IMPORTANT NOTICE - READ CAREFULLY BEFORE YOU TRAVEL

You have purchased travel insurance coverage – what’s next? We want You to understand (and it is in Your best interests to know) what Your coverage includes, what it excludes, and what is limited (payable but with limits). Please take time to read through Your Certificate before You travel. *Italicized and capitalized terms are defined in Your Certificate.*

- Travel insurance covers claims arising from sudden and unexpected situations (e.g. accidents and emergencies).
- To qualify for this insurance, You must meet all the eligibility requirements.
- This insurance contains limitations and exclusions (e.g. Medical Conditions that are not Stable, pregnancy, child born on trip, excessive use of alcohol, high risk activities, etc.).
- This insurance may not cover claims related to Pre-Existing Medical Conditions whether disclosed or not at time of purchase.
- Contact Our Administrator at 416-977-5040 (collect) before seeking Treatment or Your benefits may be limited or denied.
- In the event of a claim Your prior medical history may be reviewed.
- If You have been asked to complete a medical questionnaire and any of Your answers are not accurate or complete, Your insurance plan will be voidable.

**IT IS YOUR RESPONSIBILITY TO UNDERSTAND YOUR COVERAGE.** Please read Your Certificate for specific coverage, details, limitations and exclusions.

**IF YOU HAVE QUESTIONS, CALL 1-800-293-4941, or visit www.td.com/safetravels**

<table>
<thead>
<tr>
<th>24-hour Emergency Assistance</th>
<th>Claims and Customer Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>In a Medical Emergency, You must call Our Administrator immediately, or as soon as reasonably possible. If not, benefits will be limited as described in Section 6, under “Medical Emergency Insurance Limitations and Exclusions.” Some expenses will only be covered if Our Administrator approves them in advance. You can get help 24 hours a day, seven days a week by calling: from Canada or the U.S., toll-free, 1-800-359-6704; or from other countries, 416-977-5040, collect.</td>
<td>To request a claim form, cancel Your insurance or for general inquiries, call Our Administrator from 8 a.m. to 9 p.m. ET, Monday to Saturday, toll-free at 1-800-293-4941 or 416-977-2039</td>
</tr>
</tbody>
</table>

**Right to Examine this Certificate**

You have ten (10) days from the date You purchase this Certificate to notify Us if You wish to cancel coverage. If You cancel coverage within this 10-day period, You will receive a full refund of any premiums paid, provided You have not departed on a Covered Trip, and no claims have been initiated.
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Section 1: Introduction

Certificate of Insurance
Your Certificate of Insurance is part of Your contract and indicates the coverages and insurance to the contract. You have the coverage(s) only if it was purchased.

How to contact Us
From Canada or the U.S., toll-free, 1-800-359-6704; or from other countries, collect, 416-977-5040.
• Prior to travel:
  o You can get help 24 hours a day, seven days a week
• When travelling and You require emergency healthcare:
  o 24-hour Emergency Assistance:
    In a Medical Emergency, You must call Our Administrator immediately, or as soon as reasonably possible. If not, benefits will be limited as described in Section 6: Limitations and Exclusions That Apply to All Benefits, under “Medical Emergency Insurance Limitations and Exclusions.” Some expenses will only be covered if Our Administrator approves them in advance.

Section 2: Eligibility

Eligibility Requirements
You may apply for coverage if You:
• are at least 18 years old on the Effective Date of Your Annual Plan, if You are purchasing either the 9-day, 17-day, or 30-day plan options; or
• are 18 to 84 years old on the Effective Date of Your Annual Plan, if You are purchasing the 60-day plan option; and
• are a Resident of Canada; and
• are covered under a GHIP or a valid health care plan in Canada for members of the Canadian Armed Forces and their Immediate Family Members; and
• are a TD Bank Group customer, or the Spouse or Dependent Child of a TD Bank Group customer; and
• are in Canada when You buy the coverage; and
• have answered medical questions to determine whether You are eligible for this coverage (when required as part of the application process); and
• are purchasing this coverage within 240 days before Your Effective Date.

What Coverage Options are Available
There are three coverage options available under the Annual Plan: Single Coverage, Couple Coverage and Family Coverage.

1. Single Coverage
  You may apply for Single Coverage for Yourself, or on behalf of Your Dependent Child(ren) who are travelling without either You or Your Spouse if:
  • You specify in Your Application that the Certificate is to cover the Dependent Child(ren) instead of You; and
  • Your Dependent Child(ren) meet(s) the Eligibility Requirements above, except that:
    - they do not have to be TD Bank Group customers; and
    - they may be under 18 years old.
2. **Couple Coverage**
   You may apply for coverage under the Annual Plan on behalf of Your Spouse or a Travelling Companion under Couple Coverage if:
   - You name Your Spouse or Travelling Companion in Your Application; and
   - You and Your Spouse or Travelling Companion meet the Eligibility Requirements above, except that:
     - they do not have to be a TD Bank Group customer; and
     - if Your Travelling Companion is Your Dependent Child, then he or she may be under 18 years old.

3. **Family Coverage**
   You may apply for coverage under the Annual Plan for Your Spouse and Your Dependent Child(ren) under Family Coverage if:
   - You name Your Spouse and/or Dependent Child(ren) in Your Application; and
   - they meet the Eligibility Requirements above, except that:
     - they do not have to be TD Bank Group customers; and
     - Your Dependent Child(ren) is/are travelling with You or Your Spouse; and
     - Your Dependent Child(ren) may be under 18 years old.

**NOTE:** Couple Coverage and Family Coverage are not available when a medical questionnaire is required as part of Your application process. To find out if a medical questionnaire is required, refer to "When is a Medical Questionnaire Required" below.

**When is a Medical Questionnaire Required**
A medical questionnaire will be required to be completed if applying for the Annual Plan or a top-up of the Annual Plan if You are:
- 60 to 64 years of age for a Covered Trip of 30 days or longer; or
- 65 years of age and older.

If a medical questionnaire is required, the premium for the coverage or top-up of coverage will be based on the answers to the medical questions. Some applicants may not qualify for coverage or for a top-up of coverage based on their responses to the medical questions.

**Section 3: Summary of Annual Plan Benefits**

For complete details of coverage, please refer to the applicable sections within this Certificate.

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Maximum Benefit Payable (per Insured Person per Covered Trip)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Emergency coverage and other benefits including:</td>
<td>Up to $5,000,000 per Insured Person per Covered Trip with no overall maximum per Policy Year.</td>
</tr>
<tr>
<td>Hospital benefit</td>
<td></td>
</tr>
<tr>
<td>Physician’s bills</td>
<td></td>
</tr>
<tr>
<td>Diagnostic services</td>
<td></td>
</tr>
<tr>
<td>Ambulance</td>
<td></td>
</tr>
<tr>
<td>Medical appliances</td>
<td></td>
</tr>
<tr>
<td>Emergency return home</td>
<td></td>
</tr>
<tr>
<td>Private duty nursing</td>
<td>Up to $5,000</td>
</tr>
<tr>
<td>Professional fees (Physiotherapist, Chiropractor, etc.)</td>
<td>Up to $300 per profession</td>
</tr>
<tr>
<td>Accidental dental</td>
<td>Up to $2,000</td>
</tr>
<tr>
<td>Bedside Companion benefit</td>
<td>Round trip economy air fare and up to $1,500 for meals and accommodation for a Bedside Companion.</td>
</tr>
<tr>
<td>Travelling Companion benefit</td>
<td>One-way economy air fare</td>
</tr>
<tr>
<td>Meals and accommodation</td>
<td>Up to $3,500</td>
</tr>
<tr>
<td>Incidental Hospital expenses</td>
<td>Up to $500</td>
</tr>
<tr>
<td>Return and escort of Dependent Children</td>
<td>One-way economy air fare and escort if required by airline</td>
</tr>
<tr>
<td>Pet return</td>
<td>Up to $500</td>
</tr>
<tr>
<td>Vehicle return</td>
<td>Up to $2,000</td>
</tr>
<tr>
<td>Return of deceased</td>
<td>Up to $10,000</td>
</tr>
</tbody>
</table>
Section 4: Definitions

Italicized and capitalized terms are defined. As You read through the Certificate, please refer to Definitions on page 17 to ensure You have a full understanding of Your coverage, limitations and exclusions.

Section 5: Description of Insurance Coverage

Travel Medical Emergency Coverage
Travel Medical Emergency coverage provides benefits to travellers in emergency medical situations outside of home province/territory/country.

What to do in a Medical Emergency
In a Medical Emergency, You must call Our Administrator immediately, or as soon as reasonably possible. If not, benefits will be limited as described below under Section 6: 2a) Medical Emergency Treatment requires pre-approval. Some expenses will only be covered if Our Administrator approves them in advance.

You can get help 24 hours a day, seven days a week by calling:
- from Canada or the U.S., toll-free, 1-800-359-6704; or
- from other countries, 416-977-5040, collect.

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

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

When does Your Coverage Start and End
Refer to Section 7, "When does Your Coverage Start and End" for when Your coverage starts, and Section 7, "When Your Certificate Terminates" for when Your coverage ends.

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

Eligible Medical Emergency expenses include:
Medical Emergency coverage up to $5,000,000 per Covered Trip. No overall maximum per Policy Year.

<table>
<thead>
<tr>
<th>Hospital benefit</th>
<th>Attendance at a Hospital or appropriate medical facility for Treatment as an inpatient, outpatient, and emergency basis, when approved in advance by Our Administrator.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians’ bills</td>
<td>Fees charged by a Physician, when required as part of Treatment for a Medical Emergency, and approved in advance by Our Administrator.</td>
</tr>
<tr>
<td>Private duty nursing</td>
<td>Up to $5,000 for services performed and supplies deemed necessary by a registered nurse; including medically necessary nursing supplies.</td>
</tr>
</tbody>
</table>
| 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); or
  - computerized axial tomography (CAT) scans; or
  - sonograms; or
  - ultrasounds; or
  - any invasive diagnostic procedures, including angioplasty. |
<p>| Ambulance | Charges for emergency ambulance service to the nearest approved Hospital. |</p>
<table>
<thead>
<tr>
<th>Benefit</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Air ambulance</strong></td>
<td>Charges for emergency air ambulance only if <em>Our Administrator</em> determines that the <em>Insured Person</em>’s physical condition precludes the use of any other means of transportation; and:</td>
</tr>
<tr>
<td></td>
<td>• makes the determination before the service is provided; and</td>
</tr>
<tr>
<td></td>
<td>• pre-approves the service; and</td>
</tr>
<tr>
<td></td>
<td>• arranges for the service.</td>
</tr>
<tr>
<td><strong>Prescription Drugs</strong></td>
<td>Reimbursement of prescription drugs prescribed during the <em>Covered Trip</em> required as part of emergency <em>Treatment</em>.</td>
</tr>
<tr>
<td></td>
<td>NOTE: Vitamins and patent, proprietary and experimental drugs are excluded.</td>
</tr>
<tr>
<td><strong>Professional Fees</strong></td>
<td>Up to a maximum of $300 per profession for expenses incurred as a result of a covered <em>Medical Emergency</em> which requires <em>Treatment</em> by a licensed physiotherapist, chiropractor, chiropodist, podiatrist or osteopath, if:</td>
</tr>
<tr>
<td></td>
<td>• <em>Treatment</em> is required for the immediate relief of an acute symptom, and that, according to a <em>Physician</em>, cannot be delayed until <em>You</em> return to <em>Your</em> province or territory of residence; and</td>
</tr>
<tr>
<td></td>
<td>• <em>Treatment</em> is ordered by a <em>Physician</em> during a <em>Covered Trip</em> and received by a licensed professional as described under this benefit.</td>
</tr>
<tr>
<td><strong>Accidental dental</strong></td>
<td>Up to $2,000 for dental <em>Treatment</em> that is:</td>
</tr>
<tr>
<td></td>
<td>• required during a <em>Medical Emergency Coverage Period</em>; and</td>
</tr>
<tr>
<td></td>
<td>• necessary because of a blow to natural or permanently installed teeth which results from an accident causing a <em>Medical Emergency</em>.</td>
</tr>
<tr>
<td><strong>Emergency relief of dental pain</strong></td>
<td><em>Treatment</em> for emergency relief of dental pain is covered up to a maximum of $200.</td>
</tr>
<tr>
<td><strong>Medical appliances</strong></td>
<td>The cost of casts, crutches, trusses, braces, slings, splints, medical walking boots, and/or the rental cost of a wheelchair or walker, if: <em>Physician</em></td>
</tr>
<tr>
<td></td>
<td>• prescribed by a <em>Physician</em>; and</td>
</tr>
<tr>
<td></td>
<td>• required because of a <em>Medical Emergency</em>.</td>
</tr>
<tr>
<td><strong>Emergency return home</strong></td>
<td>The cost of a one-way economy fare and, if required to accommodate a stretcher, a second one-way economy fare, if:</td>
</tr>
<tr>
<td></td>
<td>• as a result of a <em>Medical Emergency</em>, <em>Our Administrator</em> determines that an <em>Insured Person</em> should return to Canada; and</td>
</tr>
<tr>
<td></td>
<td>• <em>Our Administrator</em> approves the transportation in advance.</td>
</tr>
<tr>
<td></td>
<td>NOTE: We will also pay the expenses for a qualified medical attendant to accompany <em>You</em> to <em>Your</em> province or territory of residence if recommended by the attending <em>Physician</em> during <em>Your Medical Emergency</em> and approval is granted by <em>Our Administrator</em> in advance.</td>
</tr>
<tr>
<td><strong>Bedside Companion benefit</strong></td>
<td>The cost of one round-trip economy airfare from <em>Your Bedside Companion</em>’s province or territory of residence, and up to $150 per day, to a maximum of $1,500 for food and accommodation, if:</td>
</tr>
<tr>
<td></td>
<td>• <em>You</em> are <em>Hospitalized</em> because of a covered <em>Medical Emergency</em> and are expected to remain <em>Hospitalized</em> for at least three (3) consecutive days; and</td>
</tr>
<tr>
<td></td>
<td>• <em>Our Administrator</em> approves this benefit in advance.</td>
</tr>
<tr>
<td><strong>Travelling Companion benefit</strong></td>
<td>The cost of a single one-way economy airfare for one (1) <em>Travelling Companion</em> to return to his or her place of departure, if:</td>
</tr>
<tr>
<td></td>
<td>• an <em>Insured Person</em> has a covered <em>Medical Emergency</em> that makes it necessary for the <em>Travelling Companion</em> to return; and</td>
</tr>
<tr>
<td></td>
<td>• <em>Our Administrator</em> approves the travel in advance.</td>
</tr>
</tbody>
</table>
### Meals and accommodation
- up to $350 per day to a maximum of $3,500, for Your:
  - commercial accommodations and meals; and
  - essential telephone calls and internet usage fees; and
  - taxi fares (or rental car in lieu of taxi fares);
- if, upon a Physician’s discretion You, or Your Travelling Companion, are relocated to receive medical attention, for a Medical Emergency covered under this insurance; or
- You are delayed beyond Your return date in order to receive Medical Emergency Treatment; or
- Your Travelling Companion requires Medical Emergency Treatment for any Medical Condition covered under this insurance.

NOTE: Subject to pre-authorization from Our Administrator.

### Incidental Hospital expenses
Up to $50 per day to a maximum of $500, for Your incidental Hospital expenses (telephone calls, television rental, parking), while You are Hospitalized for at least 48 hours.

### Return and escort of Dependent Children
If Dependent Children are travelling with You or join You during Your Covered Trip and You are Hospitalized for more than 24 hours or You must return to Your province or territory of residence because of Your Medical Emergency covered under this insurance, this insurance covers:
- the lesser of the cost of a one-way economy air fare on a commercial flight via the most cost-effective route for the return of those Dependent Children to their province or territory of residence or the cost incurred to change the return date of existing air fare on a commercial flight; and
- the cost of a return economy air fare via the most cost-effective route on a commercial flight for an escort, if the airline requires that the Dependent Children be escorted.

### Pet return
Cost of one-way transportation up to a maximum of $500 to return Your domestic dog(s) or cat(s) to Your province or territory of residence, if:
- Your domestic dog(s) or cat(s) travel with You during Your Covered Trip and You must return to Your province or territory of residence because of Your Medical Emergency covered under this insurance, and Our Administrator approves this benefit in advance.

### Vehicle return
Up to $2,000 toward the cost of returning an Insured Person’s vehicle to his or her home or the nearest vehicle rental agency, if:
- the Insured Person is unable to return the vehicle because of a Medical Emergency; and
- Our Administrator arranges for the return of the vehicle.

### Return of deceased
- up to $10,000 toward the cost of preparation and transportation home of a deceased Insured Person if death results from a covered Medical Emergency; or
- the burial or the cremation of an Insured Person’s remains where their death occurred; and
- one round-trip economy airfare, if:
  - an Immediate Family Member is required to identify or obtain release of the deceased; and
  - Our Administrator approves the transportation in advance.

NOTE: The cost of a burial casket or urn is not covered. The cost of funeral expenses at home province or territory is also not covered.
Section 6: Limitations and Exclusions That Apply to All Benefits

**Pre-Existing Medical Condition Exclusion**

Your Pre-existing Medical Condition exclusion is determined by the answers provided by You, when You completed Your Application for insurance and, where applicable, the medical questionnaire (depending on Your age and the Annual Plan option You choose). To be eligible for benefits under this Certificate, a Pre-Existing Medical Condition must be Stable for a specified period of time before Your Departure Date. The following table explains which Pre-Existing Medical Condition exclusion and stability period applies to You. Where applicable, refer to Your Declaration of Coverage to find Your rate category.

### 9 Day & 17 Day Annual Plans options

<table>
<thead>
<tr>
<th>Your Age</th>
<th>Rate Category</th>
<th>Pre-Existing Medical Condition exclusion that applies to You:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 64 and under</td>
<td>No Rate Category</td>
<td>We will not pay for any Medical Emergency expenses or benefits incurred directly or indirectly as a result of Your Medical Condition or related condition (whether or not the diagnosis has been determined), if at any time in the <strong>90 days</strong> before You depart on Your Covered Trip, Your Medical Condition or related condition has not been Stable, other than a Minor Ailment.</td>
</tr>
<tr>
<td>Age 65 and older</td>
<td>Rate Category A and B</td>
<td>We will not pay for any Medical Emergency expenses or benefits incurred directly or indirectly as a result of Your Medical Condition or related condition (whether or not the diagnosis has been determined), if at any time in the <strong>90 days</strong> before You depart on Your Covered Trip, Your Medical Condition or related condition has not been Stable, other than a Minor Ailment.</td>
</tr>
<tr>
<td></td>
<td>Rate Category C, D and E</td>
<td>We will not pay for any Medical Emergency expenses or benefits incurred directly or indirectly as a result of Your Medical Condition or related condition (whether or not the diagnosis has been determined), if at any time in the <strong>180 days</strong> before You depart on Your Covered Trip, Your Medical Condition or related condition has not been Stable, other than a Minor Ailment.</td>
</tr>
</tbody>
</table>

### 30 Day & 60 Day Annual Plans options

<table>
<thead>
<tr>
<th>Your Age</th>
<th>Rate Category</th>
<th>Pre-Existing Medical Condition exclusion that applies to You:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 59 and under</td>
<td>No Rate Category</td>
<td>We will not pay for any Medical Emergency expenses or benefits incurred directly or indirectly as a result of Your Medical Condition or related condition (whether or not the diagnosis has been determined), if at any time in the <strong>90 days</strong> before You depart on Your Covered Trip, Your Medical Condition or related condition has not been Stable, other than a Minor Ailment.</td>
</tr>
<tr>
<td>Age 60 and older</td>
<td>Rate Category A and B</td>
<td>We will not pay for any Medical Emergency expenses or benefits incurred directly or indirectly as a result of Your Medical Condition or related condition (whether or not the diagnosis has been determined), if at any time in the <strong>90 days</strong> before You depart on Your Covered Trip, Your Medical Condition or related condition has not been Stable, other than a Minor Ailment.</td>
</tr>
<tr>
<td></td>
<td>Rate Category C, D and E</td>
<td>We will not pay for any Medical Emergency expenses or benefits incurred directly or indirectly as a result of Your Medical Condition or related condition (whether or not the diagnosis has been determined), if at any time in the <strong>180 days</strong> before You depart on Your Covered Trip, Your Medical Condition or related condition has not been Stable, other than a Minor Ailment.</td>
</tr>
</tbody>
</table>

**Medical Emergency Insurance Limitations and Exclusions**

In addition to the exclusion outlined above, under “Pre-Existing Medical Condition Exclusion,” this Certificate does not cover any Treatment, services, or expenses of any kind caused directly or indirectly as a result of the following:

1. **General misrepresentation**
   - You must be accurate and complete in Your dealings with Us at all times.
     a. Misrepresentation of Your health/medical information
        • This Certificate is issued on the basis of information in Your application or provided in connection with Your application (including answers to the medical questionnaire, if required). When completing the
application and answering the medical questions, Your answers must be complete and accurate. In the event of a claim, We will review Your medical history. If any of Your answers are found to be incomplete or inaccurate:
- Your coverage will be void which means Your claim will not be paid, and
- We will refund Your premium

b. Misrepresentation of material facts other than Your health/medical information, e.g. Departure Date
- We will not pay a claim if You, any person insured under this Certificate or anyone acting on Your behalf attempt to deceive or mislead Us, or makes a fraudulent, false or exaggerated statement or claim.

2. Receiving Medical Emergency Treatment without notifying Our Administrator. Proceeding with investigation, Treatment or surgery without Our pre-approval and which We do not consider Medical Emergency Treatment.

a. Medical Emergency Treatment requires pre-approval
   You must call Our Administrator before obtaining Medical Emergency Treatment, so that We may:
   • confirm coverage
   • provide pre-approval of treatment
   If it is medically impossible for You to call prior to obtaining Medical Emergency Treatment, We ask You to call or have someone call on Your behalf as soon as possible. Otherwise, if You do not call Our Administrator before You obtain Medical Emergency Treatment, Your maximum benefit payable will be reduced to 80% of Your medical expenses covered under this insurance, to a maximum of $30,000.

b. Treatment once fit to transfer to another facility or return to Your home province/territory
   If Our Administrator determines that You should transfer to another facility or return to Your home province/territory of residence for Treatment, and You choose not to, benefits will not be paid for further medical Treatment and coverage will be limited to unrelated events.

c. Ongoing Medical Emergency Treatment requires pre-approval (Investigations, Treatment and surgery)
   After Your Medical Emergency Treatment has started, Our Administrator must assess and pre-approve additional medical Treatment. If You undergo tests as part of a medical investigation, Treatment or surgery, obtain Treatment or undergo surgery that is not pre-approved, Your claim will not be paid. This includes but not limited to invasive testing, surgery, cardiac catheterization, other cardiac procedures, transplant, and MRI.

d. Non-Emergency Services
   We will not pay a benefit with respect to non-Medical Emergency, experimental or elective Treatment, including:
   • cosmetic surgery, chronic care, rehabilitation including any expenses for directly or indirectly related complications;
   • placement of new crowns, bridges, dentures.

3. Failure to meet the requirement to be covered by a GHIP or Canadian Armed Forces health care plan.
   We will not pay a benefit if You are not covered under the GHIP of Your province or territory of residence prior to and for the entire duration of the trip. It is Your responsibility to check that you do have this coverage. There is no coverage if You do not have a valid GHIP. Members of the Canadian Armed Forces and their Immediate Family Members must have a valid health care plan in Canada prior to and for the entire duration of the Covered Trip.

4. a. Expenses in connection with a Medical Condition which is not Stable:
   • no benefit will be paid for any Medical Condition which is not Stable for a specified period of time (as noted in the table in "Pre-Existing Medical Condition Exclusion" in the beginning of Section 6, above) before Your Departure Date.

b. Travelling for the purpose of obtaining Treatment:
   • no benefit will be paid for a trip made for the purpose of obtaining a diagnosis, medical Treatment, surgery, investigation, palliative care, or any alternative therapy, as well as any directly or indirectly-related complication.

c. Travelling when Treatment could be expected
   • no benefit will be paid for any Medical Condition or symptoms for which it is reasonable to believe or expect that Treatment or Hospitalization will be required during Your trip.
   • no benefit will be paid for any evident symptoms that would be reasonable to expect You to investigate in the three (3) months prior to Your departure on a Covered Trip.
5. Recurrence or ongoing Treatment once Medical Emergency has ended

Situation where Your claim will not be paid:
- the continued Treatment, recurrence or complication of a Medical Condition or related condition, following Treatment during Your trip, if Our Administrator determines that Your Medical Emergency has ended.
- this also applies to the continued Treatment, recurrence or complication of a Medical Condition or related condition where Treatment was received without notification to Our Administrator and Your Medical Emergency has ended.

6. Illegal act

Situation where Your claim will not be paid:
- claim that results from or is related to Your involvement in the commission or attempted commission of a criminal offence or illegal act in the jurisdiction where the claim was incurred, including driving while impaired or over the legal limit.

7. Abuse of alcohol, drug, or intoxicants

Situations where Your claim will not be paid:
- any Medical Condition, including symptoms of withdrawal, arising from, or in any way related to, Your chronic use of alcohol, drugs or other intoxicants whether prior to or during Your Covered Trip; or
- any Medical Condition arising during Your Covered Trip from, or in any way related to, the abuse of alcohol drugs or other intoxicants.

8. Non-compliance with prescribed Treatment

Situation where Your claim will not be paid:
- any Medical Condition that is the result of You not following medical Treatment as prescribed to You, including prescribed or over-the-counter medication.

9. Claims related to expectant mother’s complications of pregnancy, or delivery

Situations where Your claim will not be paid:
- claim related to routine pre-natal or post-natal care; or
- claim related to pregnancy, delivery or complications of either, arising nine (9) weeks before the expected date of delivery or any time after delivery.

10. Child born during the Covered Trip

Situation where Your claim will not be paid:
- claim related to Your child born during the Covered Trip.

11. War or civil unrest

Situation where Your claim will not be paid:
- an act of war, whether declared or undeclared; or
- hostile or warlike action in time of peace or war; or
- willing participation in a war, riot or civil unrest; or
- rebellion; or
- revolution; or
- insurrection; or
- any service in the armed forces while on duty.

12. Travel advisory

Situation where Your claim will not be paid or payment will be limited:
- where an official travel advisory was issued by the Canadian government stating "Avoid all non-essential travel" or "Avoid all travel" regarding the country, region or city of Your destination, before Your Departure Date;
- to view the travel advisories, visit the Government of Canada Travel site.
This exclusion does not apply to claims for a Medical Emergency or a Medical Condition unrelated to the travel advisory.

13. Travel against medical advice

Situation where Your claim will not be paid:
- any claim incurred after a Physician advised You not to travel.
14. Failure to transfer to an appropriate facility for Treatment

We reserve the right to transfer an Insured Person to an appropriate medical facility, or to his or her province or territory of residence, for further Treatment in consultation with the Insured Person’s treating Physician. Refusal to comply with an arranged transfer will release Us from any liability to pay any expenses incurred after the scheduled transfer date.

15. Other – Sports and High Risk Activities

Situations where Your claim will not be paid:
• accident that occurs while You are participating in:
  o any sporting activity for which You are paid;
  o any sporting event for which the winners are awarded cash prizes;
  o any extreme sport or activity involving a high level of risk, such as those indicated below, but not limited to:
    ▪ parasailing, hang-gliding and paragliding;
    ▪ parachuting and sky diving;
    ▪ bungee jumping;
    ▪ Mountaineering;
    ▪ cave exploration;
    ▪ scuba diving, outside the limits of Your certification;
    ▪ any airborne activity in any aircraft other than a passenger aircraft that holds a valid certificate of airworthiness;
    ▪ any competition, motorized speed event or other high-risk activity on land, water or air, including training activities, whether on approved tracks or elsewhere.

16. Inaccurate evidence of insurability

Situations where Your claim will not be paid:
• with respect to Your failure to provide accurate and complete evidence of insurability as described under Section 9: Contract or Coverage Termination or Void by Insurer.

17. Intentional self-inflicted injury

Situation where Your claim will not be paid:
• intentional self-inflicted injury, suicide or attempted suicide (whether or not the Insured Person is aware of the result of their actions), regardless of the Insured Person’s state of mind.

18. Medical Emergency occurring outside the Coverage Period

Situation where Your claim will not be paid:
• a Medical Emergency that occurs outside the Coverage Period.
For example, no benefit will be paid with respect to a Medical Emergency that occurs after 11:59 p.m. ET on the last day of the Coverage Period, if You have not purchased top-up coverage.
NOTE: The day of departure counts as a full day for this purpose.

19. Non-emergency services

Situation where Your claim will not be paid:
• non-emergency, experimental or elective Treatment (e.g. cosmetic surgery, chronic care, rehabilitation including any expenses for directly or indirectly related complications).

20. Payment of benefit prohibited by Canadian law

Situation where Your claim will not be paid:
• where the payment of the benefit is prohibited by Canadian law or where Canada has signed a treaty or agreed to a sanction prohibiting such payment.

Section 7: How to Become Insured, Extend or Modify Coverage

How to Become Insured

You are insured if You have proof of insurance. Your proof of insurance is in the form of the Declaration of Coverage document that is provided to You when You complete Your Application for coverage. If You do not receive Your proof of insurance before You depart on Your Covered Trip, You must contact Our Administrator immediately.
You will have coverage once You complete all the following steps:
• applicants meet the Eligibility Requirements for insurance under Section 2: Eligibility; and
• apply for insurance; and
• if required, You provide Us with accurate and complete evidence of insurance. See "When Is a Medical Questionnaire Required" in Section 2, and "Contract or Coverage Termination or Void by Insurer," in Section 9; and
• pay the required premium.
Once this is complete, You will receive proof of insurance.

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

Automatic Extension of Coverage
If an Insured Person is suffering from a Medical Emergency on the date the Medical Emergency Coverage Period would end for any reason except cancellation of the Certificate, the Medical Emergency Coverage Period is automatically extended to 72 hours immediately following the end of the Medical Emergency for that Insured Person; and for any other Insured Person if:
• that other Insured Person has extended his or her trip past his or her scheduled return date because of the first Insured Person’s Medical Emergency; and
• Our Administrator has approved a Travelling Companion benefit for that other Insured Person.

If You cannot complete Your trip by Your return date because of the delay of a common carrier in which You are scheduled to travel, Your coverage will automatically extend for the delay period to a maximum of 72 hours. Regardless of the automatic extension, coverage will not continue beyond the maximum number of days allowed under Your GHIP for travel outside of home province.

When Your Certificate Terminates
If You do not renew Your Annual Plan, it will terminate on Your Anniversary Date.

How to Renew Your Annual Plan
Your Annual Plan will automatically renew on the Anniversary Date if:
• You provided instructions to renew automatically; and
• We have a valid credit card on file on Your Anniversary Date; and
• no Insured Person under the Certificate is required to complete a medical questionnaire on the Anniversary Date; and
• We receive and accept the renewal premium.
To renew an Annual Plan, You can contact Our Administrator before Your Anniversary Date to arrange for payment at 1-800-293-4941 (toll-free) or at 416-977-2039 from 8 a.m. to 9 p.m. ET, Monday to Saturday.

If there have been any changes to the insurance coverage, We will send You a new Certificate; otherwise, Your most recent Certificate will continue to apply. If You wish to cancel Your insurance, You can do so as described "Section 8: Cancelling Your Annual Plan."

How to Top-up or Extend Your Coverage Date if the Trip is Extended
Apply for a Top-up or Extend Your Annual Plan
If You already have TD Travel Medical Insurance Annual Plan, and You are planning a trip that will last more than the maximum number of days allowed for a Covered Trip under Your Annual Plan option, You can apply for top-up coverage, if each Insured Person meets the applicable Eligibility Requirements above, except that:
• You do not have to be in Canada when You buy this top-up of coverage; and
• You can apply either before or after You depart on Your trip as long as:
  - no Insured Person has suffered a Medical Emergency before You apply for this top-up of coverage; and
  - You apply before 11:59 p.m. ET on the last day of Your Covered Trip (please note that the date of departure counts as one full day); and
  - the duration of Your Covered Trip is from one (1) day up to 212 days but not longer than the maximum number of days allowed under Your GHIP for travel outside of Your province or territory of residence; and
- You pay the required premium for the top-up coverage. Any top-up is subject to approval by Our Administrator.

The terms, conditions and exclusions of Our Certificate issued as extension or top-up coverage apply to You and may be different than Your existing coverage.

### Section 8: Insurance Premium

#### About Your Premium

Premiums will be based on:

- the age of the oldest person to be insured under Your Certificate as of:
  - the Effective Date of Your Certificate; and
  - if applicable, the Anniversary Date on which Your Certificate is renewed
- Our pricing that is in effect at the time of Your Application; and
- the duration of Your Covered Trip; and
- Your coverage type (Single, Couple or Family).

If You are required to complete the medical questionnaire as part of Your Application, Your premiums will be based on the above and Your answers to the questions.

The minimum premium for a top-up of coverage to the Annual Plan is $15.

If You cancel Your insurance, some or all of Your premiums may be refunded, as described below.

**NOTE:** Please note that premium rates can be changed without notice.

#### Premium Refund

**Cancelling Your Annual Plan**

You have ten (10) days from the date You purchase this Certificate to cancel coverage and receive a full refund of any premium paid. All requests for cancellation of the Annual Plan must be made to Our Administrator, in writing or by phone (see “How to Contact Our Administrator” in Section 11). The following explains how and when cancellations may take place.

- by phone – cancellation will be effective on the date of Your call; or
- by written, mailed request – cancellation will be effective on the post-marked date of Your request.

<table>
<thead>
<tr>
<th>When Can You Cancel?</th>
<th>Premium Refund/Fees</th>
</tr>
</thead>
<tbody>
<tr>
<td>No later than ten (10) days from the date You purchase this Certificate.</td>
<td>Full refund</td>
</tr>
<tr>
<td>After ten (10) days from the date You purchase this Certificate</td>
<td>No refund</td>
</tr>
</tbody>
</table>

### Section 9: Contract or Coverage Termination or Void by Insurer

#### When Can the Insurer Cancel or Terminate the Contract

**Amending or cancelling coverage based on a change in Medical Condition**

Where medical evidence is required, Our decision as to whether, and on what basis, to insure a person depends on his or her condition on the date he or she leaves on the Covered Trip. Therefore, if the Insured Person’s Medical Condition changes, and/or is not Stable, as described below under “You must inform Us of any changes to Your health”, before the Covered Trip begins, We may:

- cancel the Insured Person’s insurance for that Covered Trip; or
- request a higher premium for that Insured Person for that Covered Trip.

If You do not pay the additional premium by the date the Insured Person departs, We will cancel the Insured Person’s insurance for that Covered Trip. If We cancel insurance under this provision, We will refund any premiums that were paid for the cancelled coverage.
When Can the Insurer Void Coverage

Failure to disclose impacts Your benefits
This Certificate is voidable by Us and no benefits will be paid if a person who applies to be insured and completes a medical questionnaire as part of the Application:

• fails to disclose all Medical Conditions, current medications, prescribed medications and periods of Hospitalization in response to the medical questions; or
• fails to fully, completely and accurately answer the medical questions.

This Certificate and all coverage hereunder is voidable by Us:

• if the failure to disclose or misrepresentation relates only to the amount of premium that should have been paid; or
• even if any failure to disclose or misrepresentation does not relate to the cause of any claim.

NOTE: We may investigate the answers provided to the health questions in the Application at any time, including at the time of claim.

This Certificate is voidable by Us and no benefits will be payable under it, if the Insured Person fails to contact Our Administrator as required.

Premium
May or may not be fully or partially refunded.

Section 10: How to Submit a Claim

IMPORTANT NOTE: You must report Your claim and provide completed claim form with required supporting documentation to Our Administrator as soon as possible, but no later than one (1) year after the date it occurred.

Who to Contact to Submit a Claim
A Medical Emergency should always be reported immediately, as described in Section 5 under "What to do in a Medical Emergency" or benefits will be limited. You can get help 24 hours a day, seven days a week by calling:

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

To request a claim form call Our Administrator from 8 a.m. to 9 p.m. ET, Monday to Saturday, toll-free at

• 1-800-293-4941 or 416-977-2039

Complete the Required Form
a) Request the Form
To request a claim form call Our Administrator from 8 a.m. to 9 p.m. ET, Monday to Saturday, toll-free at

• 1-800-293-4941 or 416-977-2039

b) Time limit from date of event
If You are making a claim, You must send Our Administrator the appropriate claim forms, together with written proof of loss (e.g. original invoices and tickets, medical and/or death certificates) as soon as possible. In every case, You must report Your claim and submit Your completed claim form with required documentation within one (1) year from the date of the accident or the date the claim arises. Failure to provide the applicable documentation may invalidate Your claim.

Provide the Information requested
To make a Medical Emergency claim, as part of the requirements above, under "Time limit from date of event," We will need documentation to substantiate the claim, including but not limited to the following:

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

If Our Administrator guarantees or pays eligible expenses on behalf of an Insured Person, then You and, if applicable, the Insured Person must sign an authorization form allowing Our Administrator to recover those expenses:
- from the Insured Person's GHIP; and
- from any health plan or other insurance; and
- through rights You may have against other insurers or other parties (see Section 12: General Conditions, under “Right of Subrogation”).

If Our Administrator pays eligible expenses that are covered under other insurance or another plan, You must help Our Administrator to seek reimbursement as required.

The Insured Person must also provide evidence of the actual Departure Date from his or her province or territory of residence. If requested, an Insured Person must confirm any return dates to his or her province or territory of residence, including any return dates related to an interruption in a Covered Trip.

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

If You Do Not Report the Claim Immediately

In a Medical Emergency, You must call Our Administrator immediately, or as soon as is reasonably possible. If not, benefits will be limited as described under “Medical Emergency Insurance Limitations and Exclusions” in Section 6. If an Insured Person incurs eligible Medical Emergency expenses without first contacting Our Administrator for assistance and claim management, he or she must first submit receipts and other proof to:
- GHIP; and
- then to any group or individual health plan(s) and/or insurer(s).

Eligible Medical Emergency expenses not covered by a GHIP or other plan or insurance must be submitted to Our Administrator with proof of claim, receipts and payment statements. Refer to Section 11 under “How to Contact Our Administrator” for information on how to get a claim form.

The Insured Person must also provide proof of the actual departure date from his or her province or territory of residence. Proof includes, but is not limited to, a flight itinerary, gas receipts or toll-road receipts.

What Claimant Can Expect from Insurer

Once We have approved the claim, We will notify You and payment will be made within 60 days after receipt of the required claim forms, documentation and written proof of loss. If the claim has been denied, We will inform You of the claim denial reasons within 60 days after receipt of the required claim forms and written proof of loss.

Section 11: How to Contact Our Administrator

How to Contact Our Administrator

1. 24-Hour Emergency Assistance Number
   To report a Medical Emergency, or apply for a top-up or extension of the Annual Plan for a Covered Trip, call Our Administrator 24 hours a day, seven days a week:
   - from the U.S. or Canada, 1-800-359-6704;
   - from elsewhere, call collect, 416-977-5040.

2. Customer Service
   To get a claim form, cancel Your insurance or for general inquiries, call Our Administrator from 8 a.m. to 9 p.m. ET, Monday to Saturday, toll-free at 1-800-293-4941 or 416-977-2039 or mail Your request to:

   Re: TD Insurance Travel Medical Insurance
   Allianz Global Assistance
   P.O. Box 277
   Waterloo, Ontario N2J 4A4

   Fax: 519-742-9471
Section 12: General Conditions

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

Access to Medical Care
We and/or Our Administrator will assist You to access care whenever possible, however will not be 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.

Benefit Payments
This Certificate contains provisions removing or restricting the right of the Insured Person to designate persons to whom or for whose benefit money is to be payable. This means that under the Group Policy, neither You nor any Insured Person has the right to choose a beneficiary who will receive any benefits payable under this Certificate. Benefits are payable to You or, on Your behalf, to Your medical service provider.

Coordination of Benefits with other insurance
• All of Our coverages are excess insurance, meaning that any other sources of recovery You have will pay first, and this insurance coverage will be the last to pay. The total benefits payable under all Your insurance, including this Certificate, cannot be more than the actual expenses for a claim. If an Insured Person is also insured under any other insurance certificate or policy, We will coordinate payment of benefits with the other insurer.
• In no case will We seek to recover against employment related plans if the lifetime maximum for all in-country and out-of-country benefits is $50,000 or less. If the lifetime maximum for all in-country and out-of-country benefits is over $50,000, We will coordinate benefits only above this amount.

Currency
All amounts shown are in Canadian currency.

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

Legal Action Limitation Period
Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act (for actions or proceedings governed by the laws of Alberta and British Columbia), The Insurance Act (for actions or proceedings governed by the laws of Manitoba), the Limitations Act, 2002 (for actions or proceedings governed by the laws of Ontario), or other applicable legislation. For those actions or proceedings governed by the laws of Quebec, the prescriptive period is set out in the Civil Code of Quebec.

Relationship between Us and the Group Policyholder
TD Life Insurance Company is affiliated with The Toronto-Dominion Bank ("TD Bank").

Review and Medical Examination
When a claim is being processed, We will have the right and the opportunity, at Our own expense, to review all medical records related to the claim and to examine the Insured Person medically when and as often as may be reasonably required.

Right of Subrogation
There may be circumstances where another person or entity should have paid You for a loss but instead We paid You for the loss. If this occurs, You agree to co-operate with Us so We may demand payment from the person or entity who should have paid You for the loss. This may include:
• transferring to Us the debt or obligation owing to You from the other person or entity; or
• permitting Us to bring a lawsuit in Your name; or
• if You receive funds from the other person or entity, You will hold it in trust for Us; or
• acting so as not to prejudice any of Our rights to collect payment from the other person or entity.
We will pay the costs for the actions We take.
**Definitions**

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

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrator</td>
<td>Means the company We select to provide medical and claims assistance, claims payment, administrative and adjudication services under the Group Policy.</td>
</tr>
<tr>
<td>Anniversary Date</td>
<td>Means the date one (1) year from Your Effective Date and, if You renew Your Certificate, subsequent anniversaries of Your Effective Date.</td>
</tr>
<tr>
<td>Application</td>
<td>Means the series of questions that form Your application and are submitted:</td>
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<td></td>
<td>• on Your behalf when You apply by telephone; or</td>
</tr>
<tr>
<td></td>
<td>• when You apply online; and</td>
</tr>
<tr>
<td></td>
<td>• if applicable, the series of medical questions that form part of Your Application if You apply online or by telephone and Your answers to those questions.</td>
</tr>
<tr>
<td></td>
<td>The Application which is used to determine Your eligibility for insurance, also includes the questions asked and answers given in connection with requests to top-up a Coverage Period. The Application forms part of Your insurance contract and is used to process Your request for insurance.</td>
</tr>
<tr>
<td>Bedside Companion</td>
<td>Means a person of Your choice who is required at Your bedside while You are Hospitalized during Your trip.</td>
</tr>
<tr>
<td>Certificate</td>
<td>Means this Certificate of Insurance.</td>
</tr>
<tr>
<td>Certificate Holder</td>
<td>Means the TD Bank Group customer who has applied, and has been accepted for coverage under the Annual Plan.</td>
</tr>
<tr>
<td>Coverage Period</td>
<td>Means the period of time between Your Departure Date and the day You actually return from Your Covered Trip. In the event of a Medical Emergency, Your Coverage Period will be extended up to 72 hours immediately following the end of the Medical Emergency.</td>
</tr>
<tr>
<td>Covered Trip</td>
<td>Means a trip:</td>
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<tr>
<td></td>
<td>• made by an Insured Person outside the Insured Person’s province or territory of residence; and</td>
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<td>• that begins and ends while the Annual Plan is in effect; and</td>
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<td>• that lasts no longer than:</td>
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<td>- nine (9) consecutive days under the 9-day plan; or</td>
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<tr>
<td></td>
<td>- seventeen (17) consecutive days under the 17-day plan; or</td>
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<tr>
<td></td>
<td>- thirty (30) consecutive days under the 30-day plan; or</td>
</tr>
<tr>
<td></td>
<td>- sixty (60) consecutive days under the 60-day plan.</td>
</tr>
<tr>
<td>Declaration of Coverage</td>
<td>Means the document You receive when You apply for new or additional coverage under the Group Policy, which includes Your Certificate number and confirms the coverage You have purchased.</td>
</tr>
<tr>
<td>Departure Date</td>
<td>Means the date the Insured Person left their home province or territory.</td>
</tr>
<tr>
<td>Dependent Child(ren)</td>
<td>Means Your natural, adopted, or step-children who are:</td>
</tr>
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<td></td>
<td>• unmarried; and</td>
</tr>
<tr>
<td></td>
<td>• dependent on You for financial maintenance and support; and</td>
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<td></td>
<td>- under 22 years of age, or</td>
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<td></td>
<td>- under 26 years of age and attending an institution of higher learning, full-time, in Canada; or</td>
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<td></td>
<td>- mentally or physically handicapped.</td>
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<td></td>
<td>NOTE: A Dependent Child does not include a child born while the child’s mother is outside her province or territory of residence during the Covered Trip, and as such, the child will not be insured with respect to that trip.</td>
</tr>
<tr>
<td>Effective Date</td>
<td>Means the date Your Certificate takes effect and is the date shown in Your Application or Your most recent Declaration of Coverage.</td>
</tr>
<tr>
<td><strong>GHIP (“Government Health Insurance Plan”)</strong></td>
<td>Means a Canadian provincial or territorial government health insurance plan.</td>
</tr>
<tr>
<td><strong>Group Policy</strong></td>
<td>Means the Group Policy No. TI002 issued by Us to The Toronto-Dominion Bank.</td>
</tr>
</tbody>
</table>
| **Hospital** | Means:  
- An institution that is licensed as an accredited hospital that is staffed and operated for the care and *Treatment* of in-patients and out-patients. *Treatment* must be supervised by Physicians and there must be registered nurses on duty 24 hours a day. Diagnostic and surgical capabilities must also exist on the premises or in facilities controlled by the establishment.  
- A *Hospital* is not an establishment used mainly as a clinic, extended or palliative care facility, rehabilitation facility, addiction treatment centre, convalescent, rest or nursing home, home for the aged or health spa. |
| **Hospitalized, or Hospitalization** | Means to be an inpatient in a *Hospital*. |
| **Immediate Family Member** | Means an *Insured Person’s*:  
- *Spouse*, parents, step-parent, grandparents, natural or adopted children, step-children or legal ward, grandchildren, brothers, sisters, step-brothers, step-sisters, aunts, uncles, nieces, nephews; and  
- mother-in-law, father-in-law, brothers-in-law, sisters-in-law, sons-in-law, daughters-in-law; and  
- the *Insured Person’s Spouse’s* grandparents, brothers-in-law and sisters-in-law. |
| **Insured Person** | Means a person:  
- who is eligible to be insured under this *Certificate*; and  
- who was named in the *Application*; and  
- for whom the required premium has been paid; and  
- on whom insurance has been issued under the *Certificate*. |
| **Medical Condition** | Means any disease, illness, or injury (including symptoms of undiagnosed conditions; complication of pregnancy within the first thirty-one (31) weeks of pregnancy; a mental or emotional disorder, including acute psychosis that requires admission to a *Hospital*). |
| **Medical Emergency** | Means a sudden and unforeseen sickness or injury that requires immediate *Treatment*. A *Medical Emergency* no longer exists when the evidence reviewed by Our Administrator indicates that no further *Treatment* is required at destination or You are able to return to Your province/territory of residence for further *Treatment*. |
| **Minor Ailment** | Means any sickness or injury which does not require:  
- the use of medication for a period greater than fifteen (15) days; or  
- more than one (1) follow up visit to a Physician, *Hospitalization*, surgical intervention, or referral to a specialist; or  
- which ends at least fourteen (14) consecutive days prior to the *Departure Date* of the trip.  
**NOTE:** A chronic condition or complications of a chronic condition are not considered a *Minor Ailment*. |
<p>| <strong>Mountaineering</strong> | Means the ascent or descent of a mountain requiring the use of specialized equipment, including crampons, pick-axes, anchors, bolts, carabineers and lead-rope or top-rope anchoring equipment. |
| <strong>Physician</strong> | Means a person who is not You or Your <em>Immediate Family Member</em> or Your <em>Travelling Companion</em>, licensed in the jurisdiction where the services are provided, to prescribe and administer medical treatment. |
| <strong>Policy Year</strong> | Means the period beginning on Your <em>Effective Date</em> and ending with the <em>Anniversary Date</em> one (1) year later and, if You renew Your Annual Plan, subsequent one (1) year periods, as applicable. |</p>
<table>
<thead>
<tr>
<th><strong>Pre-Existing Medical Condition</strong></th>
<th>Means any <em>Medical Condition</em>, that exists prior to Your Departure Date.</th>
</tr>
</thead>
</table>
| **Resident of Canada and/or Canadian Resident** | Is any person who:  
  • has lived in Canada for a total of 183 days within the last year (the 183 days do not have to be consecutive); or  
  • is a member of the Canadian Forces. |
| **Spouse** | Means:  
  • the person who the *Insured Person* is legally married to; or  
  • the person the *Insured Person* has lived with for at least one (1) year and publicly refers to as his or her domestic partner. |
| **Stable** | Means a *Medical Condition*, other than a *Minor Ailment*, is considered *Stable* when all of the following statements are true:  
  1. there has not been any new *Treatment* prescribed or recommended, or change(s) to existing *Treatment* (including a stoppage in *Treatment*); and  
  2. there has not been any change to any existing prescribed drug (including an increase, decrease, or stoppage to prescribed dosage), or any recommendation or starting of a new *Prescription Drug*; and  
  3. the *Medical Condition* has not become worse; and  
  4. there has not been any new, more frequent or more severe symptoms; and  
  5. there has been no *Hospitalization* or referral to a specialist; and  
  6. there have not been any tests, investigation or *Treatment* recommended, but not yet complete, nor any outstanding test results; and  
  7. there is no planned or pending *Treatment*.  
All of the above conditions must be met for a *Medical Condition* to be considered *Stable*.  
Note: The following exceptions are considered *Stable*:  
  • the routine adjustment of Coumadin, warfarin or insulin (as long as they are not newly prescribed or stopped) and there has been no change in *Your Medical Condition*; or  
  • a change from a brand name medication to a generic brand medication of the same dosage. |
| **Travelling Companion** | Means any person who travels with *You* during the *Covered Trip* and who is sharing transportation and/or accommodation with *You*. |
| **Treatment, or Treated** | Means a procedure prescribed, performed or recommended by a *Physician* or other authorized healthcare professional for a *Medical Condition*. This includes but is not limited to prescribed medication, investigative testing or surgery. |
| **You, Your and Yours** | Means the person(s) named as the *Insured Person(s)* on *Your* most recent *Declaration of Coverage*, for which insurance coverage was applied and the appropriate premium has been received by *Us*. |
| **We, Us, Our and Ours** | Means TD Life Insurance Company. |

This is the end of *Your* Certificate of Insurance.
HOW INSURER PROTECTS CLIENT PERSONAL INFORMATION

PRIVACY AGREEMENT

COLLECTING AND USING YOUR INFORMATION

At the time You request to begin a relationship with Us and during the course of Our relationship, We may collect Information including:

- Details about You and Your background, including Your name, address, contact information, date of birth, occupation and other identification;
- Records that reflect Your dealings with and through Us;
- Your preferences and activities.

This Information may be collected from You and from sources within or outside TD, including from:

- Government agencies and registries, law enforcement authorities and public records;
- Credit reporting agencies;
- Other financial or lending institutions;
- Organizations with whom You make arrangements, other service providers or agents, including payment card networks;
- References or other information You have provided;
- Persons authorized to act on Your behalf under a power of attorney or other legal authority;
- You interactions with Us, including in person, over the phone, at the ATM, on Your mobile device or through email or the Internet;
- Records that reflect Your dealings with and through Us.

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

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

- Verify Your identity;
- Evaluate and process Your application, accounts, transactions and reports;
- Provide You with ongoing service and information related to the products, accounts and services You hold with Us;
- Analyze Your needs and activities to help Us serve You better and develop new products and services;
- Help protect You and Us against fraud and error;
- Help manage and assess Our risks, operations and relationship with You;
- Help Us collect a debt or enforce an obligation owed to Us by You;
- Comply with applicable laws and requirements of regulators, including self-regulatory organizations.

DISCLOSING YOUR INFORMATION

We may disclose Information, including as follows:

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

Within TD We may share Information world-wide, other than health-related Information, for the following purposes:

- To manage Your total relationship within TD, including servicing Your accounts and maintaining consistent Information about You;
- To manage and assess Our risks and operations, including to collect a debt owed to Us by You;
- To comply with legal or regulatory requirement;
You may not withdraw Your consent for these purposes.
Within TD We may also share Information world-wide, other than health-related Information, to allow other businesses within TD to tell You about products and services. In order to understand how We use Your Information for marketing purposes and how You can withdraw Your consent, refer to the Marketing Purposes section below.

Additional collections, uses and disclosures

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

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

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

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

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

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

- Determine Your eligibility for insurance coverage;
- Administer Your insurance and Our relationship with You;
- Determine Your insurance premium;
- Investigate and adjudicate Your claims;
- Help manage and assess Our risks and operations.

We may share Your Information with any health-care professional, medically-related facility, insurance company, organizations who manage public information data banks, or insurance information bureaus, including the MIB Group, Inc. and the Insurance Bureau of Canada, to allow them to properly answer questions when providing Us with Information about You. We may share lab results about infectious diseases with appropriate public health authorities.

If We collect Your health-related Information for the purposes described above, it will not be shared within TD, except to the extent that a TD company insures, reinsures, administers or sells relevant coverage and the disclosure is required for the purposes described above. Your Information, including health-related Information, may be shared with administrators, service providers, reinsurers and prospective insurers and reinsurers of Our insurance operations, as well as their administrators and service providers for these purposes.

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

- Tell You about other products and services that may be of interest to You, including those offered by other businesses within TD and third parties We select;
- Determine Your eligibility to participate in contests, surveys or promotions;
- Conduct research, analysis, modeling, and surveys to assess Your satisfaction with Us as a customer, and to develop products and services;
- Contact You by telephone, fax, text messaging, or other electronic means and automatic dialing-announcing device, at the numbers You have provided Us, or by ATM, internet, mail, email and other methods. With respect to these marketing purposes, You may choose not to have Us:
  - Contact You occasionally either by telephone, fax, text message, ATM, internet, mail, email or all of these methods, with offers that may be of interest to You;
  - Contact You to participate in customer research and surveys.

Telephone and Internet discussions – When speaking with one of Our telephone service representatives, internet live chat agents, or messaging with Us through social media, We may monitor and/or record Our discussions for Our mutual protection, to enhance customer service and to confirm Our discussions with You.

MORE INFORMATION

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

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

If You wish to opt-out or withdraw Your consent at any time for any of the opt-out choices described in this Agreement, You may do so by contacting Us at 1-800-293-4941. Please read Our Privacy Code for further details about Your opt-out choices.
At TD Insurance we are committed to providing you with the best customer experience we can. Your confidence and trust are extremely important to us. If you have a concern about TD Insurance or the service you have received we want to work with you to resolve it as efficiently as possible. If a problem cannot be resolved immediately, the following steps are taken to ensure it is fixed as quickly and fairly as possible:

Step 1: Contact Our Administrator
If you are not satisfied with the outcome of your claim, you may appeal the decision by contacting our administrator by phone, mail, or email using the contact information provided below:
Allianz Global Assistance
Attention: Appeals Department
4273 King Street East
Kitchener, ON, Canada N2P 2E9
Phone: 1-800-293-4941
Email: appeals@allianz-assistance.ca

Step 2: Problem is referred to TD Insurance Customer Care
If you are not satisfied with the solution offered in Step 1, the problem will be escalated to the TD Insurance Customer Care Department. At this level a TD Insurance Customer Care Manager will work with you to understand the problem. The TD Insurance Customer Care Manager will provide you with the decision on the matter. You may contact the TD Insurance Customer Care Department directly by phone, mail, or email using the contact information provided below:
TD Insurance Customer Care Department
PO Box 1
TD Centre
Toronto, Ontario M5K 1A2
Phone: 1-877-734-1288
Email: tdinscc@td.com

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

Step 3 – Contact the TD Insurance Ombudsman
If your problem or concern remains unresolved after you have followed Steps 1 and 2, you may contact the TD Insurance Ombudsman. The TD Insurance Ombudsman is dedicated to resolving disputes fairly and professionally. If the TD Insurance Ombudsman determines that your concern has not been addressed by a TD Insurance Customer Care Manager as outlined in Step 2, the TD Insurance Ombudsman may direct your problem to the appropriate business area for investigation and response. Within five days of receiving your enquiry, the TD Insurance Ombudsman will write or call to advise you if and where your problem has been redirected, whether it has been resolved, or in more complex cases, what further steps are being taken and when you can expect a resolution. You may contact the TD Insurance Ombudsman by:
TD Ombudsman
P.O. Box 1
TD Centre
Toronto, Ontario M5K 1A2
Phone: 416-982-4884 or 1-888-361-0319 (toll free)
Fax: 416-983-3460 or 1-866-891-2410 (toll free)
Email: td.ombudsman@td.com.

Please be sure to include your full name, address, telephone number, Certificate and/or claim number in all inquiries.
Step 4 – If your problem or concern remains unsatisfied after you have received the ombudsman’s final position letter you may contact the appropriate OmbudService:
Contact for home and auto complaints:
General Insurance OmbudService (GIO)
10 Milner Business Court, Suite 701
Toronto, Ontario M1B 3C6
Phone: 416-299-6931 or 1-877-225-0446 (toll free)
Fax: 416-299-4261
Website: www.giocanada.org

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

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

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

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

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

For more information about the FCAC, please visit www.fcac-acfc.gc.ca Please note: The FCAC does not become involved in matters of redress or compensation – all requests for redress from TD Insurance must follow the problem resolution process available in this site.