call *Our Administrator* to apply; **AND**
- the duration of *Your Covered Trip*, in the case of a Per Trip coverage.

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*; **OR**
  - the *Anniversary Date* on which *Your Certificate* is renewed, if applicable;
  - the duration of *Your Covered Trip*, in the case of a Per Trip coverage; **AND**
- *Our* then-current premium tables for the requested type of insurance.

**NOTE:** The premium tables are subject to change without notice.

### END OF THE INSURANCE COVERAGE

- In the case of an Annual Plan, *Your Certificate* will terminate on the earliest of the following dates:
  - *Your Anniversary Date*, unless *Your* coverage is renewed.
- In the case of a Per Trip 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 *Letter of Confirmation*;
  - the date the last *Insured Person* under the *Certificate* returns to his or her province of residence from the *Covered Trip*;
  - the date the last *Insured Person* under the *Certificate* ceases to be eligible for coverage;

- the date the last *Insured Person* under the *Certificate* has his or her insurance 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

*You* can cancel *Your* insurance by writing to *Our Administrator* at the customer service address presented in the section “How to Contact *Our Administrator*” of this Distribution Guide. Once *Our Administrator* receives *Your* written request, it will be effective on the date it was postmarked.

*You* will receive a refund as follows:

- *You* will receive a full refund if *Your* cancellation request for *Your* Per Trip coverage is postmarked before the departure date set out in *Your Application* or, if applicable, in *Your* most recent *Letter of Confirmation*;
- *You* will receive a prorated refund, less an administrative fee of \$15 if:
  - *Your* cancellation request for *Your* Per Trip coverage is postmarked after the departure date set out in *Your Application* or, if applicable, in *Your* most recent *Letter of Confirmation*; **AND**
  - no claim has been incurred;
- *You* will receive a refund of *Your* full premium for the *Policy Year for the Annual Plan* if *You* request to rescind *Your* Annual Plan coverage within 10 days of:
  - the date *You* receive *Your Certificate*; **OR**
  - for renewal, the date *You* receive *Your* renewal notice or replacement *Certificate*;

and no *Insured Person* has travelled outside his or her country, province or territory of principal residence after the *Effective Date* or *Anniversary Date*, as applicable.

If *You* rescind coverage *Your* Annual Plan coverage shall be void. Otherwise, no refund is available.

**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.

## 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 **www.tdinsurance.com/travel**

## PROOF OF LOSS OR CLAIM

### SUBMISSION OF A CLAIM – CLAIM NOTIFICATION

#### What to do in case of an Emergency

All emergencies must be reported to *Our Administrator* immediately. This includes:

- medical emergencies; **AND**
- if *You* have purchased the Annual Plan, any covered emergencies that may require:
  - a Trip Cancellation; **OR**
  - a Trip Interruption.

If *You* do not contact *Our Administrator* promptly, benefits may be limited or excluded.

#### In the case of a Medical Emergency

*You* must phone *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 “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.

#### In the case of a Trip Cancellation

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



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

After the *Insured Person* has cancelled his or her travel arrangements with the travel supplier, *You* will need to follow the instructions as indicated in the section "How to Make a Claim" of this Distribution Guide.

#### **In the case of a Trip Interruption**

*You* must call *Our Administrator* immediately at the 24-Hour Emergency Assistance number found in the section "How to contact *Our Administrator*".

Some expenses are only covered if they are approved in advance by *Our Administrator*. All transportation expenses must be pre-approved.

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

#### **HOW TO MAKE A CLAIM**

##### **In the case of a Medical Emergency**

**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 Person*, then *You* and, if applicable, the *Insured Person* must sign an authorization form allowing *Our Administrator* to recover these charges:

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

If *Our Administrator* has paid for *Eligible Expenses* covered under 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 (including any interruption in a *Covered Trip*) to his or her province or territory of residence, if requested.

##### **In the case of a Trip Cancellation or Trip Interruption**

Once the *Insured Person* has cancelled his or her travel arrangements with the travel supplier, call *Our Administrator* at the customer service phone number found in the section "How to contact *Our Administrator*" to obtain a claim form.

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

- 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, as applicable. This may include:
  - a medical certificate;
  - a *Physician's* written statement; **OR**
  - a death certificate; **AND**
- a signed "Release of Medical Information" authorization form to allow *Us* to obtain any further information required to complete the claim review.

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



### 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*, or to make arrangements with respect to Trip Interruption or Trip Cancellation, *You* can call *Our Administrator* 24 hours a day, seven days a week 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 an extension of Per Trip coverage for a *Covered Trip* or to apply for Annual Plan Trip Extension Coverage.

#### Customer Service

To purchase insurance, or to increase the amount of benefit available for Trip Cancellation Insurance under *Your* Annual Plan, *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**.

In a non-emergency situation, *You* can also call these numbers to obtain claims forms.

To obtain a claim form or to cancel *Your* insurance, send *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](mailto:information@lautorite.qc.ca)

Internet: <http://www.lautorite.qc.ca>

## DEFINITIONS

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

**Anniversary Date** for the Annual Plan means:

- the date one year from *Your Effective Date*; **AND**
- subsequent anniversaries of *Your Effective Date*, as applicable, if *You* renew *Your Certificate*.

**Application** means:

- the printed application form in a brochure that contains the *Certificate*;
- the enrolment page that *You* complete online; **OR**
- the series of questions that form part of *Your* application if *You* call to enrol by telephone and the answers *You* provide to such medical questions.

The *Application* also includes any questions asked and information provided in connection with requests to extend or increase insurance that *You* have already purchased.

The *Application* is part of *Your* Insurance Contract and is used to process *Your* request for insurance.

**Certificate** means the Certificate of Insurance.

**Certificate Holder** means the TD Canada Trust customer who has applied, and been accepted for either:

- *Single Coverage*;
- *Couple Coverage*; **OR**
- *Family Coverage*.

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

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

**Coverage Period** means the Trip Cancellation Coverage Period, the Trip Interruption Coverage Period or the *Medical Emergency* Coverage Period as described in the various sections of this Distribution Guide.

**Covered Trip** means a trip

- made by an *Insured Person*;
- outside the *Insured Person's* province or territory of residence;
- which, for an Annual Plan, begins and ends while the Annual Plan is in effect;
- which, for Per Trip coverage, begins on the departure date and ends on the return date shown in the *Application* or, if applicable, such date as shown in the most recent *Letter of Confirmation* for that trip; **AND**
- that is either:
  - i. 212 days; **OR**
  - ii. such lesser number of days as is allowed under *Your GHIP* for travel outside Canada, for a trip of any duration.

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

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

- unmarried;
- dependant on *You* for maintenance and support;

and who are:

- under 22 years of age; **OR**
- under 26 years of age and attending an institution of higher learning, full-time, in Canada.

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

**Effective Date** means the date on which *Your Certificate* takes effect.

For the Annual Plan, this is the date specified in *Your Application* or, if applicable, *Your* most recent *Letter of Confirmation*.

For Per Trip coverage, it means *Your* scheduled departure date as specified in *Your Application* or, if applicable, *Your* most recent *Letter of Confirmation*.

**Eligible Expenses** means Eligible Trip Cancellation Expenses, Eligible Trip Interruption Expenses or Eligible *Medical Emergency* Expenses, as described in the various sections of this Distribution Guide.

**Family Coverage** means coverage under the *Certificate* for:

- *You*;
- *Your Spouse*; **AND**
- *Your Dependent Child(ren)*, if applicable.

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

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

**Hospital** means:

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

A *Hospital* excludes chronic care, convalescent or nursing home facilities.

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

**Immediate Family Member** means an *Insured Person's Spouse*, parents, step parent, grandparents, natural or adopted children, step children or legal ward, step sisters, step brothers, grandchildren, brothers, brothers-in-law, sisters, sisters-in-law, aunts, uncles, nieces or nephews, sons-in-law or daughters-in-law, and the *Insured Person's Spouse's* parents, grandparents, brothers, brothers-in-law, sisters, sisters-in-law and children.

**Insured Person** means a person:

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

**Letter of Confirmation** means the document *Our Administrator* sends to *You* when *You* enrol over the telephone or online for new or additional Travel Medical Insurance Coverage under the *Group Policy*. It includes *Your Certificate Number* and confirms the insurance coverage *You* have purchased.

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

**Our Administrator** means the company selected by *Us*, from time to time, to provide:

- medical and claims assistance;
- claims payment; **AND**
- administrative services

under the *Group Policy*.

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

**Policy Year for the Annual Plan** means the:

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

**Pre-Existing Condition** means a medical condition:

- for which symptoms appeared in the *Pre-Existing Condition Period*, which was investigated, diagnosed or treated during the *Pre-Existing Condition Period*, where treatment includes medication; **OR**
- for which further investigation was recommended or prescribed, or for which a change in treatment was recommended (including a change in medication or its dosage) during the *Pre-Existing Condition Period*.

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

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

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

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

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

**Spouse** means:

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

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

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

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

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