



## Product Summary

### TD Insurance Travel Medical Insurance – 55+ Extended Stay Plan

**Note:** Defined terms are italicized and capitalized and found in the "Definitions" section in *Your Certificate of Insurance* ("Certificate").

This Product Summary is meant to provide an overview of the features and benefits of this insurance. The terms and conditions of this insurance are contained in *Your Certificate* and in the group insurance policies, which govern.

#### What is included in this coverage?

The 55+ Extended Stay Plan ("Plan") is an optional group Travel insurance coverage that may pay a benefit if an *Insured Person* over the age of 55 suffers an eligible *Medical Emergency* during a *Covered Trip*.

#### What are the benefits?

Travel *Medical Emergency* coverage provides benefits to travellers in emergency medical situations outside of their home province/country that include:

Coverage	Maximum Benefit Payable (per <i>Insured Person</i> per <i>Covered Trip</i> )
<i>Medical Emergency</i> Coverage and other benefits including: <ul style="list-style-type: none"> <li>• <i>Hospital</i> benefit</li> <li>• <i>Physician's</i> bills</li> <li>• Diagnostic services</li> <li>• Ambulance</li> <li>• Medical appliances</li> <li>• Emergency return home</li> </ul>	Up to \$5,000,000
Private duty nursing	Up to \$5,000
Professional fees (Physiotherapist, Chiropractor, etc.)	Up to \$300 per profession
Accidental dental	Up to \$2,000
<i>Bedside Companion</i> benefit	Round trip economy air fare and up to \$1,500 for meals and accommodation for a <i>Bedside Companion</i> .
<i>Travelling Companion</i> benefit	One-way economy air fare
Meals and accommodation	Up to \$3,500
Incidental <i>Hospital</i> expenses	Up to \$500
Return and escort of <i>Dependent Children</i>	One-way economy air fare and escort if required by airline
Pet return	Up to \$500
Vehicle return	Up to \$2,000
Return of deceased	Up to \$10,000
<p><b>Note:</b> There are three options available for each coverage listed above: Single, Couple and Family Coverage. Additionally, <i>You</i> can change or apply to top-up existing coverage by contacting our <i>Administrator</i> by telephone, if each <i>Insured Person</i> qualifies for coverage. For complete details, please see the "Limitations and Exclusions That Apply to All Benefits" and "General Conditions" sections in <i>Your Certificate</i>.</p>	

#### Who can enroll in the Plan?

*You* may apply for coverage if *You*:

- are at least 55 years old on the *Effective Date* of *Your Plan*; 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 *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 120 days before *Your Effective Date*; and
- the duration of *Your Covered Trip* is from 30 days, up to the maximum number of days allowed under *Your GHIP* for travel outside of Canada.

## What is the cost of this Plan?

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*;
- *Our* pricing that is in effect at the time of *Your Application*;
- 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 Plan is \$15.

**Note:** Premium rates can be changed without notice.

For example, where there's no medical questionnaire required, an 8-day trip for a single person aged 55 would cost \$48. Please see chart below for examples of pricing for 55+ Extended Stay Plan coverage options:

Age of oldest <i>Insured Person</i> : 55			
Duration of <i>Covered Trip</i>	Single 55+ Extended Stay Plan Cost	Couple 55+ Extended Stay Plan Cost	Family 55+ Extended Stay Plan Cost
8 days	\$48.00	\$86.00	\$96.00

The example premiums shown are for illustration only and based on pricing effective as of December 2019, which is subject to change.

## What are the limitations and exclusions?

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* (e.g. heart conditions, high blood pressure, arthritis, etc.) whether disclosed or not at time of purchase. For complete details, please see the "Limitations and Exclusions That Apply to All Benefits" and "General Conditions" sections in *Your Certificate*.

## Misrepresentation

*You* must be accurate and complete in *Your* dealings with *Us* at all times. *We* will not pay a claim if *You*, any person insured under *Your Certificate* or anyone acting on *Your* behalf makes a misrepresentation, attempts to deceive or mislead *Us*, or makes a fraudulent, false or exaggerated statement or claim.

## Who is the insurer, distributor and administrator?

Travel Medical Insurance is underwritten by TD Life Insurance Company under the Group Policy TI002 issued to The Toronto-Dominion Bank (the "Policyholder" or "TD Canada Trust"). Allianz Global Assistance provides administrative and adjudication services under the Group Policy. They are registered with the Autorité des marchés financiers under numbers 2000444011 and 2000726724. The Autorité can be contacted at [www.lautorite.qc.ca](http://www.lautorite.qc.ca).

TD Life Insurance Company (Insurer)	The Toronto-Dominion Bank (Distributor)	Allianz Global Assistance (Administrator)
P.O. Box 1 TD Centre Toronto, Ontario M5K 1A2 Phone: 1-888-788-0839	P.O. Box 1 TD Centre Toronto, Ontario M5K 1A2	P.O. Box 277 Waterloo, Ontario N2J 4A4 Phone: 1-800-293-4941

## When does this Plan end?

The Plan will terminate on the earliest of:

- the scheduled return date shown in *Your Application* or *Your* most recent *Declaration of Coverage*; or
- the date *You* return to *Your* province or territory of residence from the *Covered Trip*; or
- the date *You* are no longer eligible for coverage; or
- the date *Your* insurance is canceled because of a change in *Medical Condition* before departing on the *Covered Trip*; or
- the date *Your* request to cancel *Your Certificate* is effective.

## Can I cancel the insurance coverage?

*You* can cancel by calling *Our Administrator* at **1-800-293-4941**, by written and mailed request, or by sending the attached completed Notice of Rescission form to the *Administrator* at the address above, no later than ten (10) days from the date *You* purchase *Your Certificate*. For complete details, please see the "Insurance Premium" section in *Your Certificate*.

When Can <i>You</i> Cancel?	Premium Refund/Fees
Before the <i>Effective Date</i> on <i>Your Application</i> or <i>Declaration of Coverage</i>	Full refund
After the <i>Effective Date</i> on <i>Your Application</i> or <i>Declaration of Coverage</i> and no claim has been opened	Pro-rated refund less a \$15 administrative fee.

**How can I submit a claim?**

*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.

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 and 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, documentation and written proof of loss. *You* can appeal the decision by submitting new information to *Our Administrator*. For complete details, please see the "How to Submit a Claim" section in *Your Certificate*.

**What if I have a complaint?**

Please visit our Customer Service & Problem Resolution page online at: <https://www.tdinsurance.com/customer-service/problem-resolution>.

**For more details about Travel Medical Insurance and to view a copy of the Certificate of Insurance, please visit:**  
[https://www.tdinsurance.com/system/assets/pdf/TDI\\_Travel\\_Extended-landing.pdf](https://www.tdinsurance.com/system/assets/pdf/TDI_Travel_Extended-landing.pdf)

The purpose of this fact sheet is to inform you of your rights.  
It does not relieve the insurer or the distributor of their obligations to you.

## LET'S TALK INSURANCE!

Name of distributor: **The Toronto-Dominion Bank**

Name of insurer: **TD Life Insurance Company**

Name of insurance product: **TD Insurance Travel Medical Insurance – 55+ Extended Stay Plan**



### IT'S YOUR CHOICE

**You are never required to purchase insurance:**

- that is offered by your distributor;
- from a person who is assigned to you; or
- to obtain a better interest rate or any other benefit.

Even if you are required to be insured, **you do not have to** purchase the insurance that is being offered. **You can choose** your insurance product and your insurer.



### HOW TO CHOOSE

To choose the insurance product that's right for you, we recommend that you read the summary that describes the insurance product and that must be provided to you.



### DISTRIBUTOR REMUNERATION

A portion of the amount you pay for the insurance will be paid to the distributor as remuneration.  
The distributor **must** tell you when the remuneration exceeds 30% of that amount.



### RIGHT TO CANCEL

The Act allows you to rescind an insurance contract, **at no cost**, within 10 days after the purchase of your insurance. However, the insurer may grant you a longer period of time. After that time, fees may apply if you cancel the insurance. **Ask** your distributor about the period of time granted to cancel it **at no cost**.

If the cost of the insurance is added to the financing amount and you cancel the insurance, your monthly financing payments might not change. Instead, the refund could be used **to shorten the financing period**. **Ask your distributor for details**.

---

The Autorité des marchés financiers can provide you with unbiased, objective information.  
Visit [www.lautorite.gc.ca](http://www.lautorite.gc.ca) or call the AMF at 1-877-525-0337.

## NOTICE OF RESCISSION OF AN INSURANCE CONTRACT

### NOTICE GIVEN BY A DISTRIBUTOR

Section 440 of the Act respecting the distribution of financial products and services (chapter D-9.2).

### THE ACT RESPECTING THE DISTRIBUTION OF FINANCIAL PRODUCTS AND SERVICES GIVES YOU IMPORTANT RIGHTS.

The Act allows you to rescind an insurance contract, **without penalty**, within 10 days of the date on which it is signed. However, the insurer may grant you a longer period.

To rescind the contract, you must give the insurer notice, within that time, by registered mail or any other means that allows you to obtain an acknowledgement of receipt.

Despite the rescission of the insurance contract, the first contract entered into will remain in force. Caution, it is possible that you may lose advantageous conditions as a result of this insurance contract; contact your distributor or consult your contract.

After the expiry of the applicable time, you may rescind the insurance contract at any time; however, penalties may apply.

For further information, contact the Autorité des marchés financiers at 1-877-525-0337 or visit [www.lautorite.qc.ca](http://www.lautorite.qc.ca).

### NOTICE OF RESCISSION OF AN INSURANCE CONTRACT

To: TD Life Insurance Company  
(Name of Insurer)

P.O. Box 1 TD Centre  
Toronto, Ontario  
M5K 1A2  
(Address of Insurer)

Date: \_\_\_\_\_  
(Date of sending of notice)

Pursuant to section 441 of the Act respecting the distribution of financial products and services, I hereby rescind the insurance certificate no.: \_\_\_\_\_ (Number of contract, if indicated) issued under group master policy no.:TI002.

Entered into on: \_\_\_\_\_ In: \_\_\_\_\_  
(Date of signature of contract) (Place of signature of contract)

\_\_\_\_\_  
(Name of client) (Signature of client)

