

## INTERNATIONAL STUDENT HOSPITAL & MEDICAL INSURANCE – COMPREHENSIVE PLAN

Allianz Global Assistance administers this policy. Allianz Global Assistance is the registered business name of AZGA Service Canada Inc. and AZGA Insurance Agency Canada Ltd. Underwritten by CUMIS General Insurance Company, a member of The Co-operators group of companies.

### IMPORTANT NOTICE

**Please read your policy carefully.**

#### To help you better understand your policy

Key terms in this policy are printed in *italics* and are defined in the Definitions section on pages 4 – 5.

#### What am I covered for?

Please read the section titled Benefits. This policy is intended to cover losses arising from sudden, unexpected and unforeseeable circumstances.

#### What is not covered?

This policy does not cover everything. *Your* insurance has exclusions, conditions and limitations. *You* should read your policy carefully when *you* receive it, so that *you* are aware of, and understand, the limits of *your* coverage.

*You* may not have coverage for costs incurred due to *pre-existing medical conditions* or symptoms that began before the *effective date* of *your* policy. *You* should review this and all other exclusions that apply to *your* plan.

#### What if I have an emergency or claim?

*You* must notify AGA Emergency Assistance (toll free 1-800-995-1662 or worldwide collect 416-340-0049) within 24 hours of admission to a *hospital* and before any *medical consultation* or surgery is performed.

#### Limits on Coverage

If *you* fail to do so without reasonable cause, then AGA will reduce the benefits payable to *you* under this policy by 20%.

#### How do I make a claim?

To apply for benefits under this policy, *you* will need to send a completed claim form (with all original bills attached) to AGA. Please take care in filling out the form, as any missing information may cause delay.

#### Is my personal information protected?

We are committed to protecting the privacy, confidentiality and security of the personal information *we* collect, use and disclose. *Your* personal information, including *your* medical history, will be collected, used and disclosed only for the purpose of providing *you* with the requested insurance services. For a copy of AGA's privacy policy, please contact us or visit our website [www.allianz-assistance.ca](http://www.allianz-assistance.ca).

#### I want to stay longer. Can I purchase further coverage?

Yes, *you* can, subject to policy terms and conditions. Just call David Cummings Insurance Services Ltd. or AGA (during business hours) before coverage under *your* policy expires. To be eligible for further coverage, *you* must be in good health.

#### Assistance

AGA or the *insurer* will use their best efforts to provide assistance for a *sickness* or *injury* arising anywhere in the world. However, AGA, the *insurer*, and their agents will not be responsible for the availability, quantity, quality, or results of any medical *treatment* received, or for failure of any person to provide or obtain medical service.

#### Mandatory Statement of Health and Consent

We may require *you* to complete and sign an application, which may include a statement on *your* state of health with a consent to access *your* medical history when necessary.

### ELIGIBILITY

To be eligible for coverage a person must:

- be a *student*; or
- be a *dependent* of such eligible *student*, all of whom live together in the same residence as the *insured student*; and
- be currently in good health; and
- be less than 65 years of age; and
- not be insured under a Canadian government health insurance plan at time of application. Once insured for benefits under MSP, non-MSP benefits under this policy will continue until the end of the policy term.

#### Effective Date

When an application has been made and the premium has been paid, coverage begins on the **latest** of the date:

- the completed application is accepted by AGA or its representative; or
- indicated as the *effective date* on the application; or
- you* depart from *your country of origin*.

#### Expiry Date

Coverage ends on the **earliest** of the date:

- indicated as the *expiry date* on *your* confirmation of coverage; or
- 365 days after the *effective date* for this policy; or
- you* no longer meet this policy's definition of *student*.

### DESCRIPTION OF COVERAGE

- The *insurer* agrees to pay up to \$2,000,000 for *reasonable and customary* costs incurred unexpectedly in Canada as a result of *your sickness* or *injury* occurring as a result of an *emergency* during the *period of coverage*. Costs are paid for *emergency* hospitalization, *emergency* medical, or other covered costs as provided in the Benefits section, due to *sickness* or *injury* occurring during the *period of coverage*. Eligible expenses will be reimbursed in accordance with the *reasonable and customary* costs or the amount specified in this policy, whichever is less.
- The *insurer* will pay for eligible costs incurred, up to the sum insured, for acute *emergency sickness* or *injury* incurred during the *period of coverage* while *you* are travelling outside of Canada, provided *you* spend at least 51% of the *period of coverage* within Canada. *Trips* to the United States are limited to 30 days. *Trips* back home to *your country of origin* are limited to 15 days.
- Your dependents* are covered only when dependent coverage is selected and paid for at the time of application. Newborns will be covered from 15 days of age, provided they meet the eligibility requirements, following written approval by AGA.

## SUMMARY OF BENEFITS

Sum insured .....	\$2 million
1. Emergency Hospital .....	up to sum insured
2. Emergency Medical .....	up to sum insured
3. Professional Services .....	\$600 per practitioner
4. Drugs or Medications .....	up to a one-month supply
5. Maternity Benefit .....	up to \$1,000
6. Eye Examination .....	1 per 12 month period of coverage
7. Physical Examination .....	up to a maximum of \$250
8. Emergency Air Transportation/ Return Home .....	up to overall maximum
9. Transportation of Family or Friend .....	up to \$5,000
10. Follow-up Visits .....	up to \$3,000
11. Accidental Dental .....	up to \$5,000
12. Dental Emergencies .....	up to \$600
13. Wisdom Teeth .....	up to \$100 per tooth
14. Return of Deceased .....	up to \$15,000
15. Accidental Death & Dismemberment .....	up to \$15,000

## BENEFITS

Benefits are payable for the following costs:

### 1. Emergency Hospital

The *insurer* agrees to pay for semi-private *hospital* accommodation and for *reasonable and customary* services and supplies *necessary* for *your* emergency care during confinement as a resident in-patient.

### 2. Emergency Medical

The *insurer* agrees to pay for:

- The *reasonable and customary* services of a legally licensed *physician*, surgeon or anaesthetist.
- Diagnostics, lab tests and/or x-ray examinations as ordered by a *physician*.
- When ordered by a *physician*, up to an *aggregate limit* of \$10,000, for:
  - The use of a licensed local land or sea ambulance to the nearest *hospital*. If an ambulance is *necessary* but is unavailable, the *insurer* will reimburse up to \$100 for taxi expenses.
  - Private duty services of a registered graduate nurse (who is not related to *you* by blood or marriage) when approved in advance by AGA.
  - Rental of crutches, wheelchair or *hospital*-type bed (standard non-electric model only), not exceeding the purchase price; the cost of splints, trusses, braces or other approved prosthetic appliances; initial purchase of casts; artificial limbs, eyes or other approved prosthetic or medical appliances when approved in advance by AGA.
  - Oxygen and rental of equipment for its administration.
  - Blood and blood plasma, except when donated.

### 3. Professional Services

- The services of a legally licensed physiotherapist when ordered by the attending *physician* as *treatment* for a covered *injury*.  
Not to exceed \$600 for out-patient *treatment*.
- The services of the following legally licensed practitioners for treatment of a covered *injury*:
  - chiropractor;
  - osteopath;

- chiropracist;
- podiatrist;
- acupuncturist.

Not to exceed \$600 per profession.

### 4. Drugs or Medications

Prescription drugs or medications that require a *physician's* written prescription, not exceeding a one-month supply.

### 5. Maternity Benefit

Provided that the pregnancy commenced after the *effective date*, the *insurer* agrees to pay the costs incurred by *you*, to a maximum of \$1,000, for the following, as the result of *your* pregnancy, miscarriage, or complications related thereto:

- hospital* accommodation at the daily public or standard ward rate; and
- services or *treatment* by a *physician*.

No benefits will be payable for expenses incurred for childbirth, voluntary termination of pregnancy or for any expenses incurred in the 8 weeks prior to the expected delivery date or after the expected delivery date.

### 6. Eye Examination

When a minimum of 12 months consecutive coverage has been purchased, the *insurer* agrees to pay for the services of a registered optometrist for diagnostic procedures to determine the presence of any observed abnormality in the visual system. Limited to one visit in any consecutive 12-month *period of coverage*.

### 7. Physical Examination

When a minimum of 12 months consecutive coverage has been purchased, the *insurer* agrees to pay for the cost of one routine physical examination in any 12 consecutive month period, in accordance with the applicable provincial *medical association schedule of fees*, to a maximum of \$250.

### 8. Emergency Air Transportation/Return Home

If a covered *sickness* or *injury* necessitates *your* immediate transportation or return, the *insurer* agrees to pay the cost of one-way transportation by the most appropriate means, including the use of an air ambulance or stretcher accommodation and medical escort if deemed medically *necessary* by AGA, to the nearest appropriate medical facility or to *your country of origin*. To be eligible for reimbursement, AGA must pre-approve these costs.

### 9. Transportation of Family or Friend

The *insurer* agrees to reimburse *you* up to a maximum of \$5,000 for the cost to transport up to two bedside companions (*your family member* or close friend) by round-trip economy class (using the most direct route), and up to a maximum of \$1,500 for the reasonable costs *your family member* or close friend incurs after arrival if:

- you* are hospitalized for a minimum of 7 days due to a covered *sickness* or *injury*, and the attending *physician* advises that *your family member* or close friend's attendance is necessary; or
- the local authorities legally require the attendance of *your family member* or close friend to identify *your* remains in the event of *your* death due to a covered *sickness* or *injury*.

### 10. Follow-up visits

When approved by AGA and required as a result of a covered *emergency sickness* or *injury*, up to \$3,000 will be paid for out-patient follow-up visits to *your physician*. Follow-up visits for conditions for which a claim was paid under a previous policy will not be considered a *pre-existing condition* under this policy provided that there has been no lapse in coverage. The maximum amount payable for follow-up visits is \$3,000 per condition for all combined policy periods.

## 11. Accidental Dental

The *insurer* agrees to reimburse *you* up to \$5,000 for *emergency treatment* or services to whole or sound natural teeth (including capped or crowned teeth) caused by an *accidental* blow to the face. These costs cannot exceed the minimum fee specified in the *Canadian Dental Association schedule of fees* of the province or territory in which the dental cost was incurred.

Treatment relating to any dental claim must begin within 48 hours from the onset of the *emergency* and must be completed prior to *your* return to *your country of origin*.

## 12. Dental Emergencies

The *insurer* agrees to reimburse *you* up to \$600 for the immediate relief of acute dental pain caused by other than a blow to the face. Dental conditions for which *you* have previously received *treatment* or advice are not covered.

*Treatment* relating to any dental claim must begin within 48 hours from the onset of the *emergency* and must be completed prior to *your* return to *your country of origin*.

## 13. Wisdom Teeth

The *insurer* agrees to reimburse *you* up to \$100 per tooth for dental and/or oral surgical procedures which are *necessary* for the extraction of impacted wisdom teeth.

## 14. Return of Deceased

In the event of *your* death due to a covered *sickness* or *injury*, the *insurer* will pay up to \$15,000 for the return of *your* remains in a standard transportation container to *your country of origin*; or up to \$5,000 for the cremation or burial of *your* remains at the place of death.

## 15. Accidental Death & Dismemberment

The *insurer* agrees to pay up to the sum insured of \$15,000, for loss of life, limb or sight resulting directly from *accidental injury* occurring during the *period of coverage*, except while boarding, riding or alighting from an aircraft.

Benefits are payable according to the following schedule.

- a) 100% of sum insured resulting from the same *accidental injury* for loss of:
  - i. life; or
  - ii. entire sight of both eyes; or
  - iii. both hands; or
  - iv. both feet; or
  - v. one hand and entire sight of one eye; or
  - vi. one foot and entire sight of one eye.
- b) 50% of sum insured resulting from the same *accidental injury* for loss of:
  - i. entire sight of one eye; or
  - ii. one hand; or
  - iii. one foot.

Loss of hand or hands, or foot or feet means severance through or above the wrist joint or ankle joint, respectively.

Loss of eye or eyes means total and irrecoverable loss of the entire sight.

Only one amount is payable (the largest) if the insured suffers more than one of these losses.

### Exposure and Disappearance

If *you* are exposed to the elements or disappear as a result of an *accident*, the loss will be covered if:

- a) as a result of such exposure, *you* suffer one of the losses specified in the schedule of losses above; or
- b) *your* body has not been found within 52 weeks from the date of the *accident*. It will be presumed, subject to evidence to the contrary, that *you* suffered loss of life.

## SPECIFIC CONDITIONS

1. AGA must be notified within 24 hours of admission to a *hospital* and before any *medical consultation* or any surgery is performed.

### Limits on Coverage

If *you* fail to do so without reasonable cause, then AGA will reduce the benefits payable to *you* under this policy by 20%.

2. AGA reserves the right, as reasonably required, to transfer *you* to any *hospital* or to transport *you* to *your country of origin* if *you* are unable to continue *your* studies due to a covered *sickness* or *injury*. If *you* refuse to be transferred or transported when declared medically fit to travel, any continuing costs incurred after *your* refusal will not be covered and the payment of such costs becomes *your* sole responsibility. Coverage ceases upon *your* refusal and no coverage will be provided to *you* for the remainder of the *period of coverage*.
3. General Provisions of this policy apply. Refer to page 6.

## EXCLUSIONS

Benefits are not payable for costs incurred due to:

**IS1** Any *pre-existing medical condition*, except when the condition was *stable* in the 90 days immediately before the *effective date*.

**IS2** Losses while sane or insane due to:

- emotional, mental or nervous disorders resulting from any cause, including but not limited to anxiety or depression, suicide or attempted suicide; or
- intentional self-inflicted injury;

**IS3** *Act of war*; kidnapping; *act of terrorism* caused directly or indirectly by *nuclear, chemical or biological* means; riot, strike or civil commotion; unlawful visit in any country.

**IS4** The participation by *you* or a *family member* in:

- protests;
- armed forces activities;
- a commercial sexual transaction;
- the commission or attempted commission of any criminal offence; or
- the contravention of any statutory law or regulation in the area where the loss occurred.

**IS5** Any *sickness, injury* or medical condition, for which a diagnosis need not have been made, where the policy is purchased or the *trip* is undertaken for the purpose of securing *medical treatment* or advice.

**IS6** Loss, death or *injury*, if at the time of the loss, death or *injury*, evidence supports *you* were affected by, or the medical condition causing the loss was in any way contributed to by:

- the use of alcohol, prohibited drugs or any other intoxicant;
- the non-compliance with a prescribed *treatment* or medical therapy;
- the use of medication or drugs that have not been approved by the appropriate government authority; or
- the misuse of medication.

**IS7** Any *treatment, investigation* or hospitalization which is a continuation of, or subsequent to, an inpatient hospitalization, unless approved in advance by AGA.

**IS8** Any *treatment, investigation* or hospitalization which exceeds 30 days following the initial day that outpatient *treatment* began, unless approved in advance by AGA.

**IS9** Travelling against the advice of a *physician* or any loss resulting from a *sickness* or medical condition that was diagnosed by a *physician* as *terminal* prior to the *effective date* of this policy.

**IS10** *Injury* resulting from training for or participating in:

- speed contests usually and customarily in excess of 60 km per hour;
- motor sport contests;
- stunt activities, exhibitions or demonstrations of any kind;
- professional sport activities; or

- *high-risk activities.*

**IS11** Any loss incurred as a result of pregnancy, abortion, miscarriage, childbirth, or complications thereof, except as specifically provided under the Maternity Benefit (Benefit 5).

**IS12** *Sickness* or *injury* resulting from a motor vehicle *accident* where *you* are entitled to receive benefits pursuant to any policy or legislative plan of motor vehicle insurance.

**IS13** Cosmetic surgery unless such surgery is a result of a covered *sickness* or *injury*.

**IS14** Any *medical consultation* that is elective or related to a prior elective procedure.

**IS15** Dental care, services or supplies, except as specifically provided under Accidental Dental (Benefit 11), Dental Emergencies (Benefit 12) or Wisdom Teeth (Benefit 13).

**IS16** *Treatment* or services that contravene, or are prohibited by, legislation under a provincial or territorial hospital/ medical plan.

**IS17** Naturopathic, holistic or acupuncture *treatment*.

**IS18** Costs that exceed the *reasonable and customary* rate for the area where the *treatment* or services are being performed.

**IS19** Eye glasses, contact lenses, hearing aids and/or prescriptions for any of these items, unless required as the result of an *accidental injury*.

**IS20** Any nuclear occurrence, however caused.

**IS21** General assessments or check-ups, or any services requested by a third party.

**IS22** Air travel other than as a passenger in a commercial aircraft licensed to carry passengers for hire, except while being transported under the terms of the Emergency Air Transportation/Return Home benefit.

**IS23** The purchase of:

- medications or drugs not approved for use by the appropriate government authority;
- vitamins or vitamin preparations;
- drugs or medications which can be purchased without a prescription;
- acne medications;
- nicotine resin products;
- dietary supplements or weight loss products;
- quantities of any drug or medication which exceed a 30-day supply within one month prior to the policy *expiry date*;
- contraceptives prescribed for any purpose;
- contraceptive consultation or testing;
- fertility drugs or testing;
- drugs, medications, or other costs paid for by any other agency; or
- experimental drugs, preventative medications or vaccines.

**IS24** Any loss incurred outside of Canada, except for loss due to acute *emergency hospital* and other covered *emergency* costs due to *sickness* or *injury* occurring during the *period of coverage* while *you* are travelling outside of Canada, other than *your country of origin*, provided *you* spend at least 51% of the *period of coverage* within Canada. *Trips* to the United States are limited to 30 days. *Trips* back home to *country of origin* are limited to 15 days.

**IS25** Any loss incurred when, prior to the departure date, the Department of Foreign Affairs and International Trade of the Canadian Government issued a written warning to avoid all travel,

or to avoid non-essential travel, to that city, region, or country.

## DEFINITIONS

**Accident(al)** means a sudden, unexpected, unforeseeable, unavoidable external event.

**Act of terrorism** means an act, including but not limited to the use of force or violence and/or the threat thereof or commission or threat of a dangerous act, of any person or group(s) or government(s), committed for political, religious, ideological, social, economic or similar purposes including the intention to intimidate, coerce or overthrow a government (whether de facto or de jure) or to influence, affect or protest against any government and/or to put the civilian population, or any section of the civilian population, in fear.

**Act of war** means any loss or damage arising directly or indirectly from, occasioned by, happening through or in the consequence of: war; invasion; acts of foreign enemies; hostilities or warlike operations (whether war is declared or not) by any government or sovereign, using military personnel or other agents; civil war; rebellion; revolution; insurrection; civil commotion assuming the proportions of or amounting to an uprising; military or usurped power.

**Aggregate limit** means the total number or the maximum value of insured losses resulting from any one *accident* or event causing loss.

**Country of origin** means the country in which *you* maintained a permanent residence prior to entry into Canada.

**Dependent(s)** means:

- your* legally married spouse or a person with whom *you* have been cohabitating in a common-law relationship for at least 12 consecutive months prior to the date of application; and/or
- any unmarried children residing with *you*, who are more than 15 days of age and age 21 or under and dependent upon *you* for their sole means of support.

Dependents are covered only when dependent coverage is selected and paid for at the time of application.

**Effective date** means the date and time coverage begins as provided for in the section titled Effective Date.

**Emergency** means a sudden, unforeseen *sickness* or *injury* occurring during the *period of coverage*, which requires immediate intervention by a *physician* or legally licensed dentist and cannot reasonably be delayed. An emergency is deemed to no longer exist when medical evidence indicates that *you* are able to continue *your trip* or return to *your* place of ordinary residence or *country of origin*.

**Expiry date** means the date coverage ends as indicated in the section titled Expiry Date.

**Family member** means *your* legal or common-law spouse, parent, brother, sister, legal guardian, step-parent, step-child, step-brother, step-sister, aunt, uncle, niece, nephew, grandparent, grandchild, in-law, ward, natural or adopted child.

**High-risk activity(ies)** mean(s) heliskiing, ski jumping, skydiving, sky-surfing, scuba diving (except if certified by internationally recognized and accepted program such as NAUI or PADI, or if diving depth does not exceed 30 meters), white water rafting (except grades 1 to 4), street luge, skeleton activity, *mountaineering*, or participation in any rodeo activity.

**Hospital** means a facility incorporated or licensed as a hospital by the jurisdiction where such services are provided and which has accommodation for resident in-patients, a laboratory, a registered graduate nurse and *physician* always on duty and an operating room where surgical operations are performed by a *physician*. In no event shall this include a convalescent or nursing home, home for the aged, health spa, or an institution for the care of drug addicts, alcoholics or persons suffering from mental or nervous disorders.

**Injury** means bodily harm which is directly caused by or resulting from an *accident*, being a sudden and unforeseen event, excluding

bodily harm that results from deliberate or voluntary action and independent of *sickness* and all other causes.

**Insured person** means an eligible person named on the application, who has been accepted by AGA or its authorized representative, and has paid the required premium.

**Insurer** means CUMIS General Insurance Company, a member of The Co-operators group of companies.

**Medical consultation** means any medical services obtained from a licensed medical practitioner for an ailment, *sickness* or medical condition, including but not limited to any or all of: history taking, medical examination, investigative testing, advice or *treatment*, and for which a diagnosis of the condition need not have been definitively made. This does not include regular medical checkups where no medical signs or symptoms existed or were found during the check-up.

**Medical/Dental Association schedule of fees** means the official schedule of fees published by the medical/dental association, society or college of the province or territory in which the *treatment* or service occurred. If the province or territory does not publish an official schedule of fees, benefits payable under this policy will be in accordance with the provincial medical/dental association schedule of fees in Canada closest to where the *treatment* or service occurred.

**Mountaineering** means the ascent or descent of a mountain requiring the use of specified equipment including crampons, pick axes, anchors, bolts, carabiners and lead-rope or top rope anchoring equipment.

**Necessary** means medically required *treatment* for an unexpected *sickness* or *injury*.

**Nuclear, chemical or biological** means the use of any nuclear weapon or device or the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical agent and/or biological agent, including the resultant contamination where:

- **Nuclear** means any occurrence causing bodily *injury*, *sickness*, disease, or death or loss of or damage to property, or for loss of use of property, arising out of or resulting from the radioactive, toxic, explosive, or other hazardous properties of source, special nuclear, or by-product material.
- **Chemical agent** shall mean any compound which, when suitably disseminated, produces incapacitating, damaging or lethal effects on people, animals, plants or material property.
- **Biological agent** shall mean any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) which cause illness and/or death in humans, animals or plants.

**Period of coverage** means the period from the *effective date* to the *expiry date* as indicated in this policy and for which premium has been paid.

**Physician** means a person other than *you*, who is legally qualified and licensed to practice medicine or perform surgery in the location where the services are performed, and is not related to *you* by blood or marriage.

**Pre-existing medical condition** means a *sickness*, *injury* or medical condition, whether or not diagnosed by a *physician*:

- a) for which *you* exhibited signs or symptoms; or
- b) for which *you* required or received *medical consultation*; and
- c) which existed prior to the *effective date* of *your* coverage.

**Reasonable and customary** means the services customarily provided or the costs customarily incurred for covered losses, which are not in excess of the standard practice or fee in the geographical area where the services are provided or costs are incurred for comparable *treatment*, services or supplies for a similar *sickness* or *injury*.

**Sickness** means illness or disease.

**Stable** means a *pre-existing medical condition* that:

- a) did not require, or was not referred for any *medical*

*consultation*;

- b) did not require a change in type or dosage of medication.

**Student** means a person:

- a) whose *country of origin* is not Canada and who is residing in Canada on a temporary basis; and
- b) who regularly attends school, college, university, or other accredited educational institution in Canada; and
- c) who remains in Canada for up to one year immediately after completion of studies as described under a) to c) of this definition, and who is working or has applied to work in a field related to the studies completed.

**Terminal** means a *sickness* or medical condition for which a *physician* gave a prognosis of eventual death or for which palliative care was received, prior to the *effective date*.

**Treatment** means medical, therapeutic or diagnostic procedure prescribed, performed or recommended by a *physician* including, but not limited to, prescribed medication, investigative testing or surgery.

**Trip** means the period of travel contracted by the *insured person* and for which coverage is in effect.

**We, us** and **our** means means CUMIS General Insurance Company, a member of The Co-operators group of companies and/or AZGA Service Canada Inc. o/a Allianz Global Assistance (AGA).

**You** or **Your** means the *insured person*.

## GENERAL PROVISIONS

### Assignment

Any benefits payable or which may become payable under this policy cannot be assigned by *you* and the *insurer* is not responsible for and will not be bound by any assignment entered into by *you*.

### Automatic Extension of Coverage

1. This coverage shall be automatically extended for up to 72 hours if, during the *period of coverage*, the conveyance in which the *insured* is riding or is schedule to ride as a passenger, scheduled to arrive at destination during the *period of coverage*, is delayed due to circumstances beyond their control.
2. If medical evidence supports that an *insured* is medically unfit to travel due to a covered *sickness* or *injury* on or before the coverage *expiry date*, coverage will be automatically extended for up to 5 days.
3. If, as a result of a covered *injury* or *sickness*, an *insured* is hospitalized at the end of the *period of coverage*, this coverage will be extended for expenses related to such *injury* or *sickness* during the period of *hospital* confinement, plus 5 days after release to travel home.

### Benefit Payments

Unless otherwise stated, all provisions in this policy apply to each *insured person* during one *period of coverage*. Benefits are only payable under one policy, for each *insured person* during the *period of coverage*. If more than one AGA administered policy is in effect at the same time, benefits will only be paid under one insurance policy, the one with the greatest sum insured. Benefits are only payable for the plans and the specific sum insured selected, paid for and accepted by AGA at the time of application. Any benefits payable do not include interest charges. Benefits payable as a result of *your* death will be payable to *your* named beneficiary or to *your* Estate.

### Claim Submission

*You* or the claimant, if other than *you*, shall be responsible for the verification of:

1. Any medical costs incurred and shall obtain itemized accounts of all medical services which have been provided.
2. Any payment made by any other insurance plan or contract.

3. Providing substantiating medical documentation from *your country of origin* at the request of AGA.

Failure to provide substantiating documents shall invalidate all claims under this insurance.

#### **Contract**

The application, any completed medical questionnaire, confirmation of coverage, this policy, any document attached to this policy when issued, and any amendment to the policy agreed upon in writing after it is issued, constitute the entire contract. Each policy or term of coverage is considered a separate contract.

**AGA reserves the right to decline any application or any request for extensions of coverage.** No condition of this policy shall be deemed to have been waived, either in whole or in part, unless the waiver is clearly expressed in writing and signed by AGA.

#### **Coordination of Benefits**

Coverage under this policy is in excess of all or any existing coverage concurrently in force held by or available to *you*, including but not limited to homeowners, tenants, multi-risk, any credit card, third party liability, group or individual basic or extended health insurance or any private or legislative plan of motor vehicle insurance providing hospital, medical or therapeutic coverage. AGA will coordinate all benefits in accordance with the Canadian Life and Health Insurance Association guidelines.

Reimbursement will not be made for any costs, services or supplies that are payable to *you* under a motor vehicle insurance policy or legislative plan pursuant to the no-fault benefits schedule under any Insurance Act, or for which *you* receive benefits from any other party pursuant to any policy or legislative plan of motor vehicle insurance.

*You* may not claim or receive in total more than 100% of the loss caused by the insured event.

#### **Currency**

All amounts stated in the policy, including premium, are in Canadian currency. At the option of AGA, benefits may be paid in the currency of the country where the loss occurred.

#### **Governing Law**

This policy will be governed by the laws of the Canadian province or territory where the policy was issued. At no time will this policy be governed by the laws and regulations of any other country.

#### **Limit on Liability**

It is a condition precedent to liability under this policy that at the time of application, *you* know of no reason to seek medical attention.

#### **Misrepresentation or Nondisclosure**

A failure to disclose or misrepresentation of any material fact by *you*, or fraud, either at the time of application or at the time of claim, shall render the entire contract null and void, and any claim submitted thereunder shall not be payable.

#### **Premiums**

The total premium amount is due and payable at the time of application.

#### **Rights of Examination**

The claimant shall provide AGA with the opportunity to examine *you* when and so often as it reasonably requires while a claim is pending. In the case of *your* death AGA may require an autopsy, subject to any laws of the applicable jurisdiction relating to autopsies.

#### **Right to be Reimbursed**

As a condition to receiving benefits under the policy, *you* agree to:

- a) reimburse *us* for all *emergency* medical and *hospital* costs paid under the policy from any amounts *you* receive from a third party responsible (in whole or in part) for *your injury* or *sickness*, whether such amounts are paid under a judgment or settlement agreement;
- b) whenever reasonable, initiate a legal action against the third party to recover *your* damages, which include the *emergency*

medical and *hospital* costs paid under the policy;

- c) include all *emergency* medical and *hospital* costs paid under the policy in any settlement agreement *you* reach with the third party;
- d) act reasonably to preserve *our* right to be reimbursed for any *emergency* medical or *hospital* costs paid under the policy;
- e) keep *us* informed of the status of any legal action against the third party; and
- f) advise *your* counsel of *our* right to reimbursement under the policy.

*Your* obligations under this section of the policy in no way restricts *our* right to bring a subrogated claim in *your* name against the third party and *you* agree to cooperate with *us* fully should *we* choose to exercise *our* right of subrogation.

#### **Time**

Expiry time of coverage is the time within the time zone where *you* were residing while in Canada.

## **REFUNDS**

#### **When submitting *your* refund request, please include:**

1. a fully completed and signed Refund Request Form; and
2. a copy of confirmation of coverage; and
3. confirmation of *your* early departure such as boarding pass or itinerary, or any other written proof of *your* early return to *your country of origin*; and
4. any other documentation to support *your* refund request.

#### **Refunds are payable when:**

1. The *student* fails to meet visa entry eligibility requirements.
2. The *insured person* permanently returns to his/her *country of origin* 30 days or more prior to the *expiry date* of coverage.
3. The *student* becomes covered under a provincial or territorial health/medical plan.

#### **Important Notes**

Premium refunds, regardless of method of payment, must be obtained from the agent where coverage was originally purchased unless purchased directly from AGA.

There will be no refund of premium if any losses have been incurred whether or not a claim has been made.

Refunds for partial cancellations will be calculated by multiplying the daily premium by the actual number of days the policy was in effect; if this amount is less than the minimum premium required, the minimum premium will be used. This amount is then subtracted from the total premium paid.

Refund amounts less than \$20 will not be issued.

A refund fee may apply.

## CLAIMS PROCEDURES

### Important Notes:

1. In the event of a *sickness* or *injury*, AGA must be notified within 24 hours of admission to a *hospital* and before any *medical consultation* or any surgery is performed.
2. To make *your* claim, fill out the claim form completely and include all original bills. Incomplete information will cause delay.
3. Claims must be reported within 30 days of occurrence.
4. Written proof of claim must be submitted within 90 days of occurrence.
5. Any costs incurred for documentation or required reports are *your* or the claimant's responsibility.

### When submitting *your* claim please include:

1. A completed and signed claim form with all original bills and receipts. Incomplete forms will delay *your* claim.
2. Medical records including an emergency room report and diagnosis from the medical facility or a Medical Certificate completed by the treating *physician*. Any fee for completion of the certificate is not a benefit under this insurance.
3. Further documentation may be required upon review of *your* claim.

All claims forms are available by calling *our* Claims Department.

### SUBMIT CLAIMS TO:

#### Allianz Global Assistance Claims Department

250 Yonge Street, Suite 2100  
Toronto, Ontario M5B 2L7  
Canada

Collect worldwide: 416-340-8809  
Toll free Canada/U.S.A.: 1-800-869-6747

## STATUTORY CONDITIONS

Despite any other provision contained in the contract, this contract is subject to the statutory conditions in the Insurance Act respecting contracts of accident and sickness insurance. For Québec residents, notwithstanding any other provisions herein contained, this contract is subject to the mandatory provisions of the Civil Code of Québec respecting contracts of Accident and Sickness Insurance.

### Administered by:

AZGA Service Canada Inc.  
o/a Allianz Global Assistance  
250 Yonge Street, Suite 2100  
Toronto, Ontario M5B 2L7  
Canada

### Underwritten by:

CUMIS General Insurance Company  
P.O. Box 5065, 151 North Service Road  
Burlington, Ontario L7R 4C2  
Canada

## EMERGENCY PROCEDURES

In the event of an *injury* or *sickness*, *you* must notify AGA Emergency Assistance within 24 hours of admission to a *hospital* and before any *medical consultation* or any surgery is performed.

### Limits on Coverage

If *you* fail to do so without reasonable cause, then AGA will reduce the benefits payable to *you* under this policy by 20%.

We are here to help. Our service is available 24 hours a day, 7 days a week. AGA Emergency Assistance also provides support and recommendations for non-medical emergencies, providing *you* with access to resources to help resolve any unexpected difficulties *you* encounter during *your period of coverage*.

**For 24/7 emergency assistance call  
Allianz Global Assistance**

**Toll-free Canada/USA: 1-800-995-1662**

**Toll-free worldwide: 800-842-08420 or  
Country code + 00-800-842-08420**

If unable to contact us through the toll-free numbers call collect: 416-340-0049. International operator assistance is required. Please confirm how to call collect to Canada from your destination prior to departure.

Underwritten by CUMIS General Insurance Company,  
a member of The Co-operators group of companies,  
and administered by Allianz Global Assistance.

