Please read this carefully and keep it for future reference.

This outlines how specific sections of your Certificates of Insurance are being updated. You can find a copy of your updated Certificate of Insurance at td.com/agreements. For any questions about your insurance benefits, call 1-866-374-1129.

Updates to the inclusive insurance on the TD[®] Aeroplan[®] Visa Infinite Privilege* Card

TD has updated the certificates of Insurance in an effort to add clarity to the coverage and to clearly outline the eligibility requirements.

Note: There is no change to your existing coverage. No action required.

If you have any questions or concerns call us toll-free at 1-866-374-1129 Monday to Friday, 8:00 a.m. to 8:00 p.m. ET, and speak to one of our Customer Service Representatives.

CLHIA recommended changes to Certificate of Insurance

	Changes to your Certificate of Insurar	nce, as of March 24, 2022
Benefit	Before	After
Travel Medical Insurance	Coverage under this <i>Certificate</i> is provided by: TD Life Insurance Company (Insurer) 320 Front Street <i>We</i> st, 3rd Floor, Toronto, ON M5V 3B6	Coverage under this Certificate is provided by TD Life Insurance Company ("Insurer") P.O. Box 1, TD Centre, Toronto, ON M5K 1A2
Travel Medical Insurance	Administration services are provided by: Allianz Global Assistance (<i>Administrator</i>) P.O. Box 277, Waterloo, ON N2J 4A4 Phone: 1-866-374-1129 or (416) 977- 4425	Claims administration and adjudication services are provided by: Global Excel Management Inc. ("Administrator") 73 Queen Street, Sherbrooke, QC J1M 0C9 Phone: 1-866-374-1129 or +1-416-977-4425
Travel Medical Insurance	This <i>Certificate</i> applies to the TD Aeroplan Visa Infinite Privilege Card which will be referred to as a "TD Credit Card" throughout the <i>Certificate</i> . TD Life Insurance Company ("TD Life") provides the insurance for this <i>Certificate</i> under Group Policy No. TGV002 (the "Group Policy"). <i>Our Administrator</i> administers the insurance on behalf of TD Life, and provides medical and claims assistance, claims payment and administrative services under the Group Policy. This <i>Certificate</i> contains important information. Please read it carefully and take it with <i>You</i> on <i>Your</i> trip.	 Section 2 – Introduction Certificate of Insurance This Certificate applies to the TD Aeroplan Visa Infinite Privilege Card, which will be referred to as a "TD Credit Card" throughout the Certificate. TD Life Insurance Company ("TD Life") provides the insurance for this Certificate under Group Policy No. TGV002 (the "Group Policy"). Our Administrator administers the insurance on behalf of TD Life, and provides medical and claims assistance, claims payment and administrative services under the Group Policy. This Certificate contains important information. Please read it carefully and take it with You on Your trip. How to contact Us Prior to travel, contact Our Administrator: Call 1-866-374-1129 (toll-free) from 8 a.m. to 8 p.m. ET, Monday to Friday. When travelling and You require emergency health care or 24-Hour Emergency Assistance, contact Our Administrator: Call 1-866-374-1129 (toll-free) from Canada or the U.S., or +1-416-977-4425 (collect) from other countries. 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", under "Medical Emergency Treatment requires pre-approval of Our Administrator." Some expenses will only be covered if Our Administrator approves them in advance.

	Changes to your Certificate of Insurar	nce, as of March 24, 2022
Benefit	Before	After
Travel Medical Insurance	 IMPORTANT NOTICE – PLEASE READ CAREFULLY Travel insurance is designed to cover losses arising from sudden and unforeseeable circumstances. It is important that <i>You</i> read and understand <i>Your Certificate</i> before <i>You</i> travel as <i>Your</i> coverage may be subject to certain limitations or exclusions. <i>Your</i> policy may not provide coverage for Medical Conditions and/or symptoms that existed before <i>Your</i> trip. Check to see how this applies in <i>Your Certificate</i> and how it relates to <i>Your</i> Departure Date. Please see sections 6 and 7 of this <i>Certificate</i> for details. Should <i>You</i> have any questions or need further clarification, please contact <i>Our Administrator</i> at 1-866-374-1129 or at (416) 977-4425. In the event of an accident, injury or sickness, <i>Your</i> prior medical history may be reviewed when a claim is made. If a <i>Medical Emergency</i> occurs, <i>You</i>, or if applicable, an Insured Person, must phone <i>Our Administrator</i> immediately, or as soon as is reasonably possible, or the Maximum Benefit Payable will be reduced to \$30,000, and only 80% of the Eligible <i>Medical Emergency</i> Expenses will be covered. <i>You</i> can call <i>Our Administrator</i> 24 hours a day, seven days a <i>Week</i> at 1-866-374-1129 from Canada or the USA, or from other countries by calling collect at (416) 977-4425. Please see section 8 for further details 	 IMPORTANT NOTICE – READ CAREFULLY BEFORE YOU TRAVEL We want You to understand (and it is in Your best interest 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. Contact Our Administrator at 1-866-374-1129 (toll-free) from Canada or the U.S., or +1-416-977-4425 (collect) from other countries before seeking Treatment or Your benefits may be limited or denied. In the event of a claim Your prior medical history may be reviewed. IT IS YOUR RESPONSIBILITY TO UNDERSTAND YOUR COVERAGE. Please read Your Certificate for specific coverage, details, limitations and exclusions. If You have questions call 1-866-374-1129 or visit td.com/agreements
Travel Medical Insurance	SECTION 1 – SUMMARY OF BENEFITS <u>Benefit</u> <u>Medical Emergency</u> Insurance <u>Maximum Benefit Payable</u> \$5,000,000 per Insured Person per Covered Trip.	Section 1 – Summary of Benefits No change.

Travel Medical	SECTION 2 – DEFINITIONS	Section 4 – Definitions
Insurance	In this <i>Certificate</i> , the following words	In this Certificate, the following words and
	and phrases shown in italics have the	phrases capitalized and italicized have the
	meanings shown below. As You read	meanings shown below. As You read through
	through the <i>Certificate</i> , You may need to	the Certificate, You may need to refer to this
	refer to this section to ensure You have	Section to ensure You have a full understanding
	a full understanding of <i>Your</i> coverage, limitations and exclusions.	of Your coverage, limitations and exclusions.
	Account means the <i>Primary</i>	Account means the <i>Primary Cardholder's</i> TD Credit Card Account that the <i>Bank</i> maintains.
	Cardholder's TD Credit Card Account	Additional Cardholder means a person to
	that the <i>Bank</i> maintains.	whom a TD Credit Card has been issued at the
	Additional Cardholder means a person	authorization of the <i>Primary Cardholder</i> .
	to whom a TD Credit Card has been	Bank means The Toronto-Dominion Bank.
	issued at the authorization of the <i>Primary</i>	Certificate means this Certificate of Insurance.
	Cardholder.	Coverage Period means the time between
	Administrator means the company We	when the eligible Insured Person departs on a
	select to provide medical and claims	Covered Trip and the return date up to the
	assistance, claims payment,	Maximum Number of Covered Days. Please see
	administrative and adjudication	Section 7 – "How to Become Insured or Extend
	services under the Group Policy.	Coverage" of the Certificate for full details.
	Bank means The Toronto-Dominion	Covered Trip means a trip:
	Bank.	 made by an Insured Person outside the
	Certificate means this certificate of	Insured Person's province or territory of
	insurance.	residence;
	Coverage Period means the period of	• that does not exceed the Maximum Number of
	time during which a Medical Emergency	Covered Days, including the Departure Date;
	must occur for a benefit to be payable.	and that does not extend to or pact:
	This period is defined in section 5. Covered Trip means a trip:	 that does not extend to or past: the date the <i>Insured Person</i> no longer
	• made by an <i>Insured Person</i> outside the	meets the eligibility requirements; or
	Insured Person's province or territory of	 the date coverage terminates.
	residence;	Note: In the event of a claim, the <i>Insured</i>
	• that does not exceed <i>the Maximum</i>	Person will be required to submit proof of the
	Number of Covered Days, including the	departure. Only a <i>Medical Emergency</i> occurring
	departure date; and	during a <i>Covered Trip</i> will be eligible for
	that does not extend to or past:	consideration. Note that the day of departure
	• the date the Insured Person no	counts as a full day for this purpose.
	longer meets the eligibility	Exclusions:
	requirements set out in section 3; or	• A Covered Trip does not include any trip for
	 the date coverage terminates as 	the purpose of commuting to or from an
	described in section 4.	Insured Person's usual place of employment.
	Note: In the event of a claim, the Insured	 Coverage is only provided under the Group
	Person will be required to submit proof of	Policy if the Medical Emergency occurs within
	the departure. Only a Medical	the Maximum Number of Covered Days that
	Emergency occurring during a Covered	the Insured Person is first away from their
	<i>Trip</i> will be eligible for consideration.	province or territory of residence. Note that
	Note that the day of departure counts as a full day for this purpose.	the day of departure counts as a full day for
	Exclusions:	this purpose. Note: If the <i>Insured Person's</i> trip exceeds the
	• A Covered Trip does not include any	Maximum Number of Covered Days, the
	trip for the purpose of commuting to or	Insured Person may want to purchase separate
	from an <i>Insured Person</i> 's usual place of	insurance under a different TD Life group policy
	employment.	for the number of days that the trip will exceed
	Coverage is only provided under the	the Maximum Number of Covered Days.
	Group Policy if the Medical Emergency	Different terms and conditions will apply and,
	occurs within the Maximum Number of	depending on the Insured Person's age and the
	Covered Days that the Insured Person is	length of their trip, the Insured Person may be
	first away from his or her province or	required to provide information about their
	territory of residence. Note that the day	health. Call Our Administrator at
	of departure counts as a full day for this	1-866-374-1129 prior to Your Departure Date
	purpose.	for more information or if <i>You</i> would like to
	Note: If the Insured Person's trip	obtain a quote.
	exceeds the <i>Maximum Number of</i> <i>Covered Days</i> , the <i>Insured Person</i> may	Departure Date means the date the <i>Insured</i> <i>Person</i> left their home province/territory of
	want to purchase separate insurance	residence.
	under a different TD Life group policy for	Dependent Children mean Your natural,
	the number of days that the trip will	adopted, or stepchildren who are:
	exceed the <i>Maximum Number of</i>	• unmarried;
	Covered Days. Different terms and	dependent on You for financial maintenance
	conditions will apply and, depending on	and support; and
	the Insured Person's age and the length	 under 22 years of age; or
	of their trip, the Insured Person	 under 26 years of age and attending an
	may be required to provide information	institution of higher learning, full time, in
	about their health. Call TD Life prior to	Canada; or
	Your departure date at 1-866-374-1129	mentally or physically handicapped.
	for more information or if You would like	Dollars and \$ mean Canadian dollars.
	to obtain a quote.	

1	Dependent Children means Your	Eligible Medical Emergency Expenses are
r	natural, adopted, or step-children who	defined in Section 5 – "Description of Insurance
a	are:	Coverage".
•	unmarried;	Government Health Insurance Plan (GHIP)
•	 dependent on You for financial 	means a Canadian provincial or territorial
r	maintenance and support; and	government health insurance plan.
	 under 22 years of age; or 	Good Standing means an Account is in Good
	 under 26 years of age and attending 	Standing if:
	an institution of higher learning, full-	 the Primary Cardholder has applied for the
	time, in Canada; or	Account,
	 mentally or physically handicapped. 	 the Bank has approved and opened the
	Exclusion: A Dependent Child does not	Account,
	nclude a child born while the child's	 the Primary Cardholder has not advised the
	mother is outside her province or	Bank to close the Account, and
	territory of residence during the Covered	 the Bank has not suspended or revoked credit
	<i>Trip</i> . The child will not be insured with	privileges or otherwise closed the Account.
	respect to that trip.	Hospital means:
	Dollars and \$ mean Canadian dollars.	 an institution that is licensed as an accredited
	Effective Date means the date this	hospital that is staffed and operated for the
	Certificate takes effect with respect to	care and Treatment of in-patient and
	You, and is the later of March 17, 2008,	outpatients. Treatments must be supervised
	and the date on which an <i>Account</i> is	by Physicians and there must be registered
	opened by the Bank for You and You	nurses on duty 24 hours a day. Diagnostic
	meet the eligibility requirements set out	and surgical capabilities must also exist on
i	n section 3 with respect to this Account.	the premises or in facilities controlled by the
	Eligible Medical Emergency Expenses	establishment;
a	are defined in section 6.	• a Hospital is not an establishment used mainly
F	Emergency Medical Benefit is defined	as a clinic, extended or palliative care facility,
	n section 6.	rehabilitation facility, addiction treatment centre,
(Government Health Insurance Plan	convalescent, rest or nursing home, home for
((GHIP) means a Canadian provincial or	the aged or health spa.
	territorial government health insurance	Hospitalized or Hospitalization means
	olan.	confined as an in-patient in a Hospital.
i	Good Standing: An Account is in Good	Immediate Family Member means an Insured
	Standing if:	Person's:
	• the Primary Cardholder has applied for	 Spouse, parents, stepparent, grandparents,
	the Account;	natural or adopted children, stepchildren or
	• the Bank has approved and opened the	legal ward, grandchildren, brothers, sisters,
	Account,	stepbrothers, stepsisters, aunts, uncles,
	• the Primary Cardholder has not	nieces, nephews; and
	advised the <i>Bank</i> to close the <i>Account</i> ;	• mother-in-law, father-in-law, brothers-in-law,
	and	sisters-in-law, sons-in-law, daughters-in-law;
	the <i>Bank</i> has not suspended or	and
	revoked credit privileges or otherwise	• the Insured Person's Spouse's grandparents,
	closed the <i>Account</i> .	brothers-in-law and sisters-in-law.
	Hospital means	Insured Person means a person who is eligible
	• an institution that has been accredited	to be insured under this <i>Certificate</i> described in
	and licensed by the appropriate authority	Section 3 – "Eligibility".
	as a Hospital to treat patients on an	Maximum Number of Covered Days means
	n-patient, outpatient and emergency	the first 31 consecutive days for <i>Insured</i>
	basis; or	Persons 64 years of age and under, and the first
	• the nearest appropriate medical facility	4 consecutive days for <i>Insured Persons</i> 65
	that has been approved in advance by	years of age or older. The Departure Date
	Our Administrator.	counts as 1 full day for this purpose. Age will be
	Exclusion: Hospital does not include	measured as of the <i>Departure Date</i> for this
	chronic care, convalescent or	purpose.
	nursing home facilities.	Medical Condition means any disease, illness,
	Hospitalized or Hospitalization means	or injury (including symptoms of undiagnosed
	confined as an in-patient in a <i>Hospital</i> .	conditions; complication of pregnancy within the
	Insured Person means a person who is	first 31 weeks of pregnancy; a mental or
	eligible to be insured under this	emotional disorder, including acute psychosis
	Certificate as described in section 3.	that requires admission to a <i>Hospital</i>).
	Maximum Number of Covered Days	Medical Emergency means a sudden and
	means 31 consecutive days for <i>Insured</i>	unforeseen <i>Medical Condition</i> that occurs
	Persons under 65 years of age and 4	during the <i>Covered Trip</i> and requires immediate
	consecutive days for <i>Insured Persons</i> 65	Treatment. A Medical Emergency no longer
	years of age or older. The departure	exists when the evidence reviewed by Our
	date counts as one full day for this	Administrator indicates that no further
		<i>Treatment</i> is required at destination or You are
	ourpose. Age will be measured as of the date of	
		able to return to Your province/territory of
	departure for this purpose.	residence for further <i>Treatment</i> .
	Medical Condition means an	Mountaineering means the ascent or descent
	rregularity in the health of an Insured	of a mountain requiring the use of specialized
	Doroon which required or requires	aguinmont including are set as a site
	Person which required or requires	equipment, including crampons, pick-axes,
r	medical advice, consultation,	anchors, bolts, carabineers or lead-rope or
r i		

Medical Emergency means any unforeseen illness or accidental bodily injury occurring during a *Covered Trip* that requires immediate emergency medical *Treatment* by a *Physician*. **Physician** means a Physician or surgeon who is registered or licensed to practice medicine in the jurisdiction where he or she provides medical advice or *Treatment* and who is not related by blood or marriage to any *Insured Person* under this *Certificate*.

Pre-Existing Condition means a *Medical Condition*:

• for which symptoms appeared in the *Pre-Existing Condition Period*;

• that was investigated, diagnosed or *Treated* during the *Pre-Existing Condition Period*, where *Treatment* includes medication; or

• for which further investigation was recommended or prescribed, or for which a change in *Treatment* was recommended (including a change in medication or dosage) during the *Pre-Existing Condition Period.*

Pre-Existing Condition Period with respect to any benefit under this *Certificate* is as follows:

• Insured Persons under 65 years of age - 90 days immediately before the

beginning of the Coverage Period; and
Insured Persons 65 years of age or older – 180 days immediately before the beginning of the Coverage Period.

Primary Cardholder means a person who applied for a TD Credit Card, whose name is on the *Account* and to whom a TD Credit Card has been issued. A *Primary Cardholder* does not include an *Additional Cardholder*. Spouse means:

• the *Insured Person's* legal husband or wife; or

• the person who the *Insured Person* has lived with for at least one year and publicly represented as his or her domestic partner.

Stable means any *Medical Condition* or related condition (whether or not the diagnosis has been determined) for which there have been:

• no new or change in medication or dosage;

no new or change in *Treatment*;
no new or increase in frequency or severity of symptoms;

 no referral or recommendation to see a specialty clinic or specialist;

• no pending test results or testing; or

• no pending surgery or other *Treatment*. **Travelling Companion** means someone who shares trip arrangements and accommodations with *You*. **Exceptions**: No more than three (3) individuals (including *You*) will be considered travel companions on any one trip.

Treated or Treatment means any medical, therapeutic or diagnostic procedure prescribed, performed or recommended by a *Physician*, including but not limited to prescribed or unprescribed medication, investigative testing and surgery. The term "treatment" does not include the **Physician** means a person who is not *You* or *Your Immediate Family Member* or *Your Travelling Companion*, licensed in the jurisdiction where the services are provided, to prescribe and administer medical treatment. **Pre-Existing Medical Condition** means any *Medical Condition* that exists in the *Pre-existing Medical Condition Period*.

Pre-Existing Medical Condition Period with respect to any benefit under this *Certificate* is as follows:

- Insured Persons 64 years of age and under 90 days immediately before the beginning of the Coverage Period; and
- Insured Persons 65 years of age or older 180 days immediately before the beginning of the Coverage Period.

Primary Cardholder means a person who applied for a TD Credit Card, whose name is on the *Account* and to whom a TD Credit Card has been issued. A *Primary Cardholder* does not include an *Additional Cardholder*. **Spouse** means:

- the person who the *Insured Person* is legally married to; or
- the person the *Insured Person* has lived with for at least 1 continuous year in the same household and publicly refers to as their partner.

Stable: a *Medical Condition*, 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*. Exceptions: No more than 3 individuals (including *You*) will be considered travel companions on any one trip.

Treated or **Treatment** means a procedure prescribed, performed or recommended by a *Physician* or other authorized health care professional for a *Medical Condition*. This includes but is not limited to prescribed medication, investigative testing or surgery.

Changes to your Certificate of Insurance, as of March 24, 2022		
Benefit	Before	After
	unaltered use of prescribed medication for a <i>Medical Condition</i> which is <i>Stable</i> . Usual, Customary and Reasonable Charges means charges that do not exceed the general level of charges made by other providers of similar standing in the geographical area where charges are incurred for comparable <i>Treatment</i> , services or supplies for a similar <i>Medical Emergency</i> . We, Us and Our mean TD Life Insurance Company. You and Your mean the <i>Primary</i> <i>Cardholder</i> .	 Usual, Customary and Reasonable Charges mean charges that do not exceed the general level of charges made by other providers of similar standing in the geographical area where charges are incurred for comparable <i>Treatment</i>, services or supplies for a similar <i>Medical</i> <i>Emergency</i>. We, Us and Our mean TD Life Insurance Company. You and Your mean the <i>Primary Cardholder</i>.

 Traver Medical Section 3 – ELGBillity The Primary Cardholder: is eligible to be insured under this Certificate 1, throughout the Primary Cardholder: is a resident to Canada; is a resident of Canada; is covered by a Canadan provincial or entrolial GHIP; and continues to meet the definition of Spouse of the Primary Cardholder's a ligible to be insured under this Certificate as described above, even if the Primary Cardholder's and the covered Trip. the Covered Trip. the Covered Trip. the covered trip is a canada provincial or entrolial GHIP; and continues to meet the definition of Spouse of the Primary Cardholder's bapadem Child is aligible to be insured under this Certificate a described above, even if the Primary Cardholder's a ligible to be insured under this Certificate a described above, even if the Primary Cardholder's bapadem Child is aligible to be insured under this Certificate a described above, even if the Primary Cardholder's a ligible to be insured under this Certificate a described above, even if the Primary Cardholder's bapadem Child is an an eligible to be insured under this Certificate a described above, even if the Primary Cardholder's a ligible to be insured under this Certificate a described above, even if the Primary Cardholder's a ligible to be insured under this Certificate a described above, even if the Primary Cardholder's a ligible to be insured under this Certificate a described above, even if the Primary Cardholder's a ligible to be insured under this Certificate a describe			
 be insured under this Cartificate it, throughout the Covered Train the Trainary Cardholder: is a resident of Canada; is covered thy a Canada GHP and GAHB an	Travel Medical	SECTION 3 – ELIGIBILITY	Section 3 – Eligibility
 throughout the Covered Trip, the Primary Cardholder: is a resident of Canada; is	Insurance	The Primary Cardholder is eligible to	
 throughout the Covered Trip, the Primary Cardholder: is a resident of Canada; is			
 Primary Cardholder: is a resident of Canada; is covered by a Canadian provincial of the Primary Cardholder Socues that the Primary Cardholder is alighte to be insured under this Cardholder as described above, even if the Primary Cardholder is alighte to be insured under this Cardholder is alighte to be insured under this Cardholder as described above, even if the Primary Cardholder is alighte to be insured under this Cardholder as the definition of Spoper of the Primary Cardholder or the Primary Cardholder is provided or the Primary Cardholder is alighte to be insured under this Cardholder is alighte to be insured under this Cardholder as described above, even if the Primary Cardholder is alighte to be insured under this Cardholder is alighte to be insured under this Cardholder or the Primary Cardholder is alighte to be insured under this Cardholder. is a resident of Canada; is a res			-
 is a resident of Canada; is covered by a Canadian provincial of the Primary Cardholder is a lightle to be insured under this Certificate as described abox. even if the Primary Cardholder is and travelling; and is a resident of Canada; is a covered by a Canadian provincial of the Primary Cardholder is a lightle to be insured under this Certificate as described abox. is a resident of Canada; is a covered by a Canadian provincial of the Primary Cardholder is a lightle to be insured under this Certificate as described abox. is a resident of Canada; is a resident of Canada;			
 is covered by a Canadian provincial of the Primary Cardholder is Sousse is eligible to be insured under this Covered Trip. the Primary Cardholder is eligible to be insured under this Covered Trip. the Primary Cardholder is eligible to be insured under this Covered Trip. the Primary Cardholder is a described above, own if the Primary Cardholder's Sousse is eligible to be insured under this Covered Trip. the Primary Cardholder is a described above, own if the Primary Cardholder's Sousse travels with them of the Owner of Trip. the Primary Cardholder is a described above, own if the Primary Cardholder's Sousse travels with them of the Primary Cardholder's Sousse travels with them? the Primary Cardholder is a described above, own if the Primary Cardholder's Sousse travels with them? the Primary Cardholder is a described above, own if the Primary Cardholder's Sousse travels with them? the Primary Cardholder is eligible to be insured under this Certificate as described above, own if the Primary Cardholder's Sousse travels with them? the Primary Cardholder is eligible to be insured under this Certificate as described above, own if the Primary Cardholder is eligible to be insured under this Certificate as described above, own if the Primary Cardholder is eligible to be insured under this Certificate and the come of the Primary Cardholder is eligible to be insured under this Certificate and the come of the Primary Cardholder is a described above, were the definition of Dependent Child is on the Primary Cardholder is a described above, were the primary Cardholder is a labore, were the definition of Dependent Child is on the Primary Cardholder is a labore, were the Dependent Child is on the Primary Cardholder is a labore, were the Dependent Child is on the primary Cardholder is a labore, were the Canadian provincial or territorial Certhicate and the primary Cardholder is a labore, were the Depen			
 a territorial GHP, and The Securit Good Standing. The Primary Cardholder's Spouse is eligible to be insured under this Certificate is the securit in a consultation of the Spouse and the Primary Cardholder is not travelling; and the Spouse at the Primary Cardholder is on travelling; and the Spouse at the Primary Cardholder is on travelling; and the Spouse at the Primary Cardholder is on travelling; and the Spouse at the Primary Cardholder is on travelling; and the Spouse at the Primary Cardholder is Dependent Child the Spouse at the Primary Cardholder or the Primary Cardholder is spouse at the Primary Cardholder is spouse travels with them it, throughout the Covered Trip: the Primary Cardholder is slighte to be insured under this Certificate a described above, even if the Primary Cardholder is elighte to be insured under this Certificate is a described above, even if the Primary Cardholder is elighte to be insured under this Certificate is a travelling; and the Dependent Child. travelling; and the Dependent Child the Dependent Child the Dependent Child the Dependent Child the Dependent Child is born while the Child is noth resource of the Canadian provincial of territorial GHP; and tortiticate a definition of Dependent Child of an Additional Cardholder: the resource day a Canadian provincial of the primary Cardholder is eligible to be insured with respect to Data the Commod Child is born while the Child is an other and the contradication of Dependent Child of an Additional Cardholder: the resource day a Canadian provincial of the primary Cardholder is eligible to be insured with respect to Data the Child of an Additional Cardholder: the Additional Cardholder: <li< th=""><th></th><th>· · · · · · · · · · · · · · · · · · ·</th><th></th></li<>		· · · · · · · · · · · · · · · · · · ·	
 + has an Account in Good Standing. The Primary Cardholder Spouse is eligible to be insured under this Covered Trip: - The Primary Cardholder is eligible to be insured under this Covered Trip: - The Primary Cardholder is a distance of the Primary Cardholder is a distance of the Primary Cardholder is a distance of the Covered Trip: - The Primary Cardholder is a distance of the Primary Cardholder is a distance of the Covered Trip: - The Primary Cardholder is a distance of the Primary Cardholder is a distance of the Primary Cardholder is a distance of the Covered Trip: - The Primary Cardholder is Dependent Child is eligible to be insured under this Cardholder is a distance of the Primary Cardholder is Dependent Child is eligible to be insured under the Dependent Child. - Cardholder is not taveling; and - continues to meet the definition of Dependent Child. - Cardholder is not taveling; and - the Dependent Child. - Cardholder is not taveling; and - continues to meet the definition of Dependent Child. - Cardholder is a eligible to be insured under this Certificate as described above, even if the Primary Cardholder is a eligible to be - insured under this Certificate as described - continues to meet the definition of Dependent Child. - Cardholder is a eligible to be insured under this Certificate as described - continues to meet the definition of Dependent Child. - Cardholder is a eligible to be insured under this Certificate as described - continues to meet the definition of Dependent Child. - Cardholder is a eligible to be insured under this Certificate as described - continues to meet the definition of Dependent Child. - Cardholder is a eligible to be insured under this Certificate is throughout the - continues to meet the definition of Dependent Child of an Additional Cardholder is a eligible to be insured under this Certificate is throughout the - continues to meet			
 The Primary Cardholder's Spouse is eligible to be insured under this Certificate is eligible to be insured under this Certificate as described above, even if the Primary Cardholder is eligible to be insured under this Certificate as described above, even if the Primary Cardholder is eligible to be insured under this Certificate as described above, even if the Primary Cardholder is and travelling; and the Spouse: is a resident of Canada; is covered by a Canadian provincial or territorial GHP, and the Covered by a Canadian provincial or territorial GHP, and the Dependent Child; is a resident of Canada; is a created box even if the Primary Cardholder is south the Given of the Primary Cardholder is eligible to be insured under this Certificate as described above, even if the Primary Cardholder is and the Primary Cardholder is eligible to be insured under this Certificate as described above, even if the Primary Cardholder is eligible to be insured under this Certificate as described above, even if the Primary Cardholder is and travelling; and the Dependent Child; is a resident of Canada; is covered by a Canadian provincial or territorial GHP, and continues to meet the definition of Dependent Child is and the appendent Child above, even if the Primary Cardholder is not travelling; and the Depandent Child is eligible to the insured under this Certificate is described above, even if the Primary Cardholder is not travelling; and the Additional Cardholder: the Additional Cardholder: the Additional Cardholder: the Additional Cardholder is algolite to the above above, even if the Primary Cardholder is not travelling; and the Additional Cardholder: the Additional Cardholder: the Additional Cardholder: the Additional Cardholder is algolite to the above appendent Child and the additional Cardholder: the Additional Cardholder is alg			
 eligible to be insured under this Certificate if, throughout the Covered Trip: the Primary Cardholder is eligible to be insured under this Certificate as described above, even if the Primary Cardholder is not travelling; and the Spouse: is a resident of Canada; is a covered by a Canadian provincial or territorial GHIP; and continues to meet the definition of Spouse of the Primary Cardholder is Dependent Child is eligible to be insured under this Certificate whether or not the Primary Cardholder is Spouse: are not meet the Covered Trip: the Dependent Child will not be insured under this Certificate as described above, even if the Primary Cardholder is solution of Dependent Child. the Dependent Child will not be insured under this Certificate as described above, even if the Primary Cardholder is not travelling; and the Dependent Child will not be insured under this Certificate as described above, even if the Primary Cardholder is not travelling; and the Dependent Child will not be insured under this Certificate a described above, even if the Primary Cardholder is not travelling; and the Dependent Child will not be insured under this Certificate a described above, even if the Primary Cardholder is eligible to be insured under this Certificate a described above, even if the Primary Cardholder is eligible to be insured under this Certificate a described above, even if the Primary Cardholder is eligible to be insured under this Certificate a described above, even if the Primary Cardholder is eligible to be insured under this Certificate a described above, even if the Primary Cardholder is eligible to be insured under this Certificate and there of the above, even if the Primary Cardholder is eligible to be insured under this Certificate and there of the above, even if the Primary Cardholder is eligible to be insured under this Certificate and there of the primary Cardholder is eligible to be insured under this Certificat			
 Ciritificate if, throughout the Covered Trip: the Primary Carcholder is eligible to be insured under this Certificate as described above, even if the Primary Carcholder is not travelling; and the Spouse: is a resident of Canada: is covered by a Canadian provincial or ferritorial GHIP, and throughout the Covered Trip: the Primary Carcholder's Dependent Child is eligible to be insured under this Cartificate and Spouse travels with there primary Carcholder's Dependent Child: is a resident of Canada: is a resident of Canada: is a resident of Canada: is covered by a Canadian provincial or ferritorial GHIP; and the Primary Carcholder's Dependent Child: is a resident of Canada: is a resident of Chanda: is a resident of Canada: is a resident of Chanda: is a resident of Chanda: is a resident of Canada: is covered by a Canadian provincial or ferritorial GHIP; and outside of her province of the Covered Trip: the Primary Cardholder: Is eligible to the insured under this Certificate and there or not the Primary Cardholder: is a resident of Canada: is covered by a Canadian provincial or ferritorial GHIP; and outable of her privary cardholder: is a resident of Canada: is a resident of Canada: is a resident of Canada: is covered by a Canadian provincial or ferritorial GHIP; and outable of her privary Cardholder: is a resident of Canada: 			
 Thip: the Primary Cardholder is eligible to be insured under this Cardholder is not travelling; and the Spouse: is a resident of Canada; is a resident of Canada;<th></th><th></th><th></th>			
 the Primary Cardholder is eligible to be subset of Canada: the Spouse: is a resident of Canada; is covered by a Canadian provincial or territorial GHIP; and continues to meet the definition of Spouse of the Primary Cardholder's Dependent Child is eligible to be insured under this Cartificate and Second and Armed Forces; and cardholder's Dependent Child: is a resident of Canada; is covered by a Canadian provincial or territorial GHIP; and continues to meet the definition of Spouse of the Primary Cardholder's Dependent Child: is a resident of Canada; is covered by a Canadian provincial or territorial GHIP; and continues to meet the definition of Dependent Child: is a resident of Canada; is covered by a Canadian provincial or territorial GHIP; and continues to meet the definition of Dependent Child: is a resident of Canada; is covered by a Canadian provincial or territorial GHIP; and continues to meet the definition of Dependent Child: is a resident of Canada; is covered by a Canadian provincial or territorial GHIP; and continues to meet the definition of Dependent Child: is a resident of Canada; is a resident		-	
 be insured under this Certificate as described above, even if the Primary Cardholder is not travelling; and the Spouse: is a resident of Canada; is covered by a Canadian provincial or territorial GHP, and continues to meet the definition of Spouse of the Primary Cardholder's Spouse travels with them if, stronghout the Covered Trip: the Primary Cardholder's Spouse revels with them fi, throughout the Covered Trip: the Primary Cardholder's Spouse revels with them fi, throughout the Covered Trip: the Primary Cardholder is eligible to be insured under this Certificate as described above, even if the Primary Cardholder is not travelling; and the Dependent Child : is a resident of Canada; is covered by a Canadian provincial the Dependent Child is born while the child's mother is outside of her province of residence, the Dependent Child will not be insured under this Certificate as described above, even if the Primary Cardholder is eligible to be insured under this Certificate as described above, even if the Primary Cardholder is eligible to be insured under this Certificate as described above, even if the Dependent Child will not be insured under this Certificate as described above, even if the Dependent Child will not be insured under this Certificate as described above, even if the Dependent Child will not be insured under this Certificate as described above, even if the Primary Cardholder. the Dependent Child will not be insured under this Certificate as described above, even if the Primary Cardholder. the Spouse and children of an Additional Cardholder is eligible to be insured under this Certificate as described above, even if the Primary Cardholder. the Primary Cardholder is eligible to be insured under this Certificate as described above, even if the Primary Cardholder. the Primary Cardholder is eligible to be insured under this Certificate as described above,			
 described above, even if the Primary Cardholder is not travelling; and the Spouse: is a resident of Canada; is covered by a Canadian provincial or territorial GHIP; and continues to meet the definition of Spouse of the Primary Cardholder's Dependent Child is eligible to be insured under this Certificate whether or not the Primary Cardholder or the Primary Cardholder is eligible to be insured under this Certificate as described above, even if the Primary Cardholder's Consendation of the Dependent Child is a resident of Canada; is covered by a Canadian provincial or territorial GHIP; and continues to meet the definition of Dependent Child is covered by a Canadian provincial or territorial GHIP; and continues to meet the definition of Dependent Child is covered by a Canadian provincial or territorial GHIP; and continues to meet the definition of Dependent Child is born while the childs mother is insured under this Certificate as described above, even if the Primary Cardholder is outstand or territorial GHIP; and continues to meet the definition of Dependent Child is a resident of Canada; is covered by a Canadian provincial or territorial GHIP; and continues to meet the definition of Dependent Child is born while the childs mother is insured under this Certificate as described above, even if the Primary Cardholder is a claradia provincial or territorial GHIP; and continues to meet the definition of Additional Cardholder is eligible to the insured under this Certificate as described above, even if the Primary Cardholder is a claradian provincial or territorial GHIP; and continues to meet the definition of Additional Cardholder is also the continues to meet the definition of Additional Cardholder is also the Dependent Child of the Primary Cardholders. is a resident of Canada; is covered by a Canadian provincial or territorial GHIP; and continues to meet the definitio			
 Cardholder is not travelling; and is a resident of Canada; is a resident of Canada; is covered by a Canadian provincial continues to meet the definition of Spouse of the Primary Cardholder. The Primary Cardholder's Dependent Child is elipible to be insured under this Cardholder is helipible to be insured under this Certificate wither the Covered Trip: the Primary Cardholder is deglobe to be insured under this Certificate wither the definition of Dependent Child. is a resident of Canada; is covered by a Canadian provincial or territorial GHIP; and is covered by a Canadian provincial or territorial GHIP; and continues to meet the definition of Dependent Child. Exclusion: If a Dependent Child is bor while the childs mother is outside of her province of residence, the Dependent Child is bor while the childs mother is outside of her province of residence, the Dependent Child is bor while the childs mother is outside of her province of residence, the Dependent Child is bor while the childs residipible to be insured under this Certificate if, throughout the Covered Trip: the Primary Cardholder is eligible to be insured under this Certificate if, throughout the Covered Trip: the Additional Cardholder is also the be insured under this Certificate if, throughout the Covered Trip: the Additional Cardholder is also the be insured under this Certificate if, throughout the Covered Trip: the Additional Cardholder is also the canadian Armed Forces; and continues to meet the definition of Additional Cardholder. is covered under a Selfont of Canada; is covered under this Certificate is also the cover and the relipibil try environse or territory of resident of Canada; is covered under this Certificate is also the covered the elipibil try environse the Additional Cardholder is also the Dependent Child of the Primary Cardholder. This Certificate			
 • the Spouse: • is a resident of Canada; <l< th=""><th></th><th></th><th></th></l<>			
 is a resident of Canada; is covered by a Canadian provincial or territorial GHIP; and continues to meet the definition of Spouse of the Primary Cardholder. The Primary Cardholder's Dependent Child is eligible to be insured under this Cardinate whether or not the Primary Cardholder's Dependent Child is eligible to be insured under this Cardinate it, throughout the Covered Trip: the Primary Cardholder is eligible to be insured under this Cardinate is a resident of Canada; is covered Under a GHIP or a valid health care plan in Canada for members of the Canadian Armed Forces; and continues to meet the definition of Dependent Child. Exclusion: If a Dependent Child is bor while the child's mother is outside of her province of residence, the Dependent Child will not be insured under this Cartificate if, throughout the Coveread Trip: the Primary Cardholder is eligible to be insured under this Cartificate if, throughout the Coveread Trip: the Additional Cardholder is eligible to be insured under this Cartificate if, throughout the Coveread Trip: the Additional Cardholder is also the be insured under this Cartificate if, throughout the Coveread Trip: the Additional Cardholder. is a resident of Canada; is covered under this Cartificate in a dational Cardholder. is covered under this Cartificate in a territorial GHIP; and the Additional Cardholder. the Source and thildren of an Additional Cardholder. the Additional Cardholder is also the Dependent Child of the Primary Cardholder. This Cartificate does not offer any coverag			
 is covered by a Canadian provincial or territorial GHIP: and the definition of Spouse of the Primary Cardholder's Dependent Child: child is eligible to be insured under this Certificate as described above, even if the Primary Cardholder is eligible to be insured under this Certificate as described above, even if the Primary Cardholder is alloghed to be insured under this Certificate as described above, even if the Primary Cardholder is eligible to be insured under this Certificate as described above, even if the Primary Cardholder is eligible to be insured under this Certificate as described above, even if the Primary Cardholder is eligible to be insured under this Certificate as described above, even if the Primary Cardholder is eligible to be insured under this Certificate as described above, even if the Primary Cardholder is eligible to be insured under this Certificate as described above, even if the Primary Cardholder is eligible to be insured under this Certificate if, throughout the Covered Trg: the Dependent Child is continues to meet the definition of Dependent Child is continues to meet the definition of Dependent Child is mother is outside of her province or residence, even if the Primary Cardholder is eligible to be insured under this Certificate if, throughout the Covered Trg: the Additional Cardholder: is covered under this Certificate if, throughout the Covered Trg: the Additional Cardholder: is covered under this Certificate if, throughout the Covered Trg: the Additional Cardholder: is covered Days. This Certificate does not offer any coverage after the end of the Maximum Number of Covered Days. This Certificate does not offer any coverage after the end of the Maximum Number of Covered Days. This Certificate does not offer any coverage after the end of the Maximum Number of Covered Days. This Certificate does not offer any coverage after the end of the Maximum Number of Covered Da			
 continues to meet the definition of Spouse of the Primary Cardholder: Spouse of the Primary Cardholder is Dependent Child is eligible to be insured under this Certificate where or not the Primary Cardholder or the Primary Cardholder is eligible to be insured under this Certificate where or not the Primary Cardholder or the Primary Cardholder is eligible to be insured under this Certificate where or not the Primary Cardholder is eligible to be insured under this Certificate as described above, even if the Primary Cardholder is eligible to be insured under this Certificate as described above, even if the Primary Cardholder is eligible to be insured under this Certificate as described above, even if the Primary Cardholder is eligible to be insured under this Certificate is a to the Dependent Child Exclusion: If a Dependent Child is born while the child is mother is outside of her province of residence, the Dependent Child will not be insured under this Certificate i, forcuptout the Covered Trip: the Primary Cardholder is eligible to be insured under this Certificate i, forcuptout the Covered Trip: the Primary Cardholder is eligible to be insured under this Certificate i, forcuptout the Covered Trip: the Primary Cardholder is eligible to be insured under this Certificate i, forcuptout the Covered Trip: the Additional Cardholder: is covered by a Canadia provinciat or territorial GHIP; and the Additional Cardholder: is covered by a Canadia provinciat or territorial GHIP; and the Additional Cardholder is also the Canada; is covered by a Canadia provinciat or territorial GHIP; and the Additional Cardholder: is covered under a GHIP or a valid health care plan in Ganada for members of the Canada; is covered under is Secure and this certificate is also the Canada; is covered under a GHIP or a valid health Cardholder is also the pr			
 continues to meet the definition of Spouse of the Primary Cardholder's Dependent Child is eligible to be insured under this Certificate whether or not the Primary Cardholder is Bigble to be insured under this Certificate as described above, even if the Primary Cardholder is algible to be insured under this Certificate as described above, even if the Primary Cardholder is algible to be insured under this Certificate as described above, even if the Primary Cardholder is algible to be insured under this Certificate as described above, even if the Primary Cardholder is algible to be insured under this Certificate as described above, even if the Primary Cardholder is algible to be insured under this Certificate as described above, even if the Primary Cardholder is algible to be insured under this Certificate as described above, even if the Primary Cardholder is algible to be insured under this Certificate is a resident of Canada; is covered by a Canadian provincial or territorial Cardholder is eligible to be insured under this Certificate as described above, even if the Primary Cardholder is algible to be insured under this Certificate as described above, even if the Primary Cardholder is a traveling; and the child's mother is coutside of her province of residence, the Dependent Child will not be eligible to be insured with respect to that trip. An Additional Cardholder: is a resident of Canada; is covered by a Canadian provincial or territorial CHIP; and the Additional Cardholder. the Additional Cardholder is algible to be insured under this Certificate as described above, even if the Primary Cardholder is not traveling; and the this Certificate as a described above, even if the Primary Cardholder is not traveling; and the this Certificate as a described above, even if the Primary Cardholder is not traveling; and the this Certificate as a described above, even if the Primary Cardholder is not traveling; and the trim solf there of a dHIP proverage at t			
 Spouse of the Primary Cardholder. The Primary Cardholder is Dependent Child is eligible to be insured under this Certificate whether or not the Primary Cardholder's Spouse travels with them if, throughout the Covered Trip: the Primary Cardholder is eligible to be insured under this Certificate is described above, even if the Primary Cardholder is a described above, even if the Primary Cardholder is a described above, even if the Primary Cardholder is a described above, even if the Primary Cardholder is a described above, even if the Primary Cardholder is a described above, even if the Primary Cardholder is a described above, even if the Primary Cardholder is a described above, even if the Primary Cardholder is a described above, even if the Primary Cardholder is a described above, even if the Primary Cardholder is a described above, even if the Primary Cardholder is eligible to be insured under this Certificate is described above, even if the Primary Cardholder is eligible to be insured under this Certificate is described above, even if the Primary Cardholder is eligible to be insured under this Certificate is described above, even if the Primary Cardholder is eligible to be insured under this Certificate is described above, even if the Primary Cardholder is eligible to be insured under this Certificate is described above, even if the Primary Cardholder is eligible to be insured under this Certificate is described above, even if the Primary Cardholder is a described above, even if the Primary Cardholder is a described above, even if the Primary Cardholder is eligible to be insured under this Certificate is described above, even if the Primary Cardholder is a described above, even if the Primary Cardholder is a described above, even if the Primary Cardholder is a described above, even if the Primary Cardholder is a described above, even if the Primary Cardholder is a described above, even if the Primary Cardholder is a described above, even if the Primary Cardholder is a described abov			
 The Primary Cardholder's Spouse travels with them Primary Cardholder is eligible to be insured under this Certificate whether or not the Primary Cardholder is eligible to be insured under this Certificate is described above, even if the Primary Cardholder is eligible to be insured under this Certificate as described above, even if the Primary Cardholder is eligible to be insured under this Certificate is a resident of Canada; is covered by a Canadian provincial or territorial GHIP; and continues to meet the definition of Dependent Child is born while the child is mother is outside of her province of residence, the Dependent Child will not be insured under this Certificate if, throughout the Covered Trip; the Primary Cardholder is eligible to be insured under this Certificate if, throughout the Covered Trip; the Additional Cardholder is eligible to be insured under this Certificate if, throughout the Covered Trip; the Additional Cardholder is eligible to be insured under this Certificate if, throughout the Covered Trip; the Additional Cardholder is eligible to pervince or territory of residence, the Dependent Child will not be insured under this Certificate if, throughout the Covered Trip; the Primary Cardholder is eligible to a insured under this Certificate if, throughout the Covered Trip; the Additional Cardholder is eligible to a insured under this Certificate if, throughout the Covered Trip; the Additional Cardholder is eligible to a insured under this Certificate is a described above, even if the Primary Cardholder. is a resident of Canada; is covered to pa; the Additional Cardholder is a log be Dependent Child of the Primary Cardholder. travellay; and the Additional Cardholder is also the Dependent Child of the Primary Cardholder. covered pays: This Certi			
 Child is eligible to be insured under this Certificate where or not the <i>Primary Cardholders</i> or the <i>Primary Cardholder's Spouse travels</i> with them if, throughout the Covered Trip: the Primary Cardholder is eligible to be insured under this Certificate as described above, even if the Primary Cardholder is eligible to be insured under this Certificate is as tesident of Canada; is a resident of Canada; is covered by a Canadian provincial or territorial GHIP; and continues to meet the definition of Dependent Child Exclusion: If a Dependent Child is born while the child's mother is outside of her province or territory of residence, the Dependent Child is born while the child's mother is outside of her province or territory of residence, the Dependent Child will not be linsured with respect to that tip. An Additional Cardholder is eligible to be insured under this Certificate if, throughout the Covered Trip; the Primary Cardholder is eligible to be insured under this Certificate if, throughout the Covered Trip; the Child on al Cardholder is eligible to be insured under this Certificate if, throughout the Covered Trip; the Additional Cardholder is eligible to be insured under this Certificate if, throughout the Covered Trip; the Additional Cardholder is eligible to be insured under this Certificate if, throughout the Covered Trip; the Additional Cardholder is a leigible to be insured under this Certificate as described above, even if the Primary Cardholder is eligible to be insured under this Certificate if, throughout the Covered Trip; the Additional Cardholder is a leigible to be insured under this Certificate if, throughout the Covered Days; tis a resident of Canada; is overed by ac Canadian provincian or this Certificate as the certificate as described above, even if the Primary Cardholder is algoble to be insured under this Certificate as described above, even if the Child of th			
 this Certificate whether or not the Primary Cardholder or the Primary Cardholder or the Primary Cardholder is eligible to be insured under this Certificate is described above, even if the Primary Cardholder is eligible to be insured under this Certificate as described above, even if the Primary Cardholder is eligible to be insured under this Certificate as described above, even if the Primary Cardholder is not travelling; and the Dependent Child: the order this Certificate as described above, even if the Primary Cardholder is not travelling; and the Dependent Child: the Dependent Child is born while the child's mother is outside of her province of resured under this Certificate if, throughout the Covered Trip: the Primary Cardholder is eligible to be insured under this Certificate if, throughout the Covered Trip: the Primary Cardholder is eligible to be insured under this Certificate if, throughout the Covered Trip: the Primary Cardholder is eligible to be insured under this Certificate as described above, even if the Primary Cardholder. the Additional Cardholder. the Cardholder. the Cardholder is a las othe Dependent Child of the Primary Cardholder. the Cardholder. the Cardholder is a las othe Dependent Child of the Primary Cardholder. the Cardholder. the Card			
 Primary Cardholder s of the Primary Cardholder's Spouse travels with them if, throughout the Covered Trip: the Primary Cardholder is eligible to be insured under this Certificate as described above, even if the Primary Cardholder is eligible to be insured under this Certificate as described above, even if the Primary Cardholder is not travelling; and the Dependent Child: is a resident of Canada; is covered by a Canadian provincial or territorial GHIP; and continues to meet the definition of Dependent Child will not be insured under this Certificate in Security of residence, the Dependent Child is born while the child's mother is outside of her province of residence, the Dependent Child will not be insured under this Certificate in the Covered Trip: the Primary Cardholder is eligible to be insured under this Certificate in the child's mother is outside of her province of residence, the Dependent Child will not be be insured under this Certificate in the Covered Trip: the Primary Cardholder is eligible to be insured under this Certificate in the Covered Trip: the Primary Cardholder is eligible to be insured under this Certificate in the Covered Trip: the Primary Cardholder is eligible to be insured under this Certificate as described above, even if the Primary Cardholder is not travelling; and the Additional Cardholder: is a resident of Canada; is covered by a Canadia provincial or territory of residence, the Dependent Child will not be insured under this Certificate as described above, even if the Primary Cardholder is not travelling; and the Additional Cardholder: is a resident of Canada; is covered by a Canadia provincial or territory of residence, the Dependent Child will cardholder: is a resident of Canada; is covered by a Canadia provincial or territory of residence, the Depend		Child is eligible to be insured under	eligible to be insured under this Certificate
 Primary Cardholder or the Primary Cardholder's Spusse travels with them it mem if, throughout the Covered Trip: the Primary Cardholder's Spusse travels with them its mere under this Certificate as described above, even if the Primary Cardholder is need the Child: is a resident of Canada; is covered by a Canadian provincial or territorial GHIP; and continues to meet the definition of Dependent Child: is covered by a Canadian provincial or territorial GHIP; and continues to meet the definition of Dependent Child is born while the child's mother is outside of her province of residence, the Dependent Child will not be insured under this Certificate in the Cardholder is eligible to be insured under this Certificate in the Canadian Provincial or territory of residence, the Dependent Child is the Additional Cardholder: is a resident of Canada; is covered by a Canadian provincial or territory of residence, the Dependent Child is the Additional Cardholder: is a resident of Canada; is covered by a Canadian provincial or territory of residence, the Dependent Child is the Additional Cardholder: is a resident of Canada; is covered by a Canadian provincial or territorial GHIP; and continues to meet the definition of Additional Cardholder: is a resident of Canada; is covered by a Canadia provincial or territorial GHIP; rand continues to meet the definition of Additional Cardholder is also the Dependent Child of the Primary Cardholder), Coverage after the Maximum Number of Coverage after the end of the Maximun Number of Covered Days. This Certificate does not offer any coverage after the maximum Number of Coverage after the maximum Number of Covereage after the maximum Number		this Certificate whether or not the	whether or not the Primary Cardholder or the
 Cardholder's Spouse travels with them if, throughout the Covered Trip: the Primary Cardholder is eligible to be insured under this Certificate as described above, even if the Primary Cardholder is eligible to be insured under this Certificate as dovered by a Canadian provincial or territorial GHIP; and to continues to meet the definition of Dependent Child. Exclusion: If a Dependent Child is born while the child's mother is outside of her province of residence, the Dependent Child. Exclusion: If a Dependent Child with respect to that trip. An Additional Cardholder is eligible to be insured under this Certificate is, described above, even if the Primary Cardholder is outside of her province of the Canadian Armed Forces; and continues to meet the definition of be eligible to be insured with respect to that trip. An Additional Cardholder is eligible to be insured under this Certificate is, throughout the Covered Trip: the Additional Cardholder is eligible to be insured under this Certificate as described above, even if the Primary Cardholder is eligible to be insured under this Certificate as described above, even if the Primary Cardholder is eligible to be insured under this Certificate as described above, even if the Primary Cardholder is eligible to be insured under this Certificate as described above, even if the Primary Cardholder is eligible to be insured under this Certificate as described above, even if the Primary Cardholder: is a resident of Canada; is covered by a Canadian provincial or territorial GHIP; and Additional Cardholder is a to the Cardholder. the Souse and children of an Additional Cardholder is a to the Cardholder. the Souse and children of an Additional Cardholder is a to the Cardholder. the Cardholder is a to the Primary Cardholder. the Cardholder is a to the Cardholder. the Souse and children of an Additional Cardholder is a to the Cardholder. the Cardhold			
 them if, throughout the Covered Trip: the Primary Cardholder is eligible to be insured under this Certificate as described above, even if the Primary Cardholder is not travelling; and the Dependent Child: is a resident of Canada; is covered by a Canadian provincial or territorial GHIP; and continues to meet the definition of Dependent Child. Exclusion: If a Dependent Child is born while the child's mother is outside of her province of residence, the Dependent Child will not be insured under this Certificate as described above, even if the Drimary Cardholder is eligible to be insured under this Certificate as described above, even if the Primary Cardholder is eligible to be insured under this Certificate as described above, even if the Primary Cardholder is eligible to be insured under this Certificate as described above, even if the Primary Cardholder is not travelling; and the Additional Cardholder: is a resident of Canada; is covered by a Canadian provincial or territorial GHIP; and continues to meet the definition of Additional Cardholder: is a resident of Canada; is covered by a Canadian provincial or territorial GHIP; and coverage alter the definition of Additional Cardholder is also the Dependent Child of the Primary Cardholder, This Certificate unless they meet other eligibile to roverage under this Certificate does not offer any coverage after the Maximum Number of Coverage after the Maximum Number of Coverage after the Maximum Number of Coverage after the end of the Maximum Number of Covered Days. This Certificate does not offer any coverage after the maximum Number of Coverage after the ada to the maximum Number of Covered Days. If an Insured Person any overage after the end of the tris certificate unless they meet and 4ays, the Insured Perso			
 the Primary Cardholder is eligible to be insured under this Certificate as described above, even if the Primary Cardholder is not travelling; and the Dependent Child: is a resident of Canada; is a resident of the province of residence, the Dependent Child will not be eligible to be insured with respect to that trip. An Additional Cardholder is eligible to be insured under this Certificate as described above, even if the Primary Cardholder is eligible to be insured under this Certificate as described above, even if the Primary Cardholder. is a resident of Canada; is a resident of Can			
 be insured under this Certificate as described above, even if the Primary Cardholder is not travelling; and the Dependent Child: is a resident of Canada; is covered by a Canadian provincial or territorial GHIP; and continues to meet the definition of Dependent Child is Dom while the child's mother is outside of her province of residence, the Dependent Child will not be insured under this Certificate as described above, even if the Primary Cardholder is eligible to be insured under this Certificate as described above, even if the Primary Cardholder is eligible to be insured under this Certificate as described above, even if the Primary Cardholder is eligible to be insured under this Certificate as described above, even if the Primary Cardholder is eligible to be insured under this Certificate as described above, even if the Primary Cardholder is eligible to be insured under this Certificate as described above, even if the Primary Cardholder is not travelling; and the Additional Cardholder. is a resident of Canada; is covered by a Canadian provinciat or territorial GHIP; and continues to meet the definition of Additional Cardholder. is covered by a Canadian provinciat or ferritorial GHIP; and continues to meet the definition of Additional Cardholder. is covered by as canadian provinciat or for coverag under this Certificate unless they meet other eligibility requirements set out above (e.g., if the child of an Additional Cardholder. This Certificate dees not offer any coverage after the Maximum Number of Covered Days: This Certificate dees not offer any coverage after the end of the Maximum Number of Covered Days. If an Insured Person under age 65 is planning a trip that will last more than 4 days, the 			
 described above, even if the Primary Cardholder is not travelling; and the Dependent Child: is a resident of Canada; is covered by a Canadian provincial or territorial GHIP: and continues to meet the definition of Dependent Child. Exclusion: If a Dependent Child is born while the child's mother is outside of her province or residence, the Dependent Child will not be insured with respect to that trip. An Additional Cardholder is eligible to be insured under this Certificate if, throughout the Covered Trip: the Additional Cardholder: is a resident of Canada; is covered by a Canadian provincial or territorial GHIP; and the Additional Cardholder: is a resident of Canada; is covered by a Canadian provincial or territorial GHIP; and the Additional Cardholder: is a resident of Canada; is covered by a Canadian provincial or territorial GHIP; and the Additional Cardholder: Note: The Spouse and children of automatically eligible for coverage under this Certificate unless they meet other eligibility requirements set out above (e.g. if the child of an Additional Cardholder is also the Dependent Child of the Primary Cardholder. Note: The Spouse and children of an Additional Cardholder is also the Dependent Child of the Primary Cardholder. Note: The Spouse and children of an Additional Cardholder. Note: The Spouse and children of an Additional Cardholder is also the Dependent Child of the Primary Cardholder. Note: The Spouse and children of an Additional Cardholder. Note: The Spouse and children of an Additional Cardholder. Note: The Spouse and children of an Additional Cardholder. Note: The Spouse and children of an Additional Cardholder is also the Dependent Child of the Primary Cardholder, Coverag Days: This Certificate dees not offer any coverage after the end of the Maximum Number			
 Cardholder is not travelling; and the Dependent Child: is a resident of Canada; is covered by a Canadian provincial or territorial GHIP; and continues to meet the definition of Dependent Child. Exclusion: If a Dependent Child is born while the child's mother is is a resident of Canada; is covered under a GHIP or a valid health care plan in Canada for members of the Canadian Armed Forces; and continues to meet the definition of Dependent Child. Exclusion: If a Dependent Child will not be insured with respect to that trip. An Additional Cardholder is eligible to be insured under this Certificate a described above, even if the Primary Cardholder is eligible to be insured under this Certificate as described above, even if the Primary Cardholder is eligible to be insured under this Certificate as described above, even if the Primary Cardholder is eligible to be insured under this Certificate as described above, even if the Primary Cardholder is eligible to be insured under this Certificate as described above, even if the Primary Cardholder is eligible to be insured under this Certificate as described above, even if the Primary Cardholder is a tesident of Canada; is covered under a GHIP or a valid health care plan in Canada for members of the Canadia nered forces; and the Additional Cardholder. is covered by a Canadian provincial or this Certificate unless they meet the eligibility requirements set out above (e.g., if the child of a Additional Cardholder. This Certificate dees not offer any coverage after the Maximum Number of Covered Days: This Certificate dees not offer any coverage after the Maximum Number of Covered Days: This Certificate dees not offer any coverage after the mort that will last more than 4 days, the insured Person may want to purchase separate insurance for the and 31 days, or an Insured Person for any ander is planning a trip that will last more than 4			
 • the Dependent Child: • is a resident of Canada; • is covered by a Canadian provincial or territorial GHIP; and • continues to meet the definition of Dependent Child. Exclusion: If a Dependent Child is born while the child's mother is outside of her province of residence, the Dependent Child will not be insured under this Certificate if, throughout the Covered Trip: • the Primary Cardholder is eligible to be insured under this Certificate is, the Covered Trip: • the Primary Cardholder is eligible to be insured under this Certificate is, described above, even if the Primary Cardholder. • is a resident of Canada; • is covered by a Canadian provincial or territorial GHIP; and • the Additional Cardholder. • is a resident of Canada; • is covered by a Canadian provincial or territorial GHIP; and • continues to meet the definition of Additional Cardholder. • Note: The Spouse and children of an Additional Cardholder is also the Dependent Child of an Additional Cardholder is also the Dependent Child of the Primary Cardholder). • This Certificate does not offer any coverage after the end of the Maximum Number of Covered Days: • If an Insured Person Hays, the more than 4 days, or an Insured Person may aged 65 or older is planning a tip that will last more than 31 days, or an Insured Person may aged for or older is planning a tip that will last more than 31 days, or an Insured Person may and days, the Insured Person may 			
 is a resident of Canada; is covered by a Canadian provincial or territorial GHIP; and continues to meet the definition of Dependent Child. Exclusion: If a Dependent Child is born while the child's mother is outside of her province or residence, the Dependent Child will not be insured with respect to that trip. An Additional Cardholder is eligible to be insured under this Certificate is described above, even if the Primary Cardholder is not travelling; and the Additional Cardholder: is a resident of Canada; is covered by a Canadian provincial or territorial GHIP; and the Additional Cardholder: is a resident of Canada; is covered by a Canadian provincial or territorial GHIP; and continues to meet the definition of Additional Cardholder. is a resident of Canada; is covered by a Canadian provincial or territorial GHIP; and continues to meet the definition of Additional Cardholder. Note: The Spouse and children of an Additional Cardholder. is a resident of Canada; is covered by a Canadian provincial or tarvitorial GHIP; and continues to meet the definition of Additional Cardholder. is a resident of Canada; is covered by a Canadian provincial or tabove (e.g. if the child of an Additional Cardholder. is a resident of Canada; is covered under this Certificate unless they meet other eligibility requirements set out above (e.g. if the child of an Additional Cardholder). Coverage after the Maximum Number of Covered Days: This Certificate dees not offer any coverage after the Maximum Number of covered Days: If an Insured Person 64 years of age and under is planning a trip that will last more than 31 days, or an Insured Person may age 65 or older is planning a trip that will last more than will last more than 4 days, the Insurance for the number of days that the trip will exceed the 			
 is covered by a Canadian provincial or territorial GHIP; and continues to meet the definition of Dependent Child is born while the child's mother is outside of her province of residence, the Dependent Child will not be eligible to be insured under this Certificate if, throughout the Covered Trip. the Primary Cardholder is eligible to be insured under this Certificate if, throughout the Covered Trip. the Primary Cardholder is eligible to be insured under this Certificate as described above, even if the Primary Cardholder is not travelling; and the Additional Cardholder. is a resident of Canada; is covered by a Canadian provincial or territorial GHIP; and the Additional Cardholder. Note: The Spouse and children of an Additional Cardholder. Note: The Spouse and children of an Additional Cardholder. Note: The Spouse and children of an Additional Cardholder. Note: The Spouse and children of an Additional Cardholder. Note: The Spouse and children of an Additional Cardholder. Note: The Spouse and children of an Additional Cardholder. Note: The Spouse and children of an Additional Cardholder. Note: The Spouse and children of an Additional Cardholder. Note: The Spouse and children of an Additional Cardholder. Note: The Spouse and children of an Additional Cardholder. Note: The Spouse and children of an Additional Cardholder. Note: The Spouse and children of an Additional Cardholder. Note: The Spouse and children of an Additional Cardholder. Note: The Spouse and children of an Additional Cardholder. Note: The Spouse and children of an Additional Cardholder. Note: The Spouse and children of an Additional Cardholder. Note: The Spouse and children of an Additional Cardholder. Note: The Spouse and children of an Additional Cardholder. Note: The Spouse and children of an Additional Cardh			
 or territorial GHIP; and continues to meet the definition of Dependent Child. Exclusion: If a Dependent Child is born while the child's mother is outside of her province of residence, the Dependent Child will not be insured with respect to that trip. An Additional Cardholder is eligible to be insured under this Certificate is described above, even if the Primary Cardholder is not travelling; and the Additional Cardholder: is a resident of Canada; is covered by a Canadian provincial or territorial GHIP; and continues to meet the definition of Additional Cardholder: is a resident of Canada; is covered by a Canadian provincial or territorial GHIP; and continues to meet the definition of Additional Cardholder: is a resident of Canada; is covered by a Canadian provincial or territorial GHIP; and continues to meet the definition of Additional Cardholder are not automatically eligible for coverage under this Certificate unless they meet other eligibility requirements set out above (e.g. if the child of an Additional Cardholder is also the Dependent Child of the Primary Cardholder). Coverage after the Maximum Number of Covered Days: This Certificate does not offer any coverage after the end of the Maximum Number of Covered Days. If an Insured Person aged 65 or older is planning a trip that will last more than 4 days, the number of days that the trip will exceed the number of days that the trip will exceed the the child the trip will exceed the the the days, the the trip will exceed the number of days that the trip will exceed the the the trip will exceed the the child the trip will exceed the 			
 continues to meet the definition of Dependent Child. Exclusion: If a Dependent Child is born while the child's mother is outside of her province of residence, the Dependent Child will not be insured with respect to that trip. An Additional Cardholder is eligible to be insured under this Certificate if, throughout the Covered Trip: the Primary Cardholder is eligible to be insured under this Certificate as described above, even if the Primary Cardholder is not travelling; and the Additional Cardholder: is a resident of Canada; is covered by a Canadian provincial or territorial GHIP; and continues to meet the definition of Additional Cardholder: is a resident of Canada; is covered by a Canadian provincial or territorial Gradholder. is covered by a Canadian provincial or territorial GHIP; and covered by a Canadian provincial or territorial Gradholder. is covered by a Canadian provincial or territorial Gradholder. is covered by a Canadian provincial or territorial Gradholder. is covered by a Canadian provincial or territorial Gradholder. coverage after the definition of Additional Cardholder is also the Dependent Child of the Primary Cardholder is also the Dependent Child of the Primary Cardholder. This Certificate does not offer any coverage after the end of the Maximum Number of Covered Days. If an Insured Person G4 years of age and under is planning a trip that will last more than 31 days, or an Insured Person 65 years of age or older is planning a trip that will last more than 31 days, or an Insured Person 64 years of age and under is planning a trip that will last more than 31 days, or an Insured Person 64 years of age and under is planning a trip that will last more than 31 days, or an Insured Person 64 years of age and under is planning a trip that will last more than 31 days, or an Insured Person 65 years of age or older is planning a trip that will			
 Dependent Child. Exclusion: If a Dependent Child is born while the child's mother is outside of her province of residence, the Dependent Child will not be insured with respect to that trip. An Additional Cardholder is eligible to be insured under this Certificate is the Order this Certificate is eligible to be insured under this Certificate as described above, even if the Primary Cardholder: is a resident of Canada; is covered by a Canadian provincial or territorial GHIP; and continues to meet the definition of Additional Cardholder: is a resident of Canada; is covered by a Canadian provincial or territorial GHIP; and continues to meet the definition of Additional Cardholder is also the Dependent Child of an Additional Cardholder is also the Dependent Child of an Additional Cardholder is also the Dependent Child of an Additional Cardholder is also the Dependent Child of an Additional Cardholder is also the Dependent Child of an Additional Cardholder is also the Dependent Child of an Additional Cardholder is also the Dependent Child of an Additional Cardholder is also the Dependent Child of an Additional Cardholder is also the Dependent Child of the Primary Cardholder is the will alst more of Covered Days: This Certificate does not offer any covered Days: if an Insured Person under age 65 is planning a trip that will last more than 4 days, the insured Person 64 years of age and under is planning a trip that will last more than a days, the insured Person 65 years of age aprate insurance for the numet of days the trip will exceed the numet of days the trip will exceed the 			
 Exclusion: If a Dependent Child is born while the child's mother is outside of her province of residence, the Dependent Child will not be insured with respect to that trip. An Additional Cardholder is eligible to be insured with respect to that trip. An Additional Cardholder is eligible to be insured under this Certificate if, throughout the Covered Trip: the Primary Cardholder is eligible to be insured under this Certificate as described above, even if the Primary Cardholder is eligible to be insured under this Certificate as described above, even if the Primary Cardholder: is a resident of Canada; is covered by a Canadian provincial or territorial GHIP; and continues to meet the definition of Additional Cardholder are not automatically eligible for coverage under this Certificate unless they meet other eligibility requirements set out above (e.g. if the child of an Additional Cardholder is also the Dependent Child of the Primary Cardholder is also the Dependent Child of the Primary Cardholder is also the Dependent Child of the Primary Cardholder. Coverage after the Maximum Number of Covered Days: This Certificate does not offer any coverage after the end of the Maximum Number of Covered Days: This Certificate does not offer any coverage after the end of the Maximum Number of Covered Days: If an Insured Person under age 65 is planning a trip that will last more than 31 days, or an Insured Person may want to purchase separate insurance for the number of days that the trip will exceed the 			
 born while the child's mother is outside of her province or territory of residence, the Dependent Child will not be insured with respect to that trip. An Additional Cardholder is eligible to be insured under this Certificate is eligible to be insured under this Certificate as described above, even if the Primary Cardholder is not travelling; and the Additional Cardholder: is a resident of Canada; is covered by a Canadian provincial or territorial GHIP; and the Courred Days: This Certificate unless they meet other eligibility requirements set out above (e.g., if the child of an Additional Cardholder is also the Dependent Child of the Primary Cardholder). Coverage after the end of the Maximum Number of Covered Days: This Certificate does not offer any coverage after the end of the Maximum Number of Covered Days: This Certificate does not offer any coverage after the end of the Maximum Number of Covered Days: If an Insured Person age 65 is planning a trip that will last more than 31 days, or an Insured Person may want to purchase separate insurance for the number of days that the trip will exceed the 			
 outside of her province of residence, the Dependent Child will not be linsured with respect to that trip. An Additional Cardholder is eligible to be insured under this Certificate if, throughout the Covered Trip: the Primary Cardholder is eligible to be insured under this Certificate as described above, even if the Primary Cardholder is eligible to be insured under this Certificate as described above, even if the Primary Cardholder is eligible to be insured under this Certificate as described above, even if the Primary Cardholder is eligible to be insured under this Certificate as described above, even if the Primary Cardholder is eligible to be insured under this Certificate as described above, even if the Primary Cardholder. is a resident of Canada; is covered by a Canadian provincial or territorial GHIP; and continues to meet the definition of Additional Cardholder are not automatically eligible for coverage under the Cardholder are not automatically eligible for coverage under the Cardholder, are not eligible for coverage under the Cardholder, are not eligible for coverage under the Cardholder, salso the Dependent Child of the Primary Cardholder, Note: The Spouse and children of an Additional Cardholder, salso the Dependent Child of the Primary Cardholder, Coverage after the Maximum Number of Covered Days. This Certificate does not offer any coverage after the end of the Maximum Number of Covered Days. This Certificate does not offer any coverage after the end of the Maximum Number of Covered Days. If an Insured Person under age 65 is planning a trip that will last more than 31 days, or an Insured Person for person may aged 65 or older is planning a trip that will last more than 31 days, or an Insured Person may want to purchase separate insurance for the number of days that the trip will exceed the 			
 the Dependent Child will not be insured with respect to that trip. An Additional Cardholder is eligible to be insured under this Certificate if, throughout the Covered Trip: the Primary Cardholder is eligible to be insured under this Certificate as described above, even if the Primary Cardholder is not travelling; and the Additional Cardholder: is a resident of Canada; is covered by a Canadian provincial or territorial GHIP; and continues to meet the definition of Additional Cardholder are not automatically eligible for coverage under this Certificate unless they meet other eligibility requirements set out above (e.g. if the child of an Additional Cardholder is also the Dependent Child of the Primary Cardholder). Coverage after the Maximum Number of Covered Days: This Certificate does not offer any coverage after the end of the Maximum Number of Covered Days. If an Insured Person under age 65 is planning a trip that will last more than 31 days, or an Insured Person gaged 65 or older is planning a trip that will last more than 4 days, the 			
 insured with respect to that trip. An Additional Cardholder is eligible to be insured under this Certificate if, throughout the Covered Trip: the Primary Cardholder is eligible to be insured under this Certificate as described above, even if the Primary Cardholder is eligible to be insured under this Certificate as described above, even if the Primary Cardholder is eligible to be insured under this Certificate as described above, even if the Primary Cardholder: is a resident of Canada; is covered by a Canadian provincial or territorial GHIP; and continues to meet the definition of Additional Cardholder. is covered by a Canadian provincial or territorial GHIP; and continues to meet the definition of Additional Cardholder. is covered pigible for coverage under this Certificate unless they meet other eligibility requirements set out above (e.g. if the child of an Additional Cardholder is also the Dependent Child of the Primary Cardholder). Coverage after the end of the Maximum Number of Covered Days: This Certificate ones not offer any coverage after the end of the Maximum Number of Covered Days. If an Insured Person day erig banning a trip that will last more than 4 days, the that will last more than 4 days, the 			
 An Additional Cardholder is eligible to be insured under this Certificate if, throughout the Covered Trip: the Primary Cardholder is eligible to be insured under this Certificate as described above, even if the Primary Cardholder is eligible to be insured under this Certificate as described above, even if the Primary Cardholder is eligible to be insured under this Certificate as described above, even if the Primary Cardholder is eligible to be insured under this Certificate as described above, even if the Primary Cardholder is eligible to be insured under this Certificate as described above, even if the Primary Cardholder is eligible to be insured under this Certificate as described above, even if the Primary Cardholder is eligible to be insured under this Certificate as described above, even if the Primary Cardholder is eligible to be insured under this Certificate as described above, even if the Primary Cardholder is eligible to be insured under this Certificate as described above, even if the Primary Cardholder is eligible to be insured under this Certificate as described above, even if the Primary Cardholder is eligible to be insured under this Certificate as described above, even if the Primary Cardholder is eligible to be insured under this Certificate as described above, even if the Primary Cardholder is is covered under this Certificate unless they meet other eligibility requirements set out above (e.g. if the child of an Additional Cardholder is also the Dependent Child of the Primary Cardholder). Note: The Spouse and children of an Additional Cardholder is also the Dependent Child of the Primary Cardholder. Note: The Spouse and children of an Additional Cardholder. Note: The Spouse and children of an Additional Cardholder. Note: The Spouse and children of an Additional Cardholder. Note: The Spouse and children of an Additional Cardholder. Note: The Spouse and children of an Additional Cardholder. Note: The Spouse and chil			5
 be insured under this Certificate if, throughout the Covered Trip: the Primary Cardholder is eligible to be insured under this Certificate as described above, even if the Primary Cardholder is eligible to be insured under this Certificate as described above, even if the Primary Cardholder is not travelling; and the Additional Cardholder: is a resident of Canada; is covered by a Canadian provincial or territorial GHIP; and continues to meet the definition of Additional Cardholder. Note: The Spouse and children of an Additional Cardholder are not automatically eligible for coverage under this Certificate unless they meet other eligibility requirements set out above (e.g., if the child of an Additional Cardholder). Coverage after the Maximum Number of Covered Days: This Certificate does not offer any coverage after the end of the Maximum Number of Covered Days: If an Insured Person under age 65 is planning a trip that will last more than 31 days, or an Insured Person aged 65 or older is planning a trip that will last more than 4 days, the Insured Person may want to purchase separate insurance for the number of days that the trip will exceed the 			
 throughout the Covered Trip: the Primary Cardholder is eligible to be insured under this Certificate as described above, even if the Primary Cardholder is not travelling; and the Additional Cardholder: is a resident of Canada; is covered by a Canadian provincial or territorial GHIP; and continues to meet the definition of Additional Cardholder. is covered by a Canadian provincial or territorial GHIP; and continues to meet the definition of Additional Cardholder. is covered by a Canadian provincial or territorial GHIP; and continues to meet the definition of Additional Cardholder. is covered under a <i>GHIP</i> or a valid health care plan in Canada for members of the Canadian Armed Forces; and continues to meet the definition of Additional Cardholder are not automatically eligible for coverage under this Certificate unless they meet other eligibility requirements set out above (e.g., if the child of an Additional Cardholder is also the Dependent Child of the Primary Cardholder). Coverage after the Maximum Number of Covered Days: This Certificate does not offer any coverage after the end of the Maximum Number of Covered Days: If an Insured Person d5 years of age and under is planning a trip that will last more than 31 days, or an Insured Person 65 years of age or older is planning a trip that will last more than 4 days, the 			
 the Primary Cardholder is eligible to be insured under this Certificate as described above, even if the Primary Cardholder is not travelling; and the Additional Cardholder: is a resident of Canada; is covered by a Canadian provincial or territorial GHIP; and continues to meet the definition of Additional Cardholder. note: The Spouse and children of an Additional Cardholder are not automatically eligible for coverage under this Certificate unless they meet other eligibility requirements set out above (e.g., if the child of an Additional Cardholder is also the Dependent Child of the Primary Cardholder). Coverage after the Maximum Number of Covered Days: This Certificate does not offer any coverage after the end of the Maximum Number of Covered Days. if an Insured Person under age 65 is planning a trip that will last more than 31 days, or an Insured Person age of older is planning a trip that will last more than 4 days, the that will last more than 4 days, the 			
 be insured under this Certificate as described above, even if the Primary Cardholder is not travelling; and the Additional Cardholder: is a resident of Canada; is covered by a Canadian provincial or territorial GHIP; and continues to meet the definition of Additional Cardholder. to continues to meet the definition of Additional Cardholder are not automatically eligible for coverage under this Certificate unless they meet other eligibility requirements set out above (e.g., if the child of an Additional Cardholder is also the Dependent Child of the Primary Cardholder). Coverage after the Maximum Number of Covered Days: This Certificate does not offer any coverage after the end of the Maximum Number of Covered Days: This Certificate does not offer any coverage after the end of the Maximum Number of Covered Days: This Certificate does not offer any coverage after the end of the Maximum Number of Covered Days: This Certificate does not offer any coverage after the end of the Maximum Number of Covered Days: This Certificate does not offer any coverage after the end of the Maximum Number of Covered Days: If an Insured Person under age 65 is planning a trip that will last more than 31 days, or an Insured Person 65 years of age or older is planning a trip that will last more than 4 days, the Insured Person may want to purchase separate insurance for the number of days that the trip will exceed the 			
 described above, even if the Primary Cardholder is not travelling; and the Additional Cardholder: is a resident of Canada; is covered by a Canadian provincial or territorial GHIP; and continues to meet the definition of Additional Cardholder. is covered under a <i>GHIP</i> or a valid health care plan in Canada for members of the Canadian Armed Forces; and continues to meet the definition of Additional Cardholder are not automatically eligible for coverage under this Certificate unless they meet other eligibility requirements set out above (e.g. if the child of an Additional Cardholder is also the Dependent Child of the Primary Cardholder). Coverage after the Maximum Number of Covered Days: This Certificate does not offer any coverage after the Maximum Number of Covered Days: This Certificate does not offer any coverage after the and of the Maximum Number of Covered Days. If an Insured Person under age 65 is planning a trip that will last more than 31 days, or an Insured Person aged 65 or older is planning a trip that will last more than 4 days, the 			
 Cardholder is not travelling; and the Additional Cardholder: is a resident of Canada; is covered by a Canadian provincial or territorial GHIP; and continues to meet the definition of Additional Cardholder. Note: The Spouse and children of an Additional Cardholder are not automatically eligible for coverage under this Certificate unless they meet other eligibility requirements set out above (e.g., if the child of an Additional Cardholder is also the Dependent Child of the Primary Cardholder). Coverage after the Maximum Number of Coverade Days: This Certificate does not offer any coverage after the Maximum Number of Covered Days: This Certificate does not offer any coverage after the and of the Maximum Number of Covered Days. If an Insured Person under age 65 is planning a trip that will last more than 31 days, or an Insured Person age 65 or older is planning a trip that will last more than 4 days, the 			
 the Additional Cardholder: is a resident of Canada; is covered by a Canadian provincial or territorial GHIP; and continues to meet the definition of Additional Cardholder. Note: The Spouse and children of an Additional Cardholder are not automatically eligible for coverage under this Certificate unless they meet other eligibility requirements set out above (e.g. if the child of an Additional Cardholder is also the Dependent Child of the Primary Cardholder). Coverage after the Maximum Number of Covered Days: This Certificate does not offer any coverage after the end of the Maximum Number of Covered Days. If an Insured Person under age 65 is planning a trip that will last more than 31 days, or an Insured Person aged 65 or older is planning a trip that will last more than 4 days, the the Additional Cardholder: is a resident of Canada; is a resident of Canada; is covered under a <i>GHIP</i> or a valid health care plan in Canada for members of the Canadian Armed Forces; and continues to meet the definition of Additional Cardholder is also the Dependent Child of the Primary Cardholder). Coverage after the end of the Maximum Number of Covered Days. If an Insured Person under age 65 is planning a trip that will last more than 31 days, or an Insured Person fe years of age and under is planning a trip that will last more than 4 days, the <i>Insured Person</i> may want to purchase separate insurance for the number of days that the trip will exceed the 			
 is a resident of Canada; is covered by a Canadian provincial or territorial GHIP; and is continues to meet the definition of Additional Cardholder. Note: The Spouse and children of an Additional Cardholder are not automatically eligible for coverage under this Certificate unless they meet other eligibility requirements set out above (e.g. if the child of an Additional Cardholder is also the Dependent Child of the Primary Cardholder). Coverage after the Maximum Number of Covered Days: This Certificate does not offer any coverage after the end of the Maximum Number of Covered Days. If an Insured Person under age 65 is planning a trip that will last more than 31 days, or an Insured Person aged 65 or older is planning a trip that will last more than 4 days, the is a resident of Canada; is covered under a <i>GHIP</i> or a valid health care plan in Canada for members of the Canadian Armed Forces; and continues to meet the definition of additional Cardholder. Note: The Spouse and children of an Additional Cardholder are not eligible for coverage under this <i>Certificate</i> unless they meet other eligibility requirements set out above (e.g., if the child of an Additional Cardholder). Coverage after the Maximum Number of Covered Days. If an Insured Person 64 years of age and under is planning a trip that will last more than 31 days, or an Insured Person fof years of age or older is planning a trip that will last more than 4 days, the <i>Insured Person</i> for the number of days that the trip will exceed the 			
 is covered by a Canadian provincial or territorial GHIP; and continues to meet the definition of Additional Cardholder. Note: The Spouse and children of an Additional Cardholder are not automatically eligible for coverage under this Certificate unless they meet other eligibility requirements set out above (e.g., if the child of an Additional Cardholder). Coverage after the Maximum Number of Covered Days: This Certificate does not offer any coverage after the end of the Maximum Number of Covered Days: If an Insured Person under age 65 is planning a trip that will last more than 31 days, or an Insured Person aged 65 or older is planning a trip that will last more than 4 days, the 			
 or territorial GHIP; and continues to meet the definition of Additional Cardholder. Note: The Spouse and children of an Additional Cardholder are not automatically eligible for coverage under this Certificate unless they meet other eligibility requirements set out above (e.g. if the child of an Additional Cardholder is also the Dependent Child of the Primary Cardholder). Coverage after the Maximum Number of Covered Days: This Certificate does not offer any coverage after the end of the Maximum Number of Covered Days. If an Insured Person under age 65 is planning a trip that will last more than 31 days, or an Insured Person aged 65 or older is planning a trip that will last more than 4 days, the care plan in Canada for members of the Canadian Armed Forces; and continues to meet the definition of Additional Cardholder. Note: The Spouse and children of an Additional Cardholder are not eligibile for coverage under this Certificate unless they meet other eligibility requirements set out above (e.g., if the child of an Additional Cardholder is also the Dependent Child of the Primary Cardholder). Coverage after the Maximum Number of Covered Days: If an Insured Person nder age 65 is planning a trip that will last more than 31 days, or an Insured Person age or older is planning a trip that will last more than 4 days, the 			
 continues to meet the definition of Additional Cardholder. Note: The Spouse and children of an Additional Cardholder are not automatically eligible for coverage under this Certificate unless they meet other eligibility requirements set out above (e.g. if the child of an Additional Cardholder is also the Dependent Child of the Primary Cardholder). Coverage after the Maximum Number of Covered Days: This Certificate does not offer any coverage after the end of the Maximum Number of Covered Days. If an Insured Person under age 65 is planning a trip that will last more than 31 days, or an Insured Person aged 65 or older is planning a trip that will last more than 4 days, the Continues to meet the definition of Additional Cardholder. Note: The Spouse and children of an Additional Cardholder are not eligibile for coverage under this Certificate unless they meet other eligibility requirements set out above (e.g., if the child of an Additional Cardholder is also the Dependent Child of the Primary Cardholder). Coverage after the Maximum Number of Covered Days: If an Insured Person under age 65 is planning a trip that will last more than 31 days, or an Insured Person aged 65 or older is planning a trip that will last more than 4 days, the 			
 Additional Cardholder. Note: The Spouse and children of an Additional Cardholder are not automatically eligible for coverage under this Certificate unless they meet other eligibility requirements set out above (e.g., if the child of an Additional Cardholder is also the Dependent Child of the Primary Cardholder). Coverage after the Maximum Number of Covered Days: This Certificate does not offer any coverage after the end of the Maximum Number of Covered Days: If an Insured Person under age 65 is planning a trip that will last more than 31 days, or an Insured Person aged 65 or older is planning a trip that will last more than 4 days, the coverage sheart the trip will exceed the number of days that the trip will exceed the 			
 Note: The Spouse and children of an Additional Cardholder are not automatically eligible for coverage under this Certificate unless they meet other eligibility requirements set out above (e.g. if the child of an Additional Cardholder is also the Dependent Child of the Primary Cardholder). Coverage after the Maximum Number of Covered Days: This Certificate does not offer any coverage after the end of the Maximum Number of Covered Days. If an Insured Person under age 65 is planning a trip that will last more than 31 days, or an Insured Person aged 65 or older is planning a trip that will last more than 4 days, the Cardholder. Note: The Spouse and children of an Additional Cardholder are not eligible for coverage under this Certificate unless they meet other eligibility requirements set out above (e.g., if the child of an Additional Cardholder). Coverage after the Maximum Number of Covered Days: This Certificate does not offer any coverage after the end of the Maximum Number of Covered Days. If an Insured Person age 65 is planning a trip that will last more than 31 days, or an Insured Person age of older is planning a trip that will last more than 4 days, the Insured Person may 			
 Additional Cardholder are not automatically eligible for coverage under this Certificate unless they meet other eligibility requirements set out above (e.g., if the child of an Additional Cardholder is also the Dependent Child of the Primary Cardholder). Coverage after the Maximum Number of Covered Days: This Certificate does not offer any coverage after the end of the Maximum Number of Covered Days. If an Insured Person under age 65 is planning a trip that will last more than 31 days, or an Insured Person aged 65 or older is planning a trip that will last more than will last more than will last more than 4 days, the Note: The Spouse and children of an Additional Cardholder are not eligible for coverage under this Certificate unless they meet other eligibility requirements set out above (e.g., if the child of an Additional Cardholder is also the Dependent Child of the Primary Cardholder). Coverage after the Maximum Number of Covered Days. If an Insured Person under age 65 is planning a trip that will last more than 4 days, the Insured Person may want to purchase separate insurance for the number of days that the trip will exceed the 			
 automatically eligible for coverage under this Certificate unless they meet other eligibility requirements set out above (e.g. if the child of an Additional Cardholder is also the Dependent Child of the Primary Cardholder). Coverage after the Maximum Number of Covered Days: This Certificate does not offer any coverage after the end of the Maximum Number of Covered Days. If an Insured Person under age 65 is planning a trip that will last more than 31 days, or an Insured Person aged 65 or older is planning a trip that will last more than 4 days, the Cardholder are not eligible for coverage under this Certificate unless they meet other eligibility requirements set out above (e.g., if the child of an Additional Cardholder is also the Dependent Child of the Primary Cardholder). Coverage after the Maximum Number of Covered Days: This Certificate does not offer any coverage after the end of the Maximum Number of Covered Days. If an Insured Person under age 65 is planning a trip that will last more than 31 days, or an Insured Person aged 65 or older is planning a trip that will last more than 4 days, the 			
 under this Certificate unless they meet other eligibility requirements set out above (e.g., if the child of an Additional Cardholder is also the Dependent Child of the Primary Cardholder). Coverage after the Maximum Number of Covered Days: This Certificate does not offer any coverage after the end of the Maximum Number of Covered Days. If an Insured Person under age 65 is planning a trip that will last more than 31 days, or an Insured Person aged 65 or older is planning a trip that will last more than 4 days, the this Certificate unless they meet other eligibility requirements set out above (e.g., if the child of an Additional Cardholder is also the Dependent Child of the Primary Cardholder). Coverage after the Maximum Number of Covered Days: This Certificate does not offer any coverage after the end of the Maximum Number of Covered Days. If an Insured Person under age 65 is planning a trip that will last more than 31 days, or an Insured Person aged 65 or older is planning a trip that will last more than 4 days, the 			
 meet other eligibility requirements set out above (e.g. if the child of an Additional Cardholder is also the Dependent Child of the Primary Cardholder). Coverage after the Maximum Number of Covered Days: This Certificate does not offer any coverage after the end of the Maximum Number of Covered Days. If an Insured Person under age 65 is planning a trip that will last more than 31 days, or an Insured Person aged 65 or older is planning a trip that will last more than 4 days, the requirements set out above (e.g., if the child of an Additional Cardholder is also the Dependent Child of the Primary Cardholder). Coverage after the Maximum Number of Covered Days: This Certificate does not offer any coverage after the end of the Maximum Number of Covered Days. If an Insured Person under age 65 is planning a trip that will last more than 31 days, or an Insured Person aged 65 or older is planning a trip that will last more than 4 days, the If an Insured Person may want to purchase separate insurance for the number of days that the trip will exceed the 			
 out above (e.g. if the child of an Additional Cardholder is also the Dependent Child of the Primary Cardholder). Coverage after the Maximum Number of Covered Days: This Certificate does not offer any coverage after the end of the Maximum Number of Covered Days. If an Insured Person under age 65 is planning a trip that will last more than 31 days, or an Insured Person aged 65 or older is planning a trip that will last more than 4 days, the an Additional Cardholder is also the Dependent Child of the Primary Cardholder). Coverage after the Maximum Number of Covered Days: This Certificate does not offer any coverage after the end of the Maximum Number of Covered Days. If an Insured Person under age 65 is planning a trip that will last more than 31 days, or an Insured Person aged 65 or older is planning a trip that will last more than 4 days, the an Additional Cardholder is also the Dependent Child of the Primary Cardholder). Coverage after the Maximum Number of Covered Days: This Certificate does not offer any coverage after the end of the Maximum Number of Covered Days. If an Insured Person under age 65 is planning a trip that will last more than 31 days, or an Insured Person aged 65 or older is planning a trip that will last more than 4 days, the 			
 Additional Cardholder is also the Dependent Child of the Primary Cardholder). Coverage after the Maximum Number of Covered Days: This Certificate does not offer any coverage after the end of the Maximum Number of Covered Days. If an Insured Person under age 65 is planning a trip that will last more than 31 days, or an Insured Person aged 65 or older is planning a trip that will last more than 4 days, the Child of the Primary Cardholder). Coverage after the Maximum Number of Covered Days: This Certificate does not offer any coverage after the end of the Maximum Number of Covered Days. If an Insured Person under age 65 is planning a trip that will last more than 31 days, or an Insured Person aged 65 or older is planning a trip that will last more than 4 days, the Child of the Primary Cardholder). Coverage after the Maximum Number of Covered Days: This Certificate does not offer any coverage after the end of the Maximum Number of Covered Days. If an Insured Person under age 65 is planning a trip that will last more than 31 days, or an Insured Person aged 65 or older is planning a trip Want to purchase separate insurance for the number of days that the trip will exceed the 			
 Dependent Child of the Primary Cardholder). Coverage after the Maximum Number of Covered Days: This Certificate does not offer any coverage after the end of the Maximum Number of Covered Days. If an Insured Person under age 65 is planning a trip that will last more than 31 days, or an Insured Person aged 65 or older is planning a trip that will last more than 4 days, the Coverage after the Maximum Number of Covered Days: This Certificate does not offer any coverage after the end of the Maximum Number of Covered Days. If an Insured Person under age 65 is planning a trip that will last more than 31 days, or an Insured Person aged 65 or older is planning a trip that will last more than 4 days, the Coverage after the Maximum Number of Covered Days: If an Insured Person 64 years of age and under is planning a trip that will last more than 4 days, the Insured Person may want to purchase separate insurance for the number of days that the trip will exceed the 			
 Cardholder). Coverage after the Maximum Number of Covered Days: This Certificate does not offer any coverage after the end of the Maximum Number of Covered Days. If an Insured Person under age 65 is planning a trip that will last more than 31 days, or an Insured Person aged 65 or older is planning a trip that will last more than 4 days, the Covered Days: This Certificate does not offer any coverage after the end of the Maximum Number of Covered Days. If an Insured Person under age 65 is planning a trip that will last more than 31 days, or an Insured Person aged 65 or older is planning a trip that will last more than 4 days, the 		Additional Cardholder is also the	
 Cardholder). Coverage after the Maximum Number of Covered Days: This Certificate does not offer any coverage after the end of the Maximum Number of Covered Days. If an Insured Person under age 65 is planning a trip that will last more than 31 days, or an Insured Person aged 65 or older is planning a trip that will last more than 4 days, the Covered Days: This Certificate does not offer any coverage after the end of the Maximum Number of Covered Days. If an Insured Person under age 65 is planning a trip that will last more than 31 days, or an Insured Person aged 65 or older is planning a trip that will last more than 4 days, the 		Dependent Child of the Primary	Coverage after the Maximum Number of
 Coverage after the Maximum Number of Covered Days: This Certificate does not offer any coverage after the end of the Maximum Number of Covered Days. If an Insured Person under age 65 is planning a trip that will last more than 31 days, or an Insured Person aged 65 or older is planning a trip that will last more than 4 days, the This Certificate does not offer any coverage after the end of the Maximum Number of Covered Days. If an Insured Person under age 65 is planning a trip that will last more than 31 days, or an Insured Person aged 65 or older is planning a trip that will last more than 4 days, the This Certificate does not offer any coverage after the end of the Maximum Number of Covered Days. If an Insured Person 65 years of age or older is planning a trip that will last more than 4 days, the Insured Person may want to purchase separate insurance for the number of days that the trip will exceed the 			•
 of Covered Days: This Certificate does not offer any coverage after the end of the Maximum Number of Covered Days. If an Insured Person under age 65 is planning a trip that will last more than 31 days, or an Insured Person aged 65 or older is planning a trip that will last more than 4 days, the after the end of the Maximum Number of Covered Days. If an Insured Person under age 65 is planning a trip that will last more than 31 days, or an Insured Person aged 65 or older is planning a trip that will last more than 4 days, the 			
 This Certificate does not offer any coverage after the end of the Maximum Number of Covered Days. If an Insured Person under age 65 is planning a trip that will last more than 31 days, or an Insured Person aged 65 or older is planning a trip that will last more than 4 days, the Covered Days. If an Insured Person 64 years of age and under is planning a trip that will last more than 31 days, or an Insured Person aged 65 or older is planning a trip that will last more than 4 days, the 			
 coverage after the end of the Maximum Number of Covered Days. If an Insured Person under age 65 is planning a trip that will last more than 31 days, or an Insured Person aged 65 or older is planning a trip that will last more than 4 days, the If an Insured Person 64 years of age and under is planning a trip that will last more than 31 days, or an Insured Person age or older is planning a trip that will last more than 4 days, the If an Insured Person 64 years of age and under is planning a trip that will last more than 31 days, or an Insured Person age or older is planning a trip want to purchase separate insurance for the number of days that the trip will exceed the 		•	
 Maximum Number of Covered Days. If an Insured Person under age 65 is planning a trip that will last more than 31 days, or an Insured Person aged 65 or older is planning a trip that will last more than 4 days, the under is planning a trip that will last more than 31 days, or an <i>Insured Person</i> 65 years of age or older is planning a trip that will last more than 4 days, the <i>Insured Person</i> may want to purchase separate insurance for the number of days that the trip will exceed the 			
 If an Insured Person under age 65 is planning a trip that will last more than 31 days, or an Insured Person aged 65 or older is planning a trip that will last more than 4 days, the 31 days, or an Insured Person 65 years of age or older is planning a trip more than 4 days, the Insured Person may want to purchase separate insurance for the number of days that the trip will exceed the 			
is planning a trip that will last more than 31 days, or an Insured Person aged 65 or older is planning a trip that will last more than 4 days, the age or older is planning a trip that will last more than 4 days, the <i>Insured Person</i> may want to purchase separate insurance for the number of days that the trip will exceed the			
than 31 days, or an Insured Person aged 65 or older is planning a trip that will last more than 4 days, themore than 4 days, the Insured Person may want to purchase separate insurance for the number of days that the trip will exceed the			
aged 65 or older is planning a trip that will last more than 4 days, thewant to purchase separate insurance for the number of days that the trip will exceed the			
that will last more than 4 days, the number of days that the trip will exceed the			
Insured reison may want to wiaximum rumber of Covered Days.			
		moureu r erouri may want tu	waximum wumber or covered Days.

	Changes to your Certificate of Insurar	nce, as of March 24, 2022
Benefit	Before	After
	 purchase separate insurance for the number of days that the trip will exceed the Maximum Number of Covered Days. Coverage may be available under a different TD Life group policy. Different terms and conditions will apply and, depending on the Insured Person's age and the length of their trip, the Insured Person may be required to provide information about their health. Call TD Life prior to Your departure date at 1-866-374-1129 for more information or if You would like to obtain a quote. 	• Coverage may be available under a different TD Life group policy. Different terms and conditions will apply and, depending on the <i>Insured Person's</i> age and the length of their trip, the <i>Insured Person</i> may be required to provide information about their health. Call <i>Our Administrator</i> at 1-866-374-1129 prior to <i>Your Departure Date</i> for more information or if <i>You</i> would like to obtain a quote.
Travel Medical Insurance	SECTION 4 – WHEN COVERAGE TERMINATES Coverage for the <i>Primary Cardholder</i> under this <i>Certificate</i> will terminate on the earliest of the following dates: • the date the <i>Account</i> is cancelled, closed or otherwise ceases to be in <i>Good</i> <i>Standing</i> ; • the date <i>You</i> cease to be eligible for coverage; and • the date the Group Policy terminates. Coverage for an <i>Insured Person</i> other than the <i>Primary Cardholder</i> under this <i>Certificate</i> will terminate on the earliest of the following dates: • the date coverage terminates for the Primary Cardholder; and • the date the <i>Insured</i> <i>Person</i> ceases to be eligible for coverage. No benefits will be paid under this <i>Certificate</i> for losses incurred after coverage has terminated.	 Section 7 – How to Become Insured or Extend Coverage When Your Coverage Terminates: Coverage for the Primary Cardholder under this Certificate will terminate on the earliest of the following dates: the date the Account is cancelled, closed or otherwise ceases to be in Good Standing; the date You cease to be eligible for coverage; or the date the Group Policy terminates. Coverage for an Insured Person other than the Primary Cardholder under this Certificate will terminate on the earliest of the following dates: the date coverage terminates for the Primary Cardholder, or the date the Insured Person ceases to be eligible for coverage. No benefits will be paid under this Certificate for losses incurred after coverage has terminated.

	Changes to your Certificate of Insura	nce, as of March 24, 2022
Benefit	Before	After
Benefit Travel Medical Insurance		After Section 7 – How to Become Insured or Extend Coverage How to Become Insured You will have coverage if You meet the Eligibility Requirements for insurance described under Section 3 – "Eligibility". When does Coverage Start and End When Your Coverage Period Starts: The Coverage Period begins on the Insured Person's Departure Date for their Covered Trip. Note: If the Insured Person's trip is longer than the Maximum Number of Covered Days (31 consecutive days for Insured Persons 64 years of age and under, and 4 consecutive days for Insured Persons 65 years of age or older), then only a Medical Emergency occurring within the first Maximum Number of Covered Days following the departure from the Insured Person's province or territory of residence will be eligible for coverage. The day of departure counts as a full day for this purpose. When Your Coverage Period Ends: Your Coverage Period ends on the earliest of the following: • the date the Insured Person returns to their province/territory of residence from the Covered Trip; or • the end of the Maximum Number of Covered Days for that Insured Person (except as described in the Automatic Extension of Coverage section); or • the date the Group Policy terminates. Automatic Extension of Coverage If an Insured Person is suffering from a Medical Emergency at the end of the Maximum Number of Covered Days for that Insured Person (the "Termination Date"), then the Coverage Period is automatically extended to 72 hours following the end of the Medical Emergency: • for any other Insured Person; and <
	 However, if an Insured Person is suffering from a Medical Emergency at the end of the Maximum Number of Covered Days for that Insured Person (the "Termination Date"), then the Coverage Period: for that Insured Person; and for any other Insured Person if Our Administrator has approved a Travelling Companion Benefit for that 	 the end of the Maximum Number of Covered Days for that Insured Person (except as described in the Automatic Extension of Coverage section); or the date the Group Policy terminates. Automatic Extension of Coverage If an Insured Person is suffering from a Medical Emergency at the end of the Maximum Number of Covered Days for that Insured Person (the
	• That other Insured Person was insured under this Certificate with respect to the Covered Trip at the Termination Date is automatically extended to 72 hours following the end of the Medical Emergency. However, under no circumstances will coverage continue after	 is automatically extended to 72 hours following the end of the <i>Medical Emergency</i>: for that <i>Insured Person</i>; and for any other <i>Insured Person</i> if: <i>Our Administrator</i> has approved a <i>Travelling</i> <i>Companion Benefit</i> for that other <i>Insured</i> <i>Person</i>; and that other <i>Insured Person</i> was insured under this <i>Certificate</i> with respect to the
		continue after termination of the Group Policy or the Account. How to Top Up the Coverage Period You can apply to top up the Coverage Period by contacting Our Administrator. Coverage may be available under a different TD Life group policy. Different terms and conditions will apply and, depending on the Insured Person's age and the length of their trip, the Insured Person may be required to provide information about their health. Call Our Administrator at 1-866-374-1129 prior to Your Departure Date for more information or if You would like to obtain a quote.

Travel Medical Section 5 - Description of Insurance Insurance EMERGENCY MEDICAL Coverage Travel Medical Emergency Coverage Travel Medical Emergency concenter provide Insurance We will pay a Medical Emergency during the Coverage Provid or a Coverage Provid or a Coverage Provide or a Coverage Provide or a Coverage Provide or a Coverage Provider or a Coverage Provider or a Coverage Provider or a Coverage Provider or a Scored Trip. Emergency Expenses, less all amounts payable or reimbursable under a CHIP or any group or individual health plans or insurance policies. Eligible Medical Emergency Expenses Eligible Medical Emergency Expenses Provisition bulks; Private dury nursing: - up to SS.000 for: - Services performed by a registered narse: including - medically necessary nursing: - Diagnostic tests, laboratory tests and X-rays which are: - computerized axial tomography (CAT) scans: - Diagnostic tests, laboratory tests and X-rays which are: - withinistrator if the tests involve: - Diagnostic services: - withinistrator if the tests involve: - Diagnostic services for mergency and by a registered nurse: including medically necessary nursing supplice: - withinistrator if the tests involve: - Diagnostic procedures including angioplasty: - withinistrator if the tests involve: - Diagnostic procedures including angioplasty: <td< th=""><th>_</th><th></th><th>-</th></td<>	_		-
 EMERGENCY MEDICAL INSURANCE We will pay a Medical Emergency coverage provides Medical Emergency during the Amergency Medical Emergency coverage provides benefits to travellers in emergency medical Emergency Developed Period for a Covered Trp. Emergency Medical Benefit means, subject to the Maximum Benefit Payable described in section 1, the Usual, Customary and Reasonable Charges for Eligible Medical Emergency Expenses, less all amounts payable or reimbursable under a GHIP or any group or individual health plans or insurance policies. Eligible Medical Emergency Expenses, all amounts payable or reimbursable under a GHIP or any group or individual health plans or insurance policies. Eligible Medical Emergency Expenses, essilia accommodation; • prosched edup his; • prosense performed by a registered nurse; including • proteched for flag. • Diagnostic services: • prescribed by the treating Physician; and • approved in advance by Our Administrator accident of the Advance by Our Administrator if the tests involve: • magnetic resonance imaging (MRI); • oharges for diagnostic tests, laboratory tests and X-rays which are: • harges for diagnostic tests, laboratory tests and X-rays which are: • oharges for diagnostic tests, laboratory tests and X-rays which are: • oharges for diagnostic procedures including angioplasty; • Antuliance: • oharges for diagnostic procedures including angioplasty; • Antuliance: • oharges for emergency atmutuse of any other mergency atmutuse of any other mergency atmutuse the tests involve: • oharges for emergency atmutuse of any other mergency at	Insurance	INSURANCE COVERS –	
 INSURANCE We will pay a Medical Emergency medical studions outside of Your provincetering of medical Emergency medical studions outside of Your provincetering of residence. We will pay a Medical Emergency and Medical Emergency during the Coverage Period on a Subject to the Maximum Benefit Payable described in section 1, the Usual, Customary and Reasonable Charges for Eligible Medical Emergency Expenses, less all amounts payable or reimbursable charges for Eligible Medical Emergency Expenses, less all amounts payable or reimbursable charges for Eligible Medical Emergency Expenses, less all amounts payable or reimbursable under a GHIP or any group or individual fleating regency Expenses, less all amounts payable or reimbursable under a GHIP or any group or individual fleating regency Expenses, less all amounts payable or reimbursable under a GHIP or any group or individual fleating regency Expenses, less all amounts payable or reimbursable under a GHIP or any group or individual fleating regency and Reasonable Charges for Eligible Medical Emergency Expenses, less all amounts payable or reimbursable under a GHIP or any group or individual fleating regency and regured and avance by Our Administrator. • Diagnostic services: • Charges for diagnostic tests, laboratory tests and X-rays. when argument of prescription fung service; and the insured Person's physical condition precludes the use of any other means of transportation; • Our Administrator makes the determination before the service is provided; • Our Administrator makes the determination for the service is provided; • Our Administrator makes the determination defore the service is provided; • Our Administrator makes the determination test the insured Person's physical condition precludes the use of any other means of transportation; • Our Administrator makes the determination test the service; and terregency Treatment ther insured Person's physical condition preciption das part of emergency			
 We will pay a Medical Emergency during the Analysis of Covered Try. Benefit is an Insured Person suffers a Medical Emergency Medical Emergency during the Coverage Period on a Covered Trp. Benefit Payable described in section 1, the Usual, Coustomary and Reasonable Charges for Eligible Medical Emergency Expenses, less all amounts payable or reimbursable under a GHIP or any group or individual health plans or insurance policies. Eligible Medical Emergency Expenses, less all accommodation; Physicians' bills; Physicians' and X-rays which are: Physician; and Ph			
 Benefit if an insured Person suffers a Medical Emergency Medical Energency Person suffers a Medical Emergency Medical Energency Expenses, less all amounts payable or reimbursable charges for Eligible Medical Emergency Expenses, less all amounts payable or reimbursable charges for Eligible Medical Emergency Expenses, less all amounts payable or reimbursable charges for Eligible Medical Emergency Expenses, less all amounts payable or reimbursable charges for Eligible Medical Emergency Expenses, less all amounts payable or reimbursable transport of the services for formed by a registered nuse: including • Private duty nursing: • Private duty nursing: • Private duty nursing: • Diagnostic services: • Ar Ambulance: • Arrambulance: • Arrambulance: • Arrambulance: • Arrambulance: • Arrambulance: • Prescriptions: • Prescriptio			
 Medical Emergency during the Govered Trp. Evereigency Medical Benefit means, subject to the Maximum Benefit Payable described in section 1, the Usual, Customary and Reasonable Charges for Eligible Medical Emergency Expenses, less all amounts payable or reimbursable under a GHIP or any group or individual health plans or insurance policies. Eligible Medical Emergency Expenses, less all amounts payable or reimbursable under a GHIP or any group or individual health plans or insurance policies. Eligible Medical Emergency Expenses means: • Noscians' bills; • Privacians' bills; • Privacians' bills; • Privacians' bills; • Privacians' bills; • Diagnostic services; • Prascribed by the treating Physician; and • approved in advance by Our Administrator if the tests involve: • energency and Reasonable company and Phase or insurance policies. Eligible Medical Emergency Expenses Biagnostic services; • Prascribed by the treating Physician; and • approved in advance by Our Administrator if the tests involve: • approved in davance by Our Administrator if the tests involve: • approved Hospital; • Arr Ambulance: • Array Muraking angloplasy; • Array Murinistrator makes the determination before the service; and mouth pre-guroves the service is provided; • Our Administrator arranges this service; and transportation; • Our Administrator arranges this service; and transportation; • Our Administrator arranges this service; and transportation; and transp			
 Coverage Period for a Covered Trip. Emergency enditis and insured Person suffers a Medical Emergency during the Coverage Period on a Covered Trip. Benefit Payable described in section the Usual, Customary and Resonable Charges for Eligible Medical Emergency Expenses, less at a mounts payable or reimbursable transport of the Stote of the section of the Stote of the section of the Stote of the			
Emergency Medical Benefit means, subject to the Maximum Benefit Payable described in section 1, the Usual. Customary and Reasonable Charges for Eligible Medical Emergency Expenses, less all amounts payable or reimbursable under a GHIP or any group or individual health plans or insurance policies. Eligible Medical Emergency Expenses nears • Hospital accommodation; • Physicians bills; • Physicians; • 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 test involve: • magnetic resonance imaging (MRI); • Computerized axial tomography (CAT) scans; • outrasounds; or • any invasive diagnostic procedures including angioplasty; • Ambulance: • Arages for emergency at mobulance only if: • Our Administrator pre-approves this service; and • Our Administrator pre-approves this service; • Prescriptions: •			
 subject to the Maximum Benefit Payable described in section 1, the Usual, Customary and Reasonable Charges for Eligible Medical Emergency Expenses, less all all amounts payable or reimbursable under a CHIP or any group or individual health plans or insurance policies. Eligible Medical Emergency Expenses, less all amounts payable or reimbursable under a CHIP or any group or individual health plans or insurance policies. Eligible Medical Emergency Expenses. Expenses means: Physicians' bills: Phrvate duty nursing: up to \$5,000 for: services performed by a registered nurse; including supples: Oblagnostic services: charges for diagnostic tests, charges for diagnostic tests, charges for diagnostic tests, charges for diagnostic procedures minduance: any invasive diagnostic procedures anproved Hospital, Air Ambulance: charges for diagnostic procedures anproved Hospital, Air Ambulance: charges for diagnostic procedures anproved Hospital, Our Administrator determines that the Insured Person's physical condition precludes th use of any other means of transportation; Our Administrator determines that the Insured Person's physical condition precludes the use of any other means of transportation; and Our Administrator greepropers this service; and Our Administrator greepropers 			
 Benefit Payable described in section the Usual, Customary and Reasonable Charges for Eligible Medical Emergency Expenses, less all amounts payable or reimbursable under a GHIP or any group or individual health plans or insurance policies. Eligible Medical Emergency: Expenses means: * Physicians bills; * Private duty nursing: * physicians bills; * Private duty nursing: * privatices for diagnostic tests, taboratory tests and X-rays which are: * charges for diagnostic tests, * breatise for diagnostic tests, * bragenese reaging (MRI); * computerized axial tomography (CAT) scans; * sonograms; * ultrasoundarco: * Ambulance: * Ambulance: * Andministrator for the tests involve: * magnetic resonance imaging (MRI); * charges for emergency ambulance service is to menest approved in advance by Our Administrator if the test involve: * magnetic resonance imaging (MRI); * charges for emergency ambulance approved in advance by Our Administrator if the insured Person's physical condition precludes the use of any other means of transportation; * Our Administrator pre-approves this service; and * Our Administrator makes the determination before the service is provided; and * Our Administrator makes the determination before the service is provided; and * Our Administrator pre-approves this service; and * Our Administrator makes the determination test proves this service; and<td></td><td></td><td></td>			
 Reasonable Charges for Eligible Medical Emergency Expenses, less all amounts payable or reimbursable under a GHIP or any group or individual health plans or insurance policies. Eligible Medical Emergency Expenses (eds) and the payable or reimbursable under a GHIP or any group or individual health plans or insurance policies. Eligible Medical Emergency Expenses (eds) and the payable or reimbursable under a GHIP or any group or individual health plans or insurance policies. Eligible Medical Emergency Expenses (eds) (ed			
 Medical Emergency Expenses, less all amounts payable or reimbursable under a GHIP or any group or individual health plans or insurance polices. Eligible Medical Emergency Expenses, less all amounts payable or reimbursable under a GHIP or any group or individual health plans or insurance polices. Eligible Medical Emergency Expenses. Ises all amounts payable or reimbursable under a GHIP or any group or individual health plans or insurance polices. Eligible Medical Emergency Expenses. Ises all amounts payable or reimbursable under a GHIP or any group or individual health plans or insurance polices. Eligible Medical Emergency Expenses. Ises all amounts payable or reimbursable under a GHIP or any group or individual health plans or insurance polices. Eligible Medical Emergency Expenses. Ises all amounts payable or reimbursable under a GHIP or any group or individual health plans or insurance polices. Eligible Medical Emergency Expenses. Ises all amounts payable or reimbursable under a GHIP or any group or individual health plans or insurance polices. Eligible Medical Emergency Expenses. Ises all amounts payable or reimbursable under a GHIP or any group or individual health plans or insurance polices. Eligible Medical Emergency Expenses. Ises all amounts payable or reimbursable. Eligible Medical Emergency Expenses. Ises and X-rays. When reating Physician; and approved in advance by Our Administrator. Prescribed by the treating Physician; and exproved in advance by Our Administrator if the tests involve: magnetic resonance imaging (MRI); ormputerized axial tomography (CAT) ascns; approved in advance by Our Administrator if the tests involve: charges for emergency arambulance any if: Our Administrator makes the determination before the service; is provided; Our Administrator reargens physical condition precludes the use of any other means of transportation; and etervice is provided;<td></td><td></td><td></td>			
 all amounts payable or reimbursable under a GHIP or any group or individual mealth plans or insurance policies. Eligible Medical Emergency Expenses, less all amounts payable or reimbursable under a GHIP or any group or individual health plans or insurance policies. Eligible Medical Emergency Expenses. Phospital accommodation; Phrysia (and purson); Phrysician; and approved in advance by Our Administrator if the tests involve: endarges for emergency ambulance aservices; including angioplasty; computerized axial tomography (ICAT) scans; entarges for emergency arbulance: charges for emergency arbulance aservice is provided; Aur Ambulance: charges for emergency arbulance aservice is provided; Aur Ambulance: charges for emergency arbulance aservice is provided; Aur Ambulance: charges for emergency arbulance aservice is provided; Aur Ambulance: charges for emergency arbulance aservice is provided; Aur Ambulance: charges for emergency arbulance aservice to the nearest approved Hospital; Aur Ambulance: charges for emergency arbulance aservice; is provided; Aur Ambulance: charges for emergency arbulance aservice; is provided; Aur Ambulance: charges for emergency arbulance aservice; is provided; Aur Ambulance: charges for emergency arbulance aservice; is provided; Aur Ambulance: charges for emergency arbulance aservice; is provided; Aur Ambulance: charges for emergency arbulance aservic			
 Amounts payable or reimbursable under a GHIP or any group or individual health plans or insurance policies. Eligible Medical Emergency Expenses, less all amounts payable or reimbursable under a GHIP or any group or individual health plans or insurance policies. Eligible Medical Emergency Expenses mean. Hospital accommodation; Private duty nursing: up to \$5,000 for: ervices performed by a registred nurse; including medically necessary nursing up to \$5,000 for: 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); oomputerized axial tomography (CAT) scans; any invasive diagnostic procedures including angioplasty; utrasounds; or any invasive diagnostic procedures including angioplasty; Ambulance: charges for emergency ambulance service to the nearest approved in ensoris charges for emergency ambulance services on the nearest approved in saytance; charges for emergency ambulance service to the nearest approved in saytatic enditing angioplasty; Armbulance: charges for emergency ambulance service to the nearest approved in advance by Our Administrator makes the determination before the service; and Our Administrator makes the determination before the service; is provided; Our Administrator pre-approves this service; and Our Administrator makes the determination and patent, erimbursement of prescription drugs that are required as part of mergency Treatment, Exclusion: Vitamins and patent, prescribed duting the Covered Trip and prescribed duting the Covered Trip and prescribed duting the Covered Trip and provided as part of emergency Tr			
 Junder a GHIP or any group or individual health plans or insurance policies. Eligible Medical Emergency Expenses means: Hospital accommodation; Physicians' bills; Private duty nursing: up to \$5,000 for; services performed by a registered nurse; including medically necessary nursing supplies; 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. Physician, and approved in advance by Our Administrator. Physician, and approved in advance by Our Administrator. Physician; and approved in advance by Our Administrator. prescribed by the treating Physician; and approved in advance by Our Administrator. CAT) scans; sonograms; ultrasounds; or ambulance: charges for emergency ambulance service; et to the nearest approved Hospital; Air Ambulance: charges for emergency ambulance service; is provided; Our Administrator determines that the Insured Person's physical condition precludes the use of any other means of transportation; Our Administrator arranges this service; Prescriptions: Prescriptio			
 Individual <			
 health plans or insurance policies. Eligible Medical Emergency Expenses means: Hospital accommodation; Physicians' bilis; Private duty nursing; up to \$5,000 for: services performed by a registered nurse; including upples; 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: mentic resonance imaging (MRI); computerized axial tomography (CAT) scans; sonograms; ultrasounds; or any invasive diagnostic procedures including angioplasty; Arrambulance: charges for emergency arbutances service to the nearest approved Hospital; Air Ambulance: charges for emergency air ambulance only if: Our Administrator pre-approves this service; and molecules the use of any other means of transportation; Our Administrator pre-approves this service; Prescriptions: Prescript			
 Eligible Medical Emergency Expenses means: Hospital accommodation; Physicians' bills; Orizagnostic services: Orizagnostic rests and X-rays which are: Orizagnostic of indexostic tests, laboratory tests and X-rays which are: Orescribed by the treating Physician; and approved in advance by Our Administrator. Private duty nursing: Orizagnostic of indexostic tests, laboratory tests and X-rays which are: Orescribed by the treating Physician; and approved in advance by Our Administrator. Private duty nursing: Orizagnostic cests, laboratory tests and X-rays, which are: Orescribed by the treating Physician; and approved in advance by Our Administrator. Private duty nursing: Orizagnostic cests, laboratory tests and X-rays, which are: Orescribed by the treating Physician; and approved in advance by Our Administrator. Orizagnostic cests, laboratory tests and X-rays, which are: orescribed by the treating Physician; and approved Hospital; Air Ambulance: Charges for emergency ambulance service: charges for emergency and and and and the service; and Our Administrator pre-approves this service; and Our Administrator arranges this service. Prescriptions: Prescri			
 Expenses means: Hospital accommodation; Physicians' bills; Private duty nursing; up to \$5,000 for; services performed by a registered nurse; including ungales; Diagnostic services; charges for diagnostic tests, laboratory tests and X-rays which are: prescribed by the treating Physician; when required as part of Treatment to a Medical Emergency and approved in advance by Our Administrator if the tests involve: magnetic resonance imaging (MRI); computerized axial tomography (CAT) scans; computerized axial tomography (CAT) scans; computerized axial tomography (CAT) scans; sonograms; ultrasounds; or any invasive diagnostic procedures including angioplasty; Anrobulance: charges for emergency air ambulance service; and the Insured Person's physical condition precludes the use of any other means of transportation; Our Administrator pre-approves this service; and Our Administrator pre-app			
 Hospital accommodation; Physicians' bills; Physician's bills; up to \$5,000 for: services performed by a registered nurse; including medically necessary nursing supplies; 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. Private duty nursing; Up to \$5,000 for: Private duty nursing; Up to \$5,000			
 Physicians' bills; Private duty nursing; up to \$5,000 for: services performed by a registered nurse; including medically necessary nursing supplies; Diagnostic services: charges for diagnostic tests, laboratory tests and X-rays which are: prescribed by the treating Physician; and approved in advance by Our Administrator if the tests involve: magnetic resonance imaging (MRI); computerized axial tomography (CAT) scans; sonograms; ultrasounds; or any invasive diagnostic procedures including angioplasty; Arabulance: charges for emergency and ambulance only if: Our Administrator if the tests involve: charges for emergency ambulance service to the nearest approved in before the service; and Our Administrator pre-approves this service; and Our Administrator arranges this service; and Our Administrator arranges this service; Prescription Drugs: eimbursement of prescription drugs that are required as part of Areating the test involve: Areating the test involve: magnetic resonance imaging (MRI); Our Administrator makes the determination before the service is provided; Our Administrator arranges this service; Prescription Drugs: eimbursement of prescription drugs that are required as part of Areatine that is: 			
 Private duty nursing: up to \$5,000 for: services performed by a registered nurse; including medically necessary nursing supplies; Diagnostic services: charges for diagnostic tests, laboratory tests and X-rays which are: prescribed by the treating Physician; and approved in advance by Our Administrator if the tests involve: magnetic resonance imaging (MRI); computerized axial tomography (CAT) scans; sonograms; ultrasounds; or approved din advance by Our Administrator if the tests involve: magnetic resonance imaging (MRI); computerized axial tomography (CAT) scans; sonograms; ultrasounds; or approved in advance by Our Administrator if the tests involve: magnetic resonance imaging (MRI); computerized axial tomography (CAT) scans; our Administrator determines that the Insured Person's physical condition precludes the use of any other means of transportation; Qur Administrator makes the determination before the service; and Qur Administrator arranges this service. Prescriptions: reimbursement of prescription drugs exclusion: vitamins and patent, that is: 			
 up to \$5,000 for: services performed by a registered nurse; including medically necessary nursing supplies; Diagnostic services: charges for diagnostic tests, laboratory tests and X-rays which are: prescribed by the treating Physician; and approved in advance by Our Administrator if the tests involve: magnetic resonance imaging (MRI); computerized axial tomography (CAT) scans; sonograms; ultrasounds; or any invasive diagnostic procedures including angioplasty; Armbulance: charges for emergency ambulance service to the nearest approved in advance by Our Administrator if the tests involve: magnetic resonance imaging (MRI); computerized axial tomography (CAT) scans; sonograms; ultrasounds; or any invasive diagnostic procedures including angioplasty; Armbulance: charges for emergency ambulance service to the nearest approved Hospital; Our Administrator arranges this service; and Our Administrator pre-approves this service; Prescriptions: Prescriptions: Prescriptions: Prescriptions: Prescriptions: Prescriptions: Prescriptions: Cusins vitamins and patent, for service and of greacription drugs and experimental drugs are excluded. Accidental Denta: Up to \$2,000 for dental Treatment that is: 			
 nurse; including medically necessary nursing supplies; Diagnostic services: charges for diagnostic tests, laboratory tests and X-rays which are: prescribed by the treating Physician; and approved in advance by Our Administrator if the tests involve: magnetic resonance imaging (MRI); computerized axial tomography (CAT) scans; sonograms; othrages for diagnostic procedures including angioplasty; Ambulance: charges for emergency ambulance service to the nearest approved Hospital; Air Ambulance: charges for emergency ambulance service for means of transportation; Our Administrator makes the determination before the service; and Our Administrator arranges this service; and Our Administrator arranges this service; and Cur Administrator arranges this service; and Cur Administrator arranges this service; and Our Administrator arranges this service; and Cur Administrator arranges this service; reimbursement of prescription drugs that are required as part of emergency Treatment; Exclusion: vitamins and patent, Acidental Datent, proprietary and experimental drugs are excluded. Acidental Datent, troprietary 		• up to \$5,000 for:	approved in advance by Our Administrator.
 medically necessary nursing supplies; Diagnostic services: charges for diagnostic tests, laboratory tests and X-rays which are: prescribed by the treating Physician; and approved in advance by Our Administrator if the tests involve: magnetic resonance imaging (MRI); computerized axial tomography (CAT) scans; sonograms; ultrasounds; or any invasive diagnostic procedures including angioplasty; Air Ambulance: charges for emergency and approved Hospital; Air Ambulance only if: Our Administrator reansor the hearset or energency arbulance service to the nearest approved Hospital; Air Ambulance: charges for emergency arbulance service is provided; Our Administrator makes the determination before the service; and Our Administrator arranges this service; Prescriptions: Prescriptions: Prescriptions: Prescriptions: Prescriptions: Curdaministrator arranges this service; Charges for emergency Treatment, Exclusion: vitamins and patent, of emergency Treatment; Exclusion: vitamins and patent, 			
 supplies; Diagnostic services: Ararges for diagnostic tests, laboratory tests and X-rays which are: prescribed by the treating Physician; and approved in advance by Our Administrator if the tests involve: magnetic resonance imaging (MRI); computerized axial tomography (CAT) scans; sonograms; ultrasounds; or any invasive diagnostic procedures including angioplasty; Ambulance: charges for emergency ambulance service to the nearest approved Hospital; Ari Ambulance: charges for emergency ari ambulance only if: Our Administrator ranges this service; and Our Administrator pre-approves this service; end Our Administrator pre-approves this service; is provided; Our Administrator arranges this service; Prescriptions: Prescriptions:			
 Diagnostic services: Charges for diagnostic tests, laboratory tests and X-rays which are: prescribed by the treating Physician; and approved in advance by Our Administrator if the tests involve: magnetic resonance imaging (MRI); computerized axial tomography (CAT) scans; sonograms; ultrasounds; or any invasive diagnostic procedures including angioplasty; Ambulance: charges for emergency ambulance service to the nearest approved to the nearest approved to py fit: Our Administrator determines that the Insured Person's physical condition precludes the use of any other means of transportation; Our Administrator makes the determination before the service; and Our Administrator pre-approves this service; and Our Administrator pre-approves this service; and Charges to emergency arranges this service; and Our Administrator pre-approves this service; and Our Administrator pre-approves this service; and Charges to emergency Treatment. Exclusion: Vitamins and patent, Proprietary Accidental Dentai: Up to \$2,000 for dental Treatment that is: 			
 charges for diagnostic tests, laboratory tests and X-rays which are: prescribed by the treating Physician; and approved in advance by Our Administrator if the tests involve: magnetic resonance imaging (MRI); computerized axial tomography (CAT) scans; sonograms; ultrasounds; or any invasive diagnostic procedures including angioplasty; Ambulance: charges for emergency ambulance service to the nearest approved Hospital; Air Ambulance: charges for emergency air ambulance only if: Our Administrator determines that the Insured Person's physical condition precludes the use of any other means of transportation; Our Administrator pre-approves this service; and Our Administrator pre-approves this service; and Our Administrator pre-approves this service; Prescriptions: reimbursement of prescription drugs that are required as part of emergency Treatment. Exclusion: vitamins and patent, Exclusion: vitamins and patent, 			
 Iaboratory tests and X-rays which are: prescribed by the treating Physician; and approved in advance by Our Administrator if the tests involve: magnetic resonance imaging (MRI); computerized axial tomography (CAT) scans; ultrasounds; or any invasive diagnostic procedures including angioplasty; Ambulance: charges for emergency ambulance service to the nearest approved Hospital; Air Ambulance: charges for emergency air ambulance only if: Our Administrator determines that the Insured Person's physical condition provided; and the nearest approved Hospital; Our Administrator makes the determination before the service; and Our Administrator pre-approves this service; and Charges for emergency arranges this service; and Our Administrator pre-approves this service; and Our Administrator pre-approves this service; and Our Administrator pre-approves this service is provided; and Our Administrator pre-approves this service; and Our Administrator pre-approves this service; and Our Administrator pre-approves this service; and Auratora the service is provided; and Our Administrator pre-approves this service; and Our Administrator pre-approves this service; and Auratora the service is provided; and Our Administrator pre-approves this service; and Our Administrator pre-approves this service; and Our Administrator pre-approves this service is provided; and Our Administrator			
 are: prescribed by the treating Physician; and approved in advance by Our Administrator if the tests involve: magnetic resonance imaging (MR); computerized axial tomography (CAT) scans; outrasounds; or any invasive diagnostic procedures including angioplasty; Ambulance: charges for emergency ambulance service to the nearest approved Hospital; Air Ambulance: charges for emergency air ambulance only if: Our Administrator determines that the Insured Person's physical condition precludes the use of any other means of transportation; Our Administrator makes the determination before the service; and Our Administrator pre-approves this service; Our Administrator pre-approves this service; Our Administrator pre-approves this service; and Our Administrator pre-approves this service; Prescription Drugs: reimbursement of prescription drugs that are required as part of emergency Treatment; Exclusion: vitamins and patent, 			
 prescribed by the treating Physician; and approved in advance by Our Administrator if the tests involve: magnetic resonance imaging (MRI); computerized axial tomography (CAT) scans; sonograms; ultrasounds; or any invasive diagnostic procedures including angioplasty; Ambulance: charges for emergency ambulance service to the nearest approved Hospital; charges for emergency air ambulance only if: Our Administrator determines that the Insured Person's physical condition precludes the use of any other means of transportation; Our Administrator makes the determination before the service; Our Administrator pre-approves this service; Prescriptions: reimbursement of prescription drugs that are required as part of emergency Treatment; Exclusion: vitamins and patent, An advance by Our Administrator arranges this service; Prescription Drugs: Cur Administrator arranges this service; the service is provided; the service; <l< td=""><td></td><td></td><td></td></l<>			
 Physician; and approved in advance by Our Administrator if the tests involve: magnetic resonance imaging (MRI); computerized axial tomography (CAT) scans; sonograms; ultrasounds; or any invasive diagnostic procedures including angioplasty; Ambulance: charges for emergency ambulance service to the nearest approved Hospital; Air Ambulance: charges for emergency ambulance service to the nearest approved Hospital; Our Administrator determines that the Insured Person's physical condition precludes the use of any other means of transportation; Our Administrator makes the determination before the service; and Our Administrator arranges this service; Prescriptions: Prescriptions: reimbursement of prescription drugs that are required as part of emergency Treatment; Exclusion: vitamins and patent, 			
 approved in advance by Our Administrator if the tests involve: magnetic resonance imaging (MRI); computerized axial tomography (CAT) scans; sonograms; ultrasounds; or any invasive diagnostic procedures including angioplasty; Ambulance: charges for emergency ambulance service to the nearest approved Hospital; Air Ambulance: charges for emergency air ambulance conly if: Our Administrator determines that the Insured Person's physical condition precludes the use of any other means of transportation; Our Administrator makes the determination before the service; and Our Administrator pre-approves this service; Prescriptions: reimbursement of prescription drugs that are required as part of emergency Treatment; Exclusion: vitamins and patent, approved in advance by Our Administrator mates Air Ambulance: charges for emergency air ambulance only if: Our Administrator ranges this service; and Our Administrator pre-approves this service; Prescriptions: reimbursement of prescription drugs that are required as part of emergency Treatment; Exclusion: vitamins and patent, 			
 magnetic resonance imaging (MRI); computerized axial tomography (CAT) scans; sonograms; ultrasounds; or any invasive diagnostic procedures including angioplasty; Ambulance: charges for emergency ambulance service to the nearest approved Hospital; Air Ambulance: charges for emergency air ambulance only if: Our Administrator determines that the Insured Person's physical condition precludes the use of any other means of transportation; Our Administrator makes the determination before the service; and Our Administrator pre-approves this service; and Our Administrator pre-approves this service; and Our Administrator pre-approves this service			
 computerized axial tomography (CAT) scans; sonograms; ultrasounds; or any invasive diagnostic procedures including angioplasty; Ambulance: charges for emergency ambulance service to the nearest approved Hospital; Air Ambulance: charges for emergency air ambulance only if: Our Administrator determines that the Insured Person's physical condition precludes the use of any other means of transportation; Our Administrator makes the determination before the service; and Our Administrator pre-approves this service; Our Administrator arranges this service; Our Administrator arranges this service; reimbursement of prescription drugs that are required as part of emergency Treatment; Exclusion: vitamins and patent, the tests involve: magnetic resonance imaging (MRI); computerized axial tomography (CAT) scans; sonograms; ultrasounds; or any invasive diagnostic procedures including angioplasty. Ambulance: charges for emergency air ambulance only if: Our Administrator makes the determination before the service; and Our Administrator arranges this service. Prescription Drugs: reimbursement of prescription drugs that are required as part of emergency Treatment; Exclusion: vitamins and patent, proprietary and experimental drugs are excluded. Accidental Denta: Up to \$2,000 for dental <i>Treatment</i> that is: 			 prescribed by the treating <i>Physician</i>; and
 (CAT) scans; sonograms; ultrasounds; or any invasive diagnostic procedures including angioplasty; Ambulance: charges for emergency ambulance service to the nearest approved Hospital; Air Ambulance: charges for emergency air ambulance only if: Our Administrator determines that the Insured Person's physical condition precludes the use of any other means of transportation; Our Administrator makes the determination before the service; and Our Administrator pre-approves this service; Our Administrator arranges this service; Prescriptions: reimbursement of prescription drugs that are required as part of emergency Treatment; Exclusion: vitamins and patent, Treatment that is: magnetic resonance imaging (MRI); computerized axial tomography (CAT) scans; sonograms; ultrasounds; or any invasive diagnostic procedures including angioplasty. 5. Ambulance: charges for emergency air ambulance service to the nearest approved <i>Hospital</i>. 6. Air Ambulance: charges for emergency air ambulance only if: Our Administrator makes the determination before the service; Prescription Strator arranges this service. 7. Prescription Drugs: reimbursement of prescription drugs that are required as part of emergency Treatment; Exclusion: vitamins and patent, proprietary and experimental drugs are excluded. Accidental Dental: Up to \$2,000 for dental Treatment that is: 			• approved in advance by Our Administrator if
 sonograms; ultrasounds; or any invasive diagnostic procedures including angioplasty; Ambulance: charges for emergency ambulance service to the nearest approved Hospital; Air Ambulance: charges for emergency air ambulance only if: Our Administrator determines that the Insured Person's physical condition precludes the use of any other means of transportation; Our Administrator makes the determination before the service; and Our Administrator arranges this service; Prescriptions: reimbursement of prescription drugs that are required as part of emergency Treatment; Exclusion: vitamins and patent, 			
 ultrasounds; or any invasive diagnostic procedures including angioplasty; Ambulance: charges for emergency ambulance service to the nearest approved Hospital; charges for emergency air ambulance only if: Our Administrator determines that the Insured Person's physical condition precludes the use of any other means of transportation; Our Administrator makes the determination before the service; and Our Administrator arranges this service; Prescriptions: reimbursement of prescription drugs that are required as part of emergency Treatment; Exclusion: vitamins and patent, ultrasounds; or any invasive diagnostic procedures including angioplasty. Ambulance: charges for emergency ambulance service to the nearest approved <i>Hospital</i>. Air Ambulance: charges for emergency air ambulance only if: Our Administrator makes the determination before the service; Prescriptions: reimbursement of prescription drugs that are required as part of emergency Treatment; Exclusion: vitamins and patent, 		. ,	
 any invasive diagnostic procedures including angioplasty; Ambulance: charges for emergency ambulance service to the nearest approved Hospital; charges for emergency air ambulance only if: Our Administrator determines that the Insured Person's physical condition precludes the use of any other means of transportation; Our Administrator makes the determination before the service; and Our Administrator pre-approves this service; and Our Administrator arranges this service; Prescriptions: reimbursement of prescription drugs that are required as part of emergency Treatment; Exclusion: vitamins and patent, Sonograms; ultrasounds; or any invasive diagnostic procedures including angioplasty. Ambulance: charges for emergency air ambulance only if: Our Administrator determines that the Insured Person's physical condition precludes the use of any other means of transportation; Our Administrator makes the determination before the service; and Our Administrator arranges this service; Prescriptions: reimbursement of prescription drugs that are required as part of emergency Treatment; Exclusion: vitamins and patent, 			
 including angioplasty; Ambulance: charges for emergency ambulance service to the nearest approved Hospital; Air Ambulance: charges for emergency air ambulance only if: Our Administrator determines that the Insured Person's physical condition precludes the use of any other means of transportation; Our Administrator makes the determination before the service is provided; Our Administrator pre-approves this service; and Our Administrator arranges this service; Prescriptions: Prescr			
 Ambulance: charges for emergency ambulance service to the nearest approved Hospital; Air Ambulance: charges for emergency air ambulance only if: Our Administrator determines that the Insured Person's physical condition precludes the use of any other means of transportation; Our Administrator makes the determination before the service; and Our Administrator pre-approves this service; Prescriptions: Prescription furges apart of emergency Treatment; Exclusion: vitamins and patent, Prescription trugs are excluded. Accidental Dental: Up to \$2,000 for dental Treatment that is: 			-
 charges for emergency ambulance service to the nearest approved Hospital; Air Ambulance: charges for emergency air ambulance only if: Our Administrator determines that the Insured Person's physical condition precludes the use of any other means of transportation; Our Administrator makes the determination before the service is provided; Our Administrator pre-approves this service; and Our Administrator pre-approves this service; Prescriptions: Prescr			
 Service to the nearest approved Hospital; Air Ambulance: charges for emergency air ambulance only if: Our Administrator determines that the Insured Person's physical condition precludes the use of any other means of transportation; Our Administrator makes the determination before the service is provided; Our Administrator pre-approves this service; and Our Administrator arranges this service; Prescriptions: reimbursement of prescription drugs that are required as part of emergency Treatment; Exclusion: vitamins and patent, S. Ambulance: charges for emergency ambulance service to the nearest approved <i>Hospital</i>. Air Ambulance: charges for emergency air ambulance only if: Our Administrator determines that the <i>Insured Person's</i> physical condition precludes the use of any other means of transportation; and Our Administrator pre-approves this service; and Our Administrator arranges this service. Prescriptions: reimbursement of prescription drugs prescribed during the <i>Covered Trip</i> and required as part of emergency Treatment. Exclusion: vitamins and patent, 			
 approved Hospital; Air Ambulance: charges for emergency air ambulance only if: Our Administrator determines that the Insured Person's physical condition precludes the use of any other means of transportation; Our Administrator makes the determination before the service is provided; Our Administrator pre-approves this service; and Our Administrator arranges this service; Prescriptions: Prescription: Prescriptio			
 Air Ambulance: charges for emergency air ambulance only if: Our Administrator determines that the Insured Person's physical condition precludes the use of any other means of transportation; Our Administrator makes the determination before the service is provided; Our Administrator pre-approves this service; and Our Administrator arranges this service; Prescriptions: <			
 charges for emergency air ambulance only if: Our Administrator determines that the Insured Person's physical condition precludes the use of any other means of transportation; Our Administrator makes the determination before the service is provided; Our Administrator pre-approves this service; and Our Administrator arranges this service; Prescriptions: Prescription drugs are excluded. Accidental Dental: Up to \$2,000 for dental Treatment that is: 			
 ambulance only if: Our Administrator determines that the Insured Person's physical condition precludes the use of any other means of transportation; Our Administrator makes the determination before the service is provided; Our Administrator pre-approves this service; and Our Administrator arranges this service; Prescriptions: reimbursement of prescription drugs that are required as part of emergency Treatment; Exclusion: vitamins and patent, charges for emergency air ambulance only if: Cur Administrator determines that the <i>Insured Person's</i> physical condition precludes the use of any other means of transportation; and <i>Our Administrator</i> makes the determination before the service is provided; and <i>Our Administrator</i> pre-approves this service; and <i>Our Administrator</i> arranges this service. Prescription S: reimbursement of prescription drugs that are required as part of emergency Treatment; Exclusion: vitamins and patent, Accidental Dental: Up to \$2,000 for dental <i>Treatment</i> that is: 		charges for emergency air	
 Our Administrator determines that the Insured Person's physical condition precludes the use of any other means of transportation; Our Administrator makes the determination before the service is provided; Our Administrator pre-approves this service; and Our Administrator arranges this service; Prescriptions: reimbursement of prescription drugs that are required as part of emergency Treatment; Exclusion: vitamins and patent, Our Administrator and patent, 			• charges for emergency air ambulance only if:
 physical condition precludes the use of any other means of transportation; Our Administrator makes the determination before the service is provided; Our Administrator pre-approves this service; and Our Administrator arranges this service; and Our Administrator arranges this service; Prescriptions: reimbursement of prescription drugs that are required as part of emergency Treatment; Exclusion: vitamins and patent, prescription service is provided at are required as part of emergency Treatment; Accidental Dental: Up to \$2,000 for dental Treatment that is: 			
 of any other means of transportation; Our Administrator makes the determination before the service is provided; Our Administrator pre-approves this service; and Our Administrator arranges this service; Our Administrator arranges this service; Prescriptions: reimbursement of prescription drugs that are required as part of emergency Treatment; Exclusion: vitamins and patent, Accidental Dental: Up to \$2,000 for dental <i>Treatment</i> that is: 			
 transportation; Our Administrator makes the determination before the service is provided; and Our Administrator pre-approves this service; and Our Administrator pre-approves this service; and Our Administrator arranges this service; Our Administrator arranges this service; Prescriptions: reimbursement of prescription drugs that are required as part of emergency Treatment; Exclusion: vitamins and patent, Our Administrator arranges that is: 			
 Our Administrator makes the determination before the service is provided; Our Administrator pre-approves this service; and Our Administrator arranges this service; Our Administrator arranges this service; Prescriptions: reimbursement of prescription drugs that are required as part of emergency Treatment; Exclusion: vitamins and patent, Accidental Dental: Up to \$2,000 for dental Treatment that is: 			
 determination before the service is provided; Our Administrator pre-approves this service; and Our Administrator arranges this service; Our Administrator arranges this service; Prescriptions: reimbursement of prescription drugs that are required as part of emergency Treatment; Exclusion: vitamins and patent, Accidental Dental: Up to \$2,000 for dental Treatment that is: 			
 service is provided; Our Administrator pre-approves this service; and Our Administrator arranges this service; Prescriptions: reimbursement of prescription drugs that are required as part of emergency Treatment; Exclusion: vitamins and patent, Accidental Dental: Up to \$2,000 for dental Treatment that is: 			
 Our Administrator pre-approves this service; and Our Administrator arranges this service; Our Administrator arranges this service; Prescriptions: reimbursement of prescription drugs that are required as part of emergency Treatment; Exclusion: vitamins and patent, Accidental Dental: Up to \$2,000 for dental Treatment that is: 			
 Service; and Our Administrator arranges this service; Prescriptions: reimbursement of prescription drugs that are required as part of emergency Treatment; Exclusion: vitamins and patent, 7. Prescription Drugs: reimbursement of prescription drugs that are required as part of emergency Treatment; Exclusion: vitamins and patent, 			
 Our Administrator arranges this service; Prescriptions: reimbursement of prescription drugs that are required as part of emergency Treatment; Exclusion: vitamins and patent, Accidental Dental: Up to \$2,000 for dental Treatment that is: 			
 service; Prescriptions: reimbursement of prescription drugs that are required as part of emergency Treatment; Exclusion: vitamins and patent, 			
 Prescriptions: reimbursement of prescription drugs that are required as part of emergency Treatment; Exclusion: vitamins and patent, Accidental Dental: Up to \$2,000 for dental Treatment that is: 		-	
 reimbursement of prescription drugs that are required as part of emergency Treatment; Exclusion: vitamins and patent, Exclusion: Vitamins and patent, proprietary and experimental drugs are excluded. Accidental Dental: Up to \$2,000 for dental Treatment that is: 			
of emergency Treatment;8. Accidental Dental: Up to \$2,000 for dentalExclusion: vitamins and patent, <i>Treatment</i> that is:			
Exclusion: vitamins and patent, <i>Treatment</i> that is:			and experimental drugs are excluded.
proprietary and experimental • required during the Coverage Period; and			
drugs are excluded; • necessary because of a blow to natural or permenently installed tooth, which results		-	
Accidental Dental: permanently installed teeth, which results from an accident causing a Medical			
• up to \$2,000 for dental Treatment from an accident causing a <i>Medical</i> that is: <i>Emergency</i> .			•
			9. Emergency relief of dental pain: Treatment
			for emergency relief of dental pain is covered up
• necessitated by a blow to natural or to a maximum of \$200.			
		permanently installed	

teeth which occurs during a	10. Medical Appliances: cost of casts,
•	
Coverage Period;	crutches, trusses, braces, slings, splints,
Limitation: Treatment for emergency	medical walking boots and/or the rental cost of a
relief of dental pain is	wheelchair or walker if:
covered up to a maximum of \$200;	 prescribed by a <i>Physician</i>; and
Medical Appliances	• required as a result of a <i>Medical Emergency</i> .
 cost of casts, crutches, trusses, 	11. Emergency return home: The cost for a
braces, slings, splints and/or	one-way economy fare and, if required to
the rental cost of a wheelchair or	accommodate a stretcher, a second one-way
walker where:	economy fare if:
 prescribed by a Physician; and 	• as a result of a Medical Emergency, Our
 required as a result of a Medical 	Administrator determines that an Insured
Emergency;	Person should return to Canada for medical
Return Airfare	reasons; and
 the extra cost for a one-way 	 Our Administrator approves the transportation
economy fare plus, if required to	in advance.
accommodate a stretcher, a second	
· · · · · · · · · · · · · · · · · · ·	12. Transportation to Bedside: if an Insured
one-way economy fare if:	Person is Hospitalized and is expected to
 as a result of a Medical Emergency, 	remain Hospitalized for at least 3 consecutive
Our Administrator	days, the cost of one round-trip economy airfare
determines that an Insured Person	from Your Bedside Companion's province or
should return to Canada	territory of residence, if it is:
for medical reasons; and	• for the Insured Person's Spouse, parent, child,
 Our Administrator approves the 	brother or sister; and
transportation in advance;	 approved in advance by Our Administrator.
 Transportation to Bedside 	13. Bedside Companion Benefit
• if an Insured Person is Hospitalized	• up to \$150 per day, to a maximum of
and is expected to remain	\$1,500, for food and accommodation for a
Hospitalized for at least three	person if:
consecutive days, the cost of one	 Our Administrator has approved
round-trip economy airfare from	transportation for the person under either a
Canada if it is:	Transportation to Bedside benefit or a
 for the Insured Person's Spouse, 	Travelling Companion Benefit; and
parent, child, brother or	Our Administrator has approved the
•	
sister; and	Bedside Companion Benefit in advance.
 approved in advance by Our 	14. Travelling Companion Benefit
Administrator;	 The cost of a single one-way economy airfare
 Travelling Companion Benefit 	if:
 the cost of a single one-way 	 an Insured Person suffers a covered
economy airfare if:	Medical Emergency; and
an Insured Person suffers a	• as a result, a <i>Travelling Companion</i> stays
covered Medical Emergency;	beyond their scheduled return date; and
 as a result, a Travelling Companion 	• Our Administrator approves, in advance, the
stays beyond his or her	cost of a one-way economy airfare back to
scheduled return date; and	the Travelling Companion's place of
 Our Administrator approves, in 	departure.
advance, the cost of a	15. Meals and accommodation
one-way economy airfare back to the	• Up to \$350 per day to a maximum of \$3,500,
Travelling	for Your.
Companion's place of departure;	 commercial accommodations and meals;
Bedside Companion Benefit	and
 up to \$150 per day, to a maximum 	 essential telephone calls and internet usage
of \$1,500, for food and	fees; and
accommodation for a person if:	 taxi fares (or rental car in lieu of taxi fares).
• Our Administrator has approved	• If, upon a <i>Physician's</i> discretion, <i>You</i> , or <i>Your</i>
transportation for the	Travelling Companion, are relocated to
person under either a Transportation	receive medical attention for a <i>Medical</i>
to Bedside benefit or	Emergency covered under this insurance; or
a Travelling Companion Benefit; and	You are delayed beyond Your return date in
 Our Administrator has approved the 	order to receive Medical Emergency
Bedside Companion	Treatment, or
Benefit in advance;	Your Travelling Companion requires Medical
Vehicle Return	Emergency Treatment for any Medical Condition
• up to \$1,000 toward the cost of	covered under this insurance.
returning an Insured Person's	Note: Subject to pre-authorization from Our
vehicle to his or her home or, if	Administrator.
applicable, the nearest	16. Incidental Hospital Expenses
appropriate vehicle rental agency if:	Up to \$50 per day to a maximum of \$500, for
 the Insured Person is unable to 	the Insured Person's incidental Hospital
return the vehicle due to a	expenses (telephone calls, television rental,
covered Medical Emergency; and	parking), while the <i>Insured Person</i> is
• Our Administrator arranges for the	Hospitalized for at least 48 hours.
return of the vehicle;	17. Vehicle Return: up to \$1,000 towards the
Return of Deceased	cost of returning an Insured Person's vehicle to
 up to \$5,000 toward the cost of 	their home or the nearest appropriate vehicle
preparation and	rental agency if:
transportation home of a deceased	
•	

Changes to your Certificate of Insurance, as of March 24, 2022		
Benefit	Before	After
	Insured Person if death results from a covered Medical Emergency; Exclusion: the cost of a burial casket or urn is not covered under this benefit; 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 this transportation in advance. • Baggage Return • If an Insured Person returns to their province or territory of residence by air ambulance because of their Medical Emergency, this insurance covers the cost to return the Insured Person's baggage up to an overall maximum of \$500 per Covered Trip.	 the <i>Insured Person</i> is unable to return the vehicle because of a <i>Medical Emergency</i>; and <i>Our Administrator</i> arranges for the return of the vehicle. 18. Return of Deceased up to \$5,000 towards the cost of preparation and transportation home of a deceased <i>Insured Person</i> if death results from a covered <i>Medical Emergency</i>; or one round-trip economy airfare, if: an <i>Immediate Family Member</i> is required to identify or obtain release of the deceased; and <i>Our Administrator</i> 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. 19. Baggage Return If an <i>Insured Person</i> returns to their province or territory of residence by air ambulance because of their <i>Medical Emergency</i>, this insurance covers the cost to return the <i>Insured Person</i>'s baggage up to an overall maximum of \$500 per <i>Covered Trip</i>.

Travel Medical		Operation C. Limitations and Evolutions
Travel Medical Insurance	SECTION 7 – LIMITATIONS AND EXCLUSIONS: WHAT YOUR	Section 6 – Limitations and Exclusions Limitations and exclusions that apply to a
insulance	INSURANCE DOES NOT COVER	particular benefit are found above, in the
	Limitations and exclusions that apply	description of those benefits. In addition, for all
	to a particular benefit are found	benefits, this <i>Certificate</i> does not cover any
	above, in the description of those	Treatment, services, or expenses of any kind
	benefits. In addition, for all benefits,	caused directly or indirectly as a result of the
	this Certificate does not cover any	following:
	Treatment, services, or expenses of	1. Pre-Existing Medical Condition
	any kind caused directly or indirectly	There is no coverage and no benefit will be
	as a result of the following: 1. Failure to report	paid for any Pre-Existing Medical Condition
	A Medical Emergency must be	that was not <i>Stable</i> during the <i>Pre-Existing</i> <i>Medical Condition Period</i> immediately
	reported to Our Administrator within	preceding the beginning of the <i>Coverage</i>
	48 hours of admission to Hospital, or	Period.
	as soon as is reasonably	 Pre-Existing Medical Condition Period:
	possible.	 For Insured Persons 64 years of age and
	If the Medical Emergency is not	under – 90 days immediately before the
	reported as required, the maximum	beginning of the Coverage Period; and
	benefit payable with respect to the	• For <i>Insured Persons</i> 65 years of age or older – 180 days immediately before the
	Medical Emergency will be 80% of the Eligible Medical Emergency	beginning of the Coverage Period.
	Expenses, to a limit of \$30,000.	2. Failure to report
	2. Pre-Existing Condition	• A <i>Medical Emergency</i> must be reported by
	• There is no coverage and no benefit	You to Our Administrator within 48 hours of
	will be paid for any	admission to a Hospital, or as soon as
	Pre-Existing Condition that was not	reasonably possible. If it is medically
	Stable during the Pre-Existing	impossible for You to call, We ask that You
	Condition Period immediately	have someone call <i>Our Administrator</i> on <i>Your</i> behalf within 48 hours of admission to a
	preceding the beginning of the Coverage Period.	Hospital, or as soon as reasonably possible.
	3. Reasonably foreseeable conditions	• If the <i>Medical Emergency</i> is not reported as
	• No benefit will be payable with	required, the maximum benefit payable with
	respect to a sickness, accidental	respect to the Medical Emergency will be
	injury or Medical Emergency that was	80% of the Eligible Medical Emergency
	reasonably foreseeable	Expenses, to a limit of \$30,000.
	when the Insured Person departed on	3. Failure to obtain advance approval
	the Covered Trip.	• Where an <i>Eligible Medical Emergency</i> <i>Expense</i> specifies that it must be approved in
	4. Medical Emergency occurring outside the	advance by <i>Our Administrator</i> , if advance
	Coverage Period	approval is not obtained, no benefit will be
	No benefit will be payable with	payable for that expense.
	respect to a Medical Emergency	No benefit will be paid with respect to any
	that occurs before the Coverage	surgery or invasive procedure that has not been
	Period begins or after it ends.	approved in advance by Our Administrator,
	• For an Insured Person under age	except in extreme circumstances where a
	65, this means, for example, that no benefit will be paid with respect to	request for prior approval would delay necessary surgery in a life-threatening medical
	any Medical Emergency if	crisis
	an Insured Person's Medical	4. <i>Treatment</i> once fit to transfer to another
	Emergency occurs after the first 31	facility or return to Your home province or
	days following an Insured Person's	territory If Our Administrator determines that
	departure date from their	You should transfer to another facility or return
	province or territory of residence.	to Your home province/territory of residence for
	• For an Insured Person 65 years of	<i>Treatment</i> , and <i>You</i> choose not to, benefits will not be paid for further medical <i>Treatment</i>
	age or older, this means, for example, that no benefit will be paid	not be paid for further medical <i>Treatment</i> . 5. Ongoing <i>Medical Emergency Treatment</i>
	with respect to any Medical	requires pre-approval (Investigations, <i>Treatment</i>
	Emergency if an Insured Person's	and surgery)
	Medical Emergency occurs after	After Your Medical Emergency Treatment has
	the first 4 days following an Insured	started, Our Administrator must assess and
	Person's departure date from	pre-approve additional medical <i>Treatment</i> . If
	their province or territory of	You undergo tests as part of a medical
	Note that the day of departure	investigation, <i>Treatment</i> or surgery, obtain <i>Treatment</i> or undergo surgery that is not
	counts as a full day for this purpose.	pre-approved, Your claim will not be paid. This
	5. Failure to transfer to an	includes but not limited to invasive testing,
	appropriate facility	surgery, cardiac catheterization, other cardiac
	for Treatment	procedures, transplant, and MRI.
	• We, in consultation with the Insured	6. Non-Emergency Services
	Person's treating Physician,	We will not pay a benefit with respect to
	reserve the right to transfer an	non- <i>Medical Emergency</i> , experimental or
	Insured Person to an appropriate medical facility or to his or her	elective <i>Treatment</i>, including:cosmetic surgery, chronic care, rehabilitation
	province or territory of residence for	including any expenses for directly or
	further Treatment.	indirectly related complications;
	Failure to comply with a transfer	• placement of new crowns, bridges, dentures.

request will absolve Us of any liability to provide benefits for expenses incurred after the scheduled transfer date. 6 Recurrence • A Medical Emergency is considered to have ended when medical evidence indicates that the Insured Person is able to return to his or her province or territory of residence. No benefits will be paid in connection with the condition that caused a Medical Emergency if they are incurred after that time. 7. Failure to obtain advance approval • Where an Eligible Medical Emergency Expense specifies that it care plan must be approved in advance by Our Administrator, if advance approval is not obtained, no benefit will be payable for that expense. • No benefit will be paid with respect to any surgery or invasive procedure that has not been approved in advance by Our Administrator, except in extreme circumstances where a request for prior approval would delay necessary Treatment surgery in a life-threatening medical crisis. 8. Non-emergency services • No benefit will be payable with respect to non-emergency, experimental or elective services, including any Treatment, surgery expected or medication which medical evidence indicates that the Insured Person could have returned to Canada to receive. 9. General • As noted above, the benefits payable under the Group Policy will be the actual cost of the covered expense less: the amount reimbursable under Trip. GHIP; and • the amount reimbursable through any other insurance or health plan coverage. 10. In addition, no benefit will be payable in connection with Treatment, services or expenses related to or resulting from: a. Misrepresentation • any Medical Condition for which You or an Insured Person provided Our Administrator or Us with false or inaccurate information regarding Hospitalizations, Treatment or medications; b. Pregnancy • pregnancy or childbirths within 9 weeks of expected delivery date; any complication relating to pregnancy that occurs in the last 9 weeks leading up to the expected delivery date, or after the expected delivery date; any child born during a Covered Trip; for this purpose. c. Intentionally inflicted injuries 12. General • intentionally inflicted injuries, suicide or attempted suicide, while either sane or insane: d. Failure to take medication failure to take medication as

prescribed by the Insured Person's

7. Recurrence or ongoing *Treatment* once *Medical Emergency* has ended

• We will not pay a benefit with respect to 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.

• We will not pay a benefit with respect 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.

8. 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 must have a valid health care plan in Canada prior to and for the entire duration of the Covered Trip. 9. Travelling for the purpose of obtaining Treatment

- We will not pay a benefit if a trip is 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.
- Travelling when *Treatment* could be expected
- We will not pay a benefit if any Medical Condition or symptoms for which it is reasonable to believe or expect that Treatment or Hospitalization will be required during Your trip.
- We will not pay a benefit if any evident symptoms that would be reasonable to expect You to investigate in the 3 months prior to Your Departure Date on a Covered Trip.
- 11. *Medical Emergency* occurring outside the *Coverage Period*

We will not pay a benefit if a Medical Emergency that occurs before the Coverage Period begins or after it ends:

- For an *Insured Person* 64 years of age and under, this means, for example, that no benefit will be paid with respect to any *Medical Emergency* if an *Insured Person's Medical Emergency* occurs after the first 31 days following an *Insured Person's Departure Date* from their province or territory of residence.
- For an *Insured Person* 65 years of age or older, this means, for example, that no benefit will be paid with respect to any *Medical Emergency* if an *Insured Person's Medical Emergency* occurs after the first 4 days following an *Insured Person's Departure Date*

from their province or territory of residence. For clarity, 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.

As noted above, the benefits payable under the Group Policy will be the actual cost of the covered expense less:

the amount reimbursable under *GHIP*; and
the amount reimbursable through any other insurance or health plan coverage.

Physician;	13. No benefit will be payable in connection with
e. Alcohol or drug use	Treatment, services or expenses related to or
abuse of medication or alcohol or	resulting from:
use of illicit drugs; f. Crime	 a) Misrepresentation Any Medical Condition for which You or an
participation in a criminal offence;	Insured Person provided Our Administrator
g. Professional Sports or Racing	or Us with false or inaccurate information
• participation in professional sports	regarding Hospitalizations, Treatment or
or any organized racing or speed	medications.
contests;	b) Claims related to expectant mother's
h. War	complications of pregnancy, or delivery
• any act of war, whether declared or not, hostile or warlike action in time of	 claim related to routine pre-natal or post-natal care; or
peace or war, insurrection, rebellion,	 claim related to pregnancy, delivery or
revolution, civil war or hijacking;	complications of either, arising 9 weeks
i. Commuting	before the expected date of delivery or any
any trip that is primarily for the	time after delivery; or
purpose of commuting to or from the	• child born during the <i>Covered Trip</i> .
Insured Person's usual place of employment;	 c) Intentionally self-inflicted injuries intentionally self-inflicted injuries, suicide or
j. Mental Problems	attempted suicide, (whether or not the
• any mental, nervous or emotional	Insured Person is aware of the result of
problems, including any Medical	their actions), regardless of the Insured
Emergency arising from these	Person's state of mind.
problems;	d) Non-compliance with prescribed <i>Treatment</i>
k. Hazardous Activities	• any <i>Medical Condition</i> that is the result of
• recreational scuba diving (unless the Insured Person holds a basic	You not following medical <i>Treatment</i> as prescribed to <i>You</i> , including prescribed or
scuba designation from a certified	over-the-counter medication.
school or licensing body),	e) Abuse of alcohol, drugs or intoxicants
mountaineering, bungee-jumping,	• Any Medical Condition, including symptoms
parachuting, parasailing, cave	of withdrawal, arising from, or in any way
exploration, hang-gliding, skydiving or	related to, Your chronic use of alcohol,
any airborne activity in any aircraft other than a passenger aircraft	drugs or other intoxicants whether prior to or during <i>Your</i> trip.
that holds a valid certificate of	Any Medical Condition arising during Your
airworthiness;	trip from, or in any way related to, the
I. Travel Advisories	abuse of alcohol, drugs or other
 travel in a country if the Canadian 	intoxicants.
government had issued a	f) Illegal Act
travel advisory for that country that was in effect immediately	 Claim that results from or is related to Your involvement in the commission or
before the Coverage Period began.	attempted commission of a criminal offence
11. Dependent Child not travelling	or illegal act in the country where the claim
with You or Your Spouse.	was incurred, including driving while
No benefit will be payable with	impaired or over the legal limit.
respect to a Dependent Child unless	g) Professional Sports or Racing
he or she is travelling with You or Your Spouse.	 participation in professional sports or any organized racing or speed contests.
12. Family members of an Additional	h) War or civil unrest
Cardholder. No benefit will be	• an act of war, whether declared or
payable with respect to a person	undeclared; or
merely because that person is the	 hostile or warlike action in time of peace or
Spouse or a Dependent Child of an	war; or
Additional Cardholder, unless that person is otherwise eligible for	 willing participation in a war, riot or civil unrest; or
insurance under this Certificate.	• rebellion; or
	 revolution; or
	 insurrection; or
	any service in the armed forces while on
	duty.
	 i) Commuting any trip that is primarily for the purpose of
	commuting to or from the <i>Insured Person</i> 's
	usual place of employment.
	j) Sports and High-Risk Activities
	accident that occurs while You are
	participating in: • any sporting activity for which You are
	 any sporting activity for which You are paid;
	 any sporting event for which the winners
	are awarded cash prizes;
	 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;
1	1

	Changes to your Certificate of Insurar	nce, as of March 24, 2022
Benefit	Before	After
Benefit	Before	 After 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. k) Travel Advisory 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; or if the travel advisory or formal notice stating "Avoid all non-essential travel" or "Avoid all travel" is issued after Your Departure Date; or if the travel advisory or formal notice stating "Avoid all non-essential travel" or "Avoid all travel" is policy in that specific country, region or area will be limited to a period that is reasonably necessary for You to safely evacuate the country, region or area. 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. 14. Travel against medical advice any claim incurred after a Physician advised You not to travel. 15. Coverage shall be null and void and no benefit will be payable where the coverage and/or payment of the benefit is prohibited by Canadian law or by any other applicable national economic or trade sanctions law or regulation. 16. Family Members of an Additional Cardholder, unless that person is otherwise eligible for insurance under this Certificate.

Changes to your Certificate of Insurance, as of March 24, 2022		
Benefit	Before	After
Travel Medical Insurance	SECTION 8 – WHAT TO DO IN A MEDICAL EMERGENCY When a Medical Emergency occurs, You or if applicable, an Insured Person, must phone Our Administrator immediately, or as soon as is reasonably possible. Otherwise, benefits will be limited as described in section 7 under "Limitations and Exclusions: 1. Failure to Report". Some expenses will only be covered if Our Administrator approves them in advance. Assistance is available twenty-four hours a day, seven days a week, by calling toll-free 1-866-374-1129 from Canada or the U.S.A., or from other countries by calling collect (416) 977-4425. Our Administrator will verify whether coverage is in effect and, if so, will direct the Insured Person to the nearest appropriate medical facility. Our Administrator will pay, or guarantee payment to, the provider of medical services wherever possible, and manage the Insured Person's Medical Emergency from the initial report through its conclusion. If a direct guarantee or payment is not possible, the Insured Person may be asked to pay for services. Upon submission of a claim, the Insured Person will be reimbursed for any such Eligible Medical Emergency Expenses so paid, as described under this Certificate. Note: All payments and payment guarantees are subject to the terms and conditions of the Certificate, including limitations and exclusions.	Section 5 – Description of Insurance Coverage What to do in a Medical Emergency In a Medical Emergency, You or someone on your behalf must call Our Administrator immediately, or as soon as reasonably possible. If not, benefits will be limited as described below in Section 6 – "Limitations and Exclusions", under "Failure to Report". Some expenses will only be covered if Our Administrator approves them in advance. You can get help 24 hours a day, 7 days a week by contacting Our Administrator. Call 1-866-374-1129 (toll-free) from Canada or the U.S., or +1-416-977-4425 (collect) from other countries. Our Administrator will verify whether coverage is in effect and, if so, will direct You to the nearest appropriate medical facility. Our Administrator will arrange for direct payment to the medical services provider wherever possible. 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 this Certificate.

Travel Redical Section 9 - HOW TO MAKE A Issurance CLAIM A Medical Energency should always be reported immediately, as the described in section 8, or benefits will be clinited. Failure to Report a Claim Immediately as the failure to Report a Claim Immediately of the insure of the provide section 10, or benefits will be clinited. Failure to Report a Claim Immediately as the failure to Report a Claim Immediately and the appropriate claim form, and there are on to covere to you fully the defailed Energency is sup GHP. Health plans on the or insurance should the be submitted to Our Administrator for assistent with write proof d claim form. Sur Administrator for assistent with provide claim form, and the proson that as to a require the appropriate claim form, and the service representatives at the number set out in section 10. The limit from date of event: If You are making a claim. Your must send Our Administrator for assistent with write proof d claim form, and the service representatives at the number set out in section 10. The limit from date of event: If You are making a claim. Your must send Our Administrator for assiste of departure final to a represent with writen proof d claim form, and the surger provide evidence of the applicable distingt of mainter and the appropriate claim form. Sur Administrator to represent the fargers in the ore there and to a represent the second of an the applicable distingt of the applicable disthe of departure there approprise claim form and the app		
What Claimant Can Expect from Insurer Once We have approved the claim, We will	Travel Medical SECTION 9 – HOW TO MAKE A Section 8 – How to Submit a Claim	
· · · · ·	 A Medical Emergency should always be reported immediately. If emergency should always be reported immediately if, without contacting our administrator at a saveak by contacting our Administrator at a saveak at a saveak by advecting our adving at the save advecting advecting at the saveat and adving advecting adv	 Insurance CLAIM A Medical Energency should always be reported immediately, as described in saction 8, or benefits will be limited described in saction 8, or benefits will be limited. Failure to Report a Claim Three distances of the saction 1 and the proof to canada or the U.S., or 1-416-977-4425 (callect) from other countries. Complete the Required Form canada or the U.S., or 1-416-977-4425 (callect) from other countries. Complete the Required Form canada or the U.S., or 1-416-977-4425 (callect) from other countries. Complete the Required Form canada or the U.S., or 1-416-977-4425 (callect) from other countries. Complete the Required Form canada or the U.S., or 1-416-977-4425 (callect) from other countries. Complete the Required Form canada or the U.S., or 1-416-977-4425 (callect) from other countries. Complete the Required Form canada or the U.S., or 1-416-977-4425 (callect) from other countries. Complete the Required Form canada or the U.S., or 1-416-977-4425 (callect) from other countries. Complete the Required Form canada or the U.S., or 1-416-977-4425 (callect) from other countries. Complete the Required Form canada or the U.S., or 1-416-977-4425 (callect) from other countries. Complete the Required Form canada or the U.S., or 1-416-977-4425 (callect) from other countries. Complete the Required Form canada or the U.S., or 1-416-977-4425 (callect) from other countries. Complete the Required Form canada or the U.S., or 1-416-977-4425 (callect) from other countries. Complete the Required Form canada or the U.S., or 1-416-977-4425 (callect) from the condition of the countries or the provide or the condition of the counter of the count of the counter data or the counter of the count of the counter data or the counter of the counter data or the counter data or the counte counter of the counter data or the co
· · · · ·	 A Medical Emergency should always be imited. described in section 8, or benefits will be imited. Failure to Report a Claim Immediately II, without contacting Our Administrator or assistance and claim management, an <i>Insured</i> Person incurse Eligible Medical Emergency Expenses, then he or she must firs submit recipits and other proof to: GHIP: then to any group or individual health plains andor insurers. Any Eligible Medical Emergency Such GHIP, health plans or insurance should them be submitted to Our Administrator on tarban to the Our Administrator on tarban to the Our Administrator on tarban to Court Administrator on tarban to Court Admini	 Insurance CLAIM A Medical Emergency should always be reported immediately, as described in section 8, or benefits will be limited described in section 8, or benefits will be limited. Failure to Report a Claim Narved Person incurs Eligible Medical Emergency Should the U.S., or 1-416-477-4425 (callect) from other countries. Court Administrator for assistance and other proof to: CollP: then to any group or individual heatth plans and/or insures. Any Eligible Medical Emergency Expenses that are not covered by sub (Herl). Phaelth plans ran to rowered by sub (Herl). Phaelth plans in a not or law and the approof to: Custome: Service erpersentatives at the number set out in section 10. The form this craft of dearn, receipts and payment statements. In this case, claims forms can be obtained from Our Administrators on behall of an surve a Person will also be required to provide evidence of his or her province or territory of residence. Note: If an authorization form his or her province or territory of residence. The surver Person must serving Person malowing Our Administrator to rocover these of height the dust of dearn requirements above, under "Time limit from actual date of departure form his or her province or territory of residence. Note: If an advance applicable, the Insured Person must services and Claim form a dustring Our Administrator to rocover these of his or her actual date of departure form mis or her province or territory of research on Note: and an advance apprent by You and by any other benefit plan; and the activity of the accords in the claim form a dustring Our Administrator to rocover thereon material of the societation of this or her actual date of departure form his or her province or territory of researcher Note: If an advance approvince or territory of researcher Note: If an advance approvince or territory of researcher Note: If an advance approvince or territory of researcher Note and province or territory
	 A Medical Emergency should always be reported immediately. If emergency should always be reported immediately if, without contacting Our Administrator at Survey Section 2014 (Section 2014) (Section 2014)	 Insurance Ic.LAIM A Medical Emergency should always be reported immediately, as described in section 8, or benefits will be limite described in section 8, or benefits will be limited. Failure to Report a Claim Immediately, or benefits will be limited for a claim forms insured Person incurs Eligible Medical Emergency should the 12 (loi-free) from Canada or the U.S., or 1-416-477-4425 (collect) from other countries. Collife: then to any group or individual heath plans and/or insures. Any Eligible Medical Emergency Expenses that are not covered by such GHP. heath plans on insures should then be submitted to 0ur Administrator and 1-466-374-1129 (loi-free) from 8 a.m. to 8 p.m. ET. Monday to Friday. The number set out in section 10. The trans effect of claim, You must send 0ur Administrator set in the claim form. Cal Our Administrator is perform to recover these obtained from Our Administrator is provide evidence of his or her province or territory of residence. The province or territory of residence. The number set out in section 10. The trans of Person must as on an autorization form adupting Our Administrator to recover these of her province or territory of residence. The surger Person from his or her province or territory of residence. The insured Person must serve and person must server to reprovince or territory of residence. The fourth of the Scentificate, her actual adts of departure form materials in the scenting of Province or territory of residence. Note: If an advance applicable, Medical Emergency, You and Standing Courden the insured Person must reimburse Us. Cardifie to province or territory of residence. Customer St. The Insured Person must second or the insured Person must second or the materia of reson must is a territory of residence. Customer St. Customer Person must second or the insured Person must second or the insured Person must second or territory of residence. Cu
	 A Medical Emergency should always be imited. Failure to Report a Claim Immediately II, without contacting Our Administrator or assistance and claim management, an <i>Insured</i> Person incurse Eligible Medical Emergency Expenses, then he or she must first submit receipts and other proof to: • CHIP; • then to any group or individual heath plans and/or insurers. Any Eligible Medical Emergency Expenses that are not covered by such CHIP, heath plans or insurance should then be submitistrator in a son on prossible. In every case, duministrator with proof of claim, meepists and payment statements. In this case, claims forms can be obtained from Our Administrator in submit your completed claim forms, target in the best submit server. Administrator with proof of claim, meepists and payment statements. In this case, claims forms can be obtained from Our Administrator in the maxing of payment statemests. In this case, claims forms can be obtained from Our Administrator in the name of a claim form allowing have been guaranteed or paid by Our Administrator with a point of near actual date of departure from his or hare proving a Claim immediately II for provide the following in the claim, medical fragency claim, as part of harp proving the fragency rules and fragency reports the form; and happlicable, the Insured Person must sign an authorization from allowing of the actual date of departure from bias or ther proving or the claim form; and happlicable, the Insured Person must sign an authorization from allowing of the actual date of departure form allowing or trading comparise and the claim form; and happlicable, the Insured Person must sign an authorization from allowing input against any responsible find for trading proposible find for trading proposible find for the scuid for the provide the form and motical medical records (if We datemme applicable). How to the provide the form and motical mendical records (if We datemme applicable). H	 Insurance CLAIM A Medical Emergency should always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim. Failure to Report a Claim. Gur Administrator for assistance and the section 10. The management, and insured Person incurs Eligible Medical Emergency. • GHIP: • then to any group or individual health plans and/or insurers. Any Eligible Medical Emergency. • Coult feels from 6 a.m. to 8 p.m. ET. Mondagu of Friday. • The Int to my group or individual health plans and/or insurers. Any Eligible Medical Emergency. • Court Administrator or class. • Courties and payment statements. In the number set out in section 10. The insured Person will also be required to mourtable in the number set out in section 10. The insured Person will also be required to any mountable of aparture from malaxing in an authorization from any health plan or other insurance, • through subrogation must assist Our Administrator in courties. • Complex the Claim form and the insured Person must sign an authorization from allowing and the required local mentation may invalidate for aparture from malaxing in an authorization from allowing and the required local mentation may invalidate for aparture for provide evidence of the insured Person must sign an authorization from allowing applicable. • Coro di taxing the insured Person must sign an authorization from allowing a claim form any health plan or other insurance, • through subrogation must assist Our Administrator in cobtaining remburse Us. • Coro di taxing the insured Person must assist Our Administrator in cobtaining remburse of service evidence of the insured Person must assist on responses and in the insured Person must assoch on the reaction index is account if You are submitting a claim form anagemenan, they must first submit records in the insured Person mus
	 A Medical Emergency should always be imited. Be limited. Failure to Report a Claim Immediately II, without contacting Our Administrator to rassistance and claim management, an <i>Insured</i> Person incurse Eligible Medical Emergency Expenses, then he or she must lifts submit receipts and other proof to: GHIP, then to any group or individual health plans and/or insurers. Any Eligible Medical Emergency Expenses that are not covered by such GHIP, health plans or insurance should then be submitted to Our Administrator at 1-806-374-1129 (tol-Free) from 8 a. mt 03 p.m. ET, Monday to Friday. Then is a sub are insurance should then be submitted to Our Administrator at 1-806-374-1129 (tol-Free) from 8 a. mt 03 p.m. ET, Monday to Friday. The limit from date of event: If You are making a claim forms, can be obtained from Our Administrators at -806-374-1129 (tol-Free) from 8 a. mt 03 p.m. ET, Monday to Friday. The limit from date to devent: If You are making a claim. forms can be obtained from Our Administrators at -806-374-1129 (tol-Free) from 8 a. mt 03 p.m. ET, Monday to Friday. The limit from date to devent: If You are making a claim. forms can be obtained from Our Administrators at the submit from date the claim. The date the claim asses. Failure to provide the applicable. In every case, You must submit from date the claim asses. Failure to provide the applicable from medical charges have been guaranteed or paid by Our Administrator in teoreur thesis should the or departure and return date of every. "We will need documentation by the Hospital, which must support that the maximum claim to a submitting acture and the or departure and the addical teocords, including complete diagnosis by the attending Physician or documentation to usustantiate the claim from addical free ords, including departure and return dates); and The Insured Person must sign an authorizabin for bavence paymene is	 Insurance CLAM A Medical Emergency should always be reported immediately, and be provide insection 8, or benefits will be limited. Failure to Report a Claim Immediately II, withou contacting Our Administrator for assistance and claim management, an Insured Person incurs Eligible Medical Emergency Expenses, then he or she must first submit receipts and other proof to: CHIP: Then to any group or individual health plans and/or insurers. Any Eligible Medical Emergency Expenses that are not covered by such GHIP, health plans or insurance should then be submitted to Our Administrator with proof of claim, receipts and payment statements. In this case, claims forms can be dotained from Our Administrator's Customer Service arpresentiatives and the number set out in section 10. The Insured Person will also be required to provide evidence of his or her actual date of department from his or her province to territory of residence. Reporting a Claim Inmediately in Hospital or other medical charges have been guaranteed or paid by Our Administrator to most organise there there modical charges have been guaranteed or paid by Our Administrator to madiving of the province or territory of residence. Reporting a Claim Inmediately in Hospital or other medical charges have been guaranteed or paid by Our Administrator to madiving for his or her province or territory of residence. Note: If an advance payment is made for expenses and it is latter discovered that may. You and, if applicable, the Insured Person must also be required to provide evidence of the calcident or locating from a Muelcial Emergency. You must also be to the to default encourts of two determine applicable. The Insured Person must also be required to provide evidence of the indivent the You and a day any other bear to the racical and or ephysics and its latter the claim from allowing on the date of departmer in form a day and a day any other beart the provide to provide evidence the there and there inco
	 A Medical Emergency should always be reported immediately. A set one fits will be limited. Failure to Report a Claim Immediately if, without contacting Our Administrator at a set set well by contacting Our Administrator at a late of each of the proceed immediately. A set of the proceed immediately is and/or insurers. A Medical Emergency Expenses, then he or she must first submit receipts and other proof to: CHIP; then to any group or individual health plans and/or insurers. Any Eligible Medical Emergency Expenses that are not covered by such CHIP, health plans or insurance should then be submitistrator at the sack at a set of the covered by such CHIP, health plans or insurance statements. In this case, claims forms can be obtained from Our Administrator at the number set out in sack and set of the accident or the date the claim and/or insured Person III also and and/or death of the accident or the date the claim and takes. Failure to provide the date of the accident or the date the claim from the date of the accident or the date the claim from the date of the accident or the date the claim from the date of the accident or the date the claim from the date of the accident or the date the claim from the date of the accident or the date the claim from the date of the accident or the date the claim from the date of the accident or the date the claim from the date of the accident or the date the claim from the date of the accident or the date or the accident from the accident if your and by any other insurance, it hough sharp and the program from the date of the accident or the accident from the accident if your as submitted to the accident from the claim from the date of the accident from the claim from the date of the accident from the accident if your as submitted to the accident from the accident from the date of the accident from the accident from the from the from the originthere interve and the transitient on the there the from the a	 Insurance IcLAIM A Medical Emergency should always be reported immediately. An encoded Emergency should always be reported immediately. If without contacting Our Administrator for assistance and claim management, an Insured Person incurs Eligible Medical Emergency Expanses, then he or she must first submit receipts and other proof to: O-GHIP: Then to any group or individual health plans and/or insurers. Any Eligible Medical Emergency Expenses that are not covered by such GHIP, health plans or insurance should then be submitted to Our Administrator with proof of claim, receipts and payment statements. In this case, claims forms can be obtained from Our Administrator's Customer Service representatives at the number set out in section 10. The Insurance or another plan, You and, if applicable, the Insured Person must sign an authorization from allowing Our Administrator to provide or paid by Our Administrator to provide or paid to provide evidence of his or her actual date of departure from sess covered under other insurance or another plan, You and, if applicable, the Insured Person must sign an authorization form allowing Our Administrator to provide or ther insurance or another plan, You and, if applicable, the Insured Person must sign an authorization to resource and chargers: +from the Insured Person must sign an authorization to resource and the statemetiang or the accident or Claim (including departure and returd dated Intervol, "We will nead documentation by the Adeal Emergency cy and - Proof of the accident or Loim and seven and Exclusions". If an Advance or the soft the Insured Person must sign an authorization to resource and the cordia Emergency expenses es without first contacting Our Administrator in sust assist Our Adminis
of the actual Departure Date from their	 A Medical Emergency should always be reported immediately. If without contacting our administrator at a sease always to Report a Claim firmediately. If without contacting our administrator at a sease always the prost of incurs Etigible Medical Emergency Expenses, then he or she must first submit receipts and other proof to: CHIP; then to any group or individual health plans and/or insurers. Any Etigible Medical Emergency Expenses that are not covered by such GHIP, health plans or insurance should then be submitted to Our Administrator at a second to loss (e.g., original involces and tickets, medical and/or death covered by such GHIP, health plans or insurance should then be submitted to Our Administrator at the number set our in section 10. The insured Person will also be required to mour Administrator in the case, claims forms can be obtained from Our Administrator in the case of the or provide erigence informs, traver Person will also be required to provide evidence of this or her province or territory of residence. Reporting a Claim Immediately if the following: A context and the date of departure from his or her province or retritory of residence. Reporting a Claim Immediately if the following: and any provide evidence of this or her actual date of departure from also defined from any health of an insured Person must assist Our Administrator hes paid to register departs in the insured Person must assist Our Administrator in asset. Failure security of reidence. Note: If an advance payment is made for expenses and to expense sculuting the actual date of departure from his or her province or territory of reidence. Note: If an advance payment is made for expenses mat the insured Person must assist Our Administrator in asset. Failure and the province or territory of reidence. Note: If an advance payment is made for expenses mat the insured Person must assist Our Administrator in asset. Failure and the province or territory of reidence. Note: If an advance payment is made fo	Insurance CLAMA A Medical Emergency should always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim Immediately 16, withou contacting Our Administrator for assistance and claim management, an Insured Person incurs Eligible Medical Emergency Expenses, then he or she must first submit receipts and other proof to: • GHIP: • then to any group or individual health plans and/or insurers. Any Eligible Medical Emergency Expenses that are not covered by sub GFHIP. health plans or insurance and theses, medical and/or death insured Person will also be required to provide evidence of his or her actual date of departure from 16 or her provide evidence of his or her actual date of departure from this for her provide evidence of his or her actual date of departure from this for her provide or ther You and, If applicable, the Insured Person the Insured Person then You and, If applicable, the Insured Person the fingt agin an authorization form allowing Our Administrator her provide the applicable insurance - through subregation for her provide to the form of a claim, form also that be required from and the section of a her provide evidence of his or her actual date of departure from this or her provide evidence of his or her actual date of departure from this or her provide evidence of his or her actual spin an authorization form allowing Our Administrator her provensible thing insurance - through subregation from his or her provide Person must align an authorization form allowing Our Administrator her prosonsible thrift insurance - through subregation dista filter eligone Medical Emergency. You must allow the falter eligone model and in mout assist Our Administrator has prace charges: from the Insured Person must assist Our Administrator her provide evidence of departure from his or her provide evidence of the accident in the must approve that the insurance - through subregation is latered for the insured Person must assist Our Administrator has and payment is made for e
The <i>Insured Person</i> must also provide proof of the actual <i>Departure Date</i> from their	always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim Immediately, if without contacting Our Administrator rates sistance and claim management, an <i>Insured</i> <i>Person</i> incurs Eigble <i>Medical</i> <i>Emergency</i> Expenses, then h or she must first submit receipts and other proof to: • GHIP: • GHIP: • GHIP: • Hent to any group or individual health plans and/or insurers. Any Eligble <i>Medical Emergency</i> Expenses that are not covered by such GHIP, health plans or insurance should than be submitted to Our Administrator are solution to this or her actual date of departure from his or her province correster presentatives at the number set out in bis or her actual date of departure from his or her province is this or her or should ther mediately if <i>Insurad Person</i> will also be required to profing a Claim Immediately if <i>Insurad Person</i> will also be required for administrator to cover the have been guaranteed or plads by <i>Our Administrator</i> to behalf of an insurance is another plan, You and, if applicable, the <i>Insured Person</i> must sign an authorization tormal alving <i>Our Administrator</i> to receive representatives at the numediately. If <i>Uour Administrator</i> are have been guaranteed or plad by <i>Our Administrator</i> to nuclear disorder hars been guaranteed or plad by <i>Our Administrator</i> to receive representatives that been guaranteed or plad by <i>Our Administrator</i> to realid of an <i>Insured Person</i> ther Nor and, if applicable, the <i>Insured Person</i> must sign an authorization tormal alving <i>Our Administrator</i> to receive representative in the nuclear exercise and the suborgation must assist <i>Our Administrator</i> in the science. Note: If an advance or his or her actual date of departure from his or her province or territory to his or her actual date of departure from his or her province or territory must essest our <i>Administrator</i> in the suborgation must assist <i>Our Administrator</i> in the plane or other to bota his or her fraverance oreanother plan, wor to covered under the insured Pe	 Insurance IcLAMA A Medical Emergency should always be reported immediately. And the lamined described in section 8, or benefits will be limited. Failure to Report a Claim Immediately. If withou contacting Our Administrator for assistance and claim management, an Insured Person incurs Eligible Medical Emergency Expenses, then he or she must first submit receipts and other proof to: • GHIP: • Then to any group or individual health plans and/or insurers. Any Eligible Medical Emergency Expenses that are not covered by such GHIP, health plans or insurance should then be submitted to Our Administrator with proof of claim, receipts and payment statements. In this case, claims forms can be obtained from Our Administrator's Customer Service representatives at the number set out in section 10. The Insurance Person will as be required to provide evidence of his or her actual date of departure from misors Guile of the subordited to an insurance or another plan, You and, if applicable, the Insured Person must sign an authorization from allowing Our Administrator to provide evidence of his or her actual date of departure from sisses. Failure to provide the applicable to the following: • Ford the Information mallowing Our Administrator to provide evidence of his or her actual date of departure insurance or another plan, You and, if applicable, the Insured Person must sign an authorization form allowing Our Administrator in sursance or another plan, You and, if applicable, the Insured Person must sages called form or thermediately if no teading the suborgation insurance or another plan, You and, if applicable, the Insured Person must sages and the specific Intergency expenses estimut from his or her provide or tertify by the statending Charding the suborgation insurance or another plan, You and, if applicable, the Insured Person must sages and the specific Intergency expenses setting there blaced Imergency expenses setting the and data Immediately. I
statements. The <i>Insured Person</i> must also provide proof of the actual <i>Departure Date</i> from their	 always be reported immediately, as described in section 8, or benefits will be limited. Advaluate of the Report a Claim Immediately (1, without contacting Our Administrator or assistance and claim management, an <i>Insured Person</i> incurs Eligible <i>Medical Emergency</i> Expenses, then he or she must first submit receipts and other proof to: • GHIP; • Hen to any group or individual health plan or diministrator at 1-866-374-1129 (cloil-free) from Canada or the U.S., or 1-416-977-4426 (collect) from other countries. • CHIP; • Hen to any group or individual health plans or insurance should then be submitiled to Our Administrator the appropriate claim forms, receipts and payment statements. In this case, claim forms can be obtained from Our Administrator and payment les other of his or the actual date of departure from his or her province or territory of residence. Reporting a Claim Immediately if <i>Haspital</i> her <i>Insured Person</i> mull also be required to provide evidence of his or her actual date of departure from his or her province or territory of residence. Reporting a Claim Immediately if <i>Haspital</i> her <i>Insured Person</i> mull also be required form Our <i>Administrator</i> has paid for fillighe <i>Medical Emergency</i>. The <i>Insured Person</i> mult also be required form of the furgorization form altowing our head ministrator in a paint any responsible thing for the responsible ther insurance. Through subrogation rights against any responsible ther insurance or another plan, You and, If applicable, the <i>Insured Person</i> mut also be required to provide evidence of the covert these changes: • from the <i>Insured Person</i> mut also be required to provide evidence of a downer plan, You and, If applicable, the <i>Insured Person</i> mut also be required to provide evidence of the scrifticate there and there action a downer payment is made for expenses and it is latter discovered that they Were nor bota indig the <i>Insured Person</i> mut and the ordin the yWere nor bota indign they been plan and wonce	 Insurance IcLAMA A Madical Emergency should always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim Immediately 18, withou contacting Our Administrator for assistance and claim management, an Insured Parson incurs Eligible Madical Emergency Expenses, then he or she must first submit receipts and other proof to: GHIP: Honn to any group or individual health plans and/or insurers. Any Eligible Madical Emergency Sub GHIP. health plans or insurance should then be submitted to Our Administrator with proof of claim, receipts and payment statements. In this case, daims forms can be obtained from Our Administrator's Customer Service representatives at the number set out in section 10. The Insured Person will also be required to provice or territory of residence. Reporting a Claim Immediately, 11 Hospitable, the Insured Person will sign an authorization from along the paynicable charges - from aly and hear or provise or territory exist GHIP. Health plans and/or insurers. Reporting a Claim Immediately, 11 Hospitable, the Insured Person will also be required to provice or territory of residence. Reporting a Claim Immediately 11 Hospitable, the Insured Person mill also be required Person mill sign an authorization form along bit have been province or territory of residence. Ntst: If an advance payment is made for expenses and is later discovered thard plans or ther Toward assist Our Administrator has provide ervice resonable to that following. Toroid of the accident If You are abuinting a claim for the advance Person must sign an authorization form alowing Our Administrator to nead and provide charges - from the Insured Person must sign an authorization form alowing Our Administrator the provide evidence of his or her actual date of departure from his or her provide evidence of his or her actual date of departure from his or her provide evidence of his or her actual date of departure from h
proof of claim, receipts and payment statements. The <i>Insured Person</i> must also provide proof of the actual <i>Departure Date</i> from their	always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim Immediately II, without contacting Our Administrator rates sistance and Our Administrator rates sistance and the management, an <i>Insured</i> Person incurs Eligible Medical Emergency Expanses, then h or she must first submit receipts and other proof to: • GHIP; • then to any group or individual health plans and/or insurers. Any Eligible Medical Emergency Expanses that are not covered by such GHIP, health plans or insurers. Any Eligible Medical Emergency Expanses that are not covered by such GHIP, health plans or insurers. Any Eligible Medical Emergency Expanses that are not covered by such GHIP, health plans or insurers. Any Eligible Medical Emergency Expanses that are not covered by such GHIP, health plans or insurers. Any Eligible Medical Emergency Expanses that are not covered by such GHIP, health plans or insurers. Any Eligible Medical Emergency Expanses that are not covered by such GHIP, health plans or insurers. Any Eligible Medical Emergency Expanses that are not covered by such GHIP, health plans or insurers. Any Eligible Medical Emergency Claim, Provide evidence of his or her actual date of departure from his furbaced from Our Administrator's Customer Service representatives and toxets, meed documentation to the false of departure from his furbaced person must sign an authorization from allowing Our Administrator to recover these charges: • from the Insured Person must asses Cur Administrator in a possible third pary, The Insured Person must sis is later discovered that and vance paryment is made for expenses and it is later discovered that advance paryment is made for expenses and it is later discovered that do of departure from his or her provide evidence of his or her actual date of departure from his or her provide evidence of his or her actual date of departure from his or her provide evidence of his or her actual date of departure from his or her province or territory residence. Note: It	 Insurance CLAIM A Medical Emergency should always be reported immediately, or benefits will be limited. Failure to Report a Claim Immediately f, wilhout contacting Our Administrator for assistance and claim management, an Insured Person incurs Eligible Medical Emergency Expenses, then he or she must first submit receipts and other proof to: • GHIP; • then to any group or individual health plans and/or insurers. Any Eligible Medical Emergency Expenses that are not covered by such GHIP, health plans or insurance should then be submit do tour Administrator with proof of claim, receipts and payment statements. In this case, claims forms can be obtained from Our Administrator's Customer Service representatives at the number set out in section 0. The ractual date of departure from his or her provinge or iterritory of residence. Reporting a Claim Immediately II Hospital or other medical charges have been guaranteed or paid by Our Administrator to recover thes charges: •from the Insured Person mus sign an authorization form allowing Our Administrator to recover thes charges: •from the Insured Person mus sign an authorization form allowing Our Administrator to recover thes charges: •from the Insured Person mus sign an authorization form allowing Our Administrator to recover thes charges: •from the Insured Person mus sign an authorization form allowing Our Administrator to recover thes charges: •from the Insured Person mus sign an authorization form allowing Our Administrator to recover thes charges: •from the Insured Person mus sign an authorization form allowing on the sectial percence; • through bustorgation insurance or another plan. You and, if applicable, the Insured Person mus sign an authorization tormal lowing on the insurance, • through bustorgation insurance or another plan. You and, if applicable, the Insured Person mus sign an authorization the advance payment is made for expenses and it is latet discovered that the Weren covered under this Certificate, the
must be submitted to <i>Our Administrator</i> with proof of claim, receipts and payment statements. The <i>Insured Person</i> must also provide proof of the actual <i>Departure Date</i> from their	 always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim Immediately fit, without contacting Our Administrator or at 1-366-374-1129 (toll-free) from Canada or the US., or 1-416-977-4426 (collect) from other countries. Our Administrator in Ansured Person in Covered by south and the plane and/or insurers. Any Eligible Medical Emergency Expenses, then he or she must first submit receipts and other proof to: OCHIP; Then to any group or individual health plane and/or insurers. Any Eligible Medical Emergency Expenses, claims forms can be obtained from Our Administrator is actionated from Our Administrator is south a provide evidence of his or her actual date of departure from his on the runned set out in section 10. The Insured Person will also be required form at the function wait invalidate Your claim. Provide evidence of his or her actual date of departure from his or her province or territory of residence. Reporting a Claim Immediately II Hooppitab Medical charges to function the function of the second or her province or territory of residence. Reporting a Claim Immediately II Hooppitab Medical Charges to the function function second or her provide evidence of his or her actual date of departure from his or function or mainistrator on her province or territory of residence. Next: If an advance expensible thing in advinistrator in a procesary. The Insured Person will also be required for the accident alson or must assist Our Administrator here procesary and insured Person will also of the requirement was medical records (If We determine applicable). Medical Emergency Ci and assist on Administrator here approprices and part in the Insured Person must assist Our Administrator here or procesary. The Insured Person will also the required records (If We determine applicable). House applicable and there for encident in Surance expenses ensured thereson will also be required for provide evidence of his or here a	InsuranceCLAIM A Medical Emergency should always be reported immediately. A described in section 8, or benefits will be limited.Who to Contact to Submit a Claim: A Medical Emergency should always be reported immediately, or benefits will be limited by contacting Our Administrator at 1-866-374-1129 (thiffere) from Canada or the Us. or 1-1416-977-4425 (collect) from other collect free promo Canada or the Us. or 1-1416-977-4425 (collect) from other collect free promo Canada or the Us. or 1-1416-977-4425 (collect) from other collect free prom Canada or the Us. or 1-1416-977-4425 (collect) from other collect free prom Canada or the Us. or 1-1416-977-4425 (collect) from other collect free prom Canada or the Us. or 1-1416-977-4425 (collect) from other coll Our Administrator at 1-866-374-1129 (there) tom Canado in the or sufficient from Sam. to 8 p.m. ET. Monday to Frider Frider the supervise collect free promodel informs; call Our Administrator at 1-866-374-1129 (there) tom Canado in the or sufficient from Sam. to 8 p.m. ET. Monday to Frider Frider the supervise or personatives at the number set out in section 10. The the supervise or territory of residence. Norde evidence of his or her actual date of departure from his or her province or territory of residence. Reporting a Claim Immediately If Hospital or other medical charge tharwed Person the fusured Person function from the insurance or another plan. You and, if applicable, the <i>Insured Person</i> will also be required to provide evidence from your administrator in obtained for our Administrator in obtained from Our Administrator in obtained for our Administrator in covered under this Certificate, the provide vidence in the sume Person will also be required to provide evidence fride his or her provide evidence in fride his or her provide evidence in
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. The Insured Person must also provide proof of the actual Departure Date from their	 A Medical Energency should always be described in section 8, or benefits will be limited. A Medical Energency should always be formation to 8, or benefits will be limited. You can get help 24 hours a day, 7 days a week by contacting Our Administrator at 1-866-374-1129 (toll-free) from Canada or the U.S. or 41-416-977-4425 (collect) from other countries. Control of the submit receipts and other proof to: Any Eligible Medical Energency Expenses, then he or she must first submit receipts and other proof to: Any Eligible Medical Energency Expenses and and/or death and/or death and/or the resonance of the form sears. Any Eligible Medical Energency Expenses that are not covered by such GHIP, health plans or insurance should then be submitted to Our Administrator the spropriate claim form, receipts and payment statements. In this case, claims forms can be obtained from Our Administrators Customer Service representatives at the number set out in section 10. The Insured Person must also be require from his or her province or territory of residence. Reporting a Claim. Immediately if Hospital or other medical charges have been guaranteed or paid by Our Administrator to representatives at the number set out in section 10. The Insured Person must asign an authorization from allowing of payment by You and by any other benefit plan; and invoices; and invoices; and invoices; and invoices and invoices; and invoices and invoices and invoices and invoices and invoices in a duance of charges have been guaranteed or paid by any other benefit plan; and invoices; and invoices ending Physician or documentation to allowing and the insured Person must also to require the advance theration to substantiate the claim, including but not limited to reparative and return dates); and Completed Claim form, and invoices; and invoices; and invoices; and invoices; and invoices; and invoices and invoices; and invoices and invoices an	InsuranceCLAIM A Medical Emergency should always be reported immediately. When the Contact to Submit a Claim: advantacting Our Administrator to assistance and claim management, an Insured Person incurs Eligible Medical Emergency Expenses, then he or she must first submit receipts and other proof to: • GHIP; • then to any group or individual health plans and/or insurers. Any Eligible Medical Emergency Expenses that are not covered by such GHIP, health plans or the insurance or territory of residence. Reporting a Claim Immediately I. • GHIP; • then to any group or individual health plans and/or insurers. Any Eligible Medical Emergency Expenses that are not covered by such GHIP, health plans or the insurance or another plant or of deam, receipts and payment is tatements. In the is case, claims forms can be obtained from Our Administrator's Cuatomer Service representatives at the number set out in section 0. The Insured Person will also be required from Immediately I. Hospital or other medical frages have been guaranteed or paid by Our Administrator to recover these charges - ifrom the Insured Person must sign an authorization form allowing Our Administrator to recover these charges - ifrom the Insured Person must sign an authorization form allowing Our Administrator to recover these charges - ifrom the Insured Person must sign an authorization the may labo partier or payment by Our administrator to the spatial any responsible thind party. If Our Administrator harges have been guaranteed or paid by And insurance or another plan, You and, if applicable, the Insured Person must sign an authorization ther advance payment is made for expenses and it insurance, or hor advanced Person must sits or her actual date of departure from his or her province or territory of residence. Note: If an advance payment
and/or insurer(s). <i>Eligible Medical Emergency</i> expenses not covered by a <i>GHIP</i> or other plan or insurance must be submitted to <i>Our Administrator</i> with proof of claim, receipts and payment statements. The <i>Insured Person</i> must also provide proof of the actual <i>Departure Date</i> from their	 A Medical Emergency should always be described in section 8, or benefits will be limited. A Medical Emergency should always be factor a Claim Immediately ft, without contacting Our Administrator or assistance and claim management, an <i>Insurad Person</i> incurs Eligible Medical Emergency Expenses, then he or as the nuas first submit tecepist and other proof to: GHIP; then to any group or individual health plans and/or insurers. Any Eligible Medical Emergency Expenses that are not covered by such GHIP, health plans or insurance should then be submitted to Our Administrator and 20 and 2	InsuranceCLAIM A Medical Emergency should always be reported immediately, or benefits will be limited.always be reported immediately, or benefits will be limited.Who to Contact to Submit a Claim: Administrator or a section 8, or benefits will be limited.always be reported immediately, or benefits will be limited.Who to Contact to Submit a Claim: the ported immediately, or benefits will be limited.always be reported immediately.Administrator at the claim canada or the US. Si +1416-977-4425 (collect) from other countries.always be reported immediately.Administrator at 1-866-374-1129 (toil-free) from Canada or the U.S. or +1416-977-4425 (collect) from other countries.always be reported immediately.Administrator at 1-866-374-1129 (toil-free) from Canada or the U.S. or +1416-977-4425 (collect) from other countries.always be reported immediately.Administrator at 1-866-374-1129 (toil-free) from Canada or the U.S. or +1416-977-4425 (collect) from other countries.always be reported immediately.Administrator at 1-866-374-1129 (toil-free) from Canada or the U.S. or +1416-977-4425 (collect) from other countries.always be reported immediately.Administrator at 1-866-374-1129 (toil-free) from S a.m. ET, Monday to Friday.always be sequence or covered by expenses that are not covered by such GHIP.Nemetry and the sequence or covered by the friday.bine data for participa Claim.Nemetry and the sequence or covered by the heat bar park of the reported covered the friday.bine data for park of the sequence or covered by the provide evidence of his or her actual date of departure from his or the reported immediately.
 reimburse Us. 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. The Insured Person must also provide proof of the actual Departure Date from their 	 A Medical Emergency should always be described in section 8, or benefits will be limited. A Medical Emergency should always be functed immediately, or benefits will be limited. You can get help 24 hours a day. 7 days a week by contacting Our Administrator for assistance and claim management, an <i>Insured Person</i> incurs Eligible Medical Emergency Expenses, then he or she must first submit receipts and other proof to: ChilF; then to any group or individual heasth plans and/or insurers. Any Eligible Medical Emergency Expenses that are not covered by such CHIP, health plans or insurance should then be submitted to Our Administrator with proof of claim, receipts and payment statements. In this case, claims forms can be obtained from Our Administrator's Customer Service representatives at the number set out in section 10. The <i>Insured Person</i> will also be required to rom and Administrator in applicable, the <i>Insured Person</i> must sign an authorization tom allowing: Courd the Insured Person must sign an authorization tom allowing: Courde the Insured Person must sign an authorization tom allowing: Courde the Insured Person must sign an authorization tom allowing: Courde the Insured Person must sign an authorization tom allowing: Courd drimitistrator in papelicable time form <i>Qur Administrator</i> in applicable, the <i>Insured Person</i> must assist Our Administrator in source there yours and the <i>Insured Person</i> must assist on an authorization lorm allowing: Courded the Insured Person must sign an authorization tom allowing: Courded the Insured Person must sign an authorization tom allowing bury dation or ther insurance or another plan, You and if applicable, the <i>Insured Person</i> must assist Our Administrator in other actual date of departure form Surface in the scale allowing the source of this or her province or territy of residence. Reporting a Claim Inmediately if the same derity or a	InsuranceCLAIM A Medical Emergency should always be reported immediately, or benefits will be limited. Failure to Report a Claim Immediately If, without contacting Our Administrator are assistance and claim management, an Insured Person incurs Eligible Medical Emergency Expenses, then he or she must first submit receipts and other proof to: • GHIP: • then to any group or individual health plans and/or insurers. Any Eligible Medical Emergency Expenses that are not covered by such GHIP, health plans or insurance should then be submitted to Our Administrator with proof of claim. This case, claims forms can be obtained from Our Administrator's to provide evidence of his or her provide to provide vidence of his or her provice or territry or residence. Note: If an advance payment is made for expenses and it is submittid to draw fragence the size of the actical theregency. You must call our notical theregency is advanced in Section 6 – "Limitations advances, "thore provide evidence of his or her provide vidence or provide to provide vidence or insurance or another plan, You and it applicable, the <i>Insured Person</i> will a
 You and/or the Insured Person must reimburse Us. 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. The Insured Person must also provide proof of the actual Departure Date from their 	 A Medical Emergency should always be described in section 8, or benefits will be limited. A Medical Emergency submit always be a Medical Emergency submit always be medical Necrotal always be Medical Emergency submit always be a Medical Emergency submit always be Medical Emergency submit always be a Medical Emergency	 Insurance CLAIM A Medical Energency should always be reported immediately and benefits will be limited. Failure to Report a Claim Immediately II, without contacting Our Administrator to rassistance and claim management, an Insured Person incurs Eligible Medical Emergency Expenses, then he or she must first submit receipts and other proof to: • GHIP; Then to any group or individual health plans and/or insurers. Any Eligible Medical Emergency Expenses that are not covered by such GHIP, health plans or insurance should then be submitted to Our Administrator with proof of claim, receipts and payment statements. In this case, claims froms can be obtained from Our Administrator's cluster Person time or expenses have been guaranteed or paid by Our Administrator to recover thesis hourd Person will also be required to the complete dial Emergency Expenses have representatives at the number set out in section 10. The Insured Person will also be required to the complete diale Imergency claim, as part the requirements above, under "Time limit et claim arises. Failure to provide the applicable for Eligible Medical Emergency and administrator to recover thesis applicable, the Insured Person must sign an autorization form insurance or another plan. You and, if applicable, the Insured Person must sign an autorization form must assist Our Administrator to recover the charges: • from the Insured Person must sign an autorization form must assist Our Administrator to recover the charges: • through subrogation rights against any responsible third party. If Our Administrator to the coblaining reimbursement, where expenses covered under other insurance or inother plan. You and, if applicable, the Insured Person must assist Our Administrator to recover there obtaining reimbursement, where expenses covered under other insurance or another plan. You and, if applicable, the Insured Person must assist Our Administrator in the ore diven the addical Tenergency. You must call Our Administrat
 covered under this <i>Certificate</i>, then You and/or the <i>Insured Person</i> must reimburse Us. then to any group or individual health plan(s) and/or insurer(s). <i>Eligible Medical Emergency</i> expenses not covered by a <i>GHIP</i> or other plan or insurance must be submitted to <i>Our Administrator</i> with proof of claim, receipts and payment statements. The <i>Insured Person</i> must also provide proof of the actual <i>Departure Date</i> from their 	 A Medical Emergency should always be described in section 8, or benefits will be limited. A Medical Emergency should always be functional formation and the provide sector of the section of the provide sector of the section of the provide sector of the sect	 Insurance CLAIM A <i>Medical Emergency</i> should always be reported immediately and the Claim: be limited. Who to Contact to Submit a Claim: <i>Claim Section 8, or benefits will be limited.</i> Failure to Report a Claim <i>Timmediately II, without contacting</i> <i>Our Administrator for assistance and claim management, an Insured</i> <i>Person incurs</i> Eligible Medical <i>Emergency</i> Expenses, then he or she must first submit receipts and other proof to: • GHIP; then to any group or individual health plans and/or insurance should then be submitted to Our <i>Administrator with proof of claim,</i> <i>Teceipts and payment statements.</i> In this case, claims froms can be should then be submitted to Our <i>Administrator with proof of claim,</i> <i>Teceipts and payment statements.</i> In this case, claims froms can be dotained from <i>Our Administrator's</i> <i>Customer Service representatives at</i> the number set out in section 10. The <i>Insured Person</i> will also be required to provice evidence of his or her actual date of departure from his or her province or territory of residence. Reporting a Claim Immediately If <i>Hospital</i> or other medical charges have been guaranteed or paid by <i>Our Administrator</i> to neover thes charges: +from the <i>Insured Person</i> must sign an authorization form allowing <i>Our Administrator to neover thes</i> charges: y from the <i>Insured Person</i> must sign an authorization form allowing <i>Our Administrator to</i> neover thes charges: y from the <i>Insured Person</i> must sign an authorization form edical charges have been guaranteed or paid by <i>Our Administrator to</i> neover thes charges: y from the <i>Insured Person</i> must sign an authorization form allowing <i>Our Administrator to</i> neover thes charges: y from the <i>Insured Person</i> or insurance or another plan, <i>You</i> and if applicable, the <i>Insured Person</i> vill also be required to provide evidence of his or her actual date of oparture from his or her province or territory of residence. Not: If an advance
 is later discovered that they Were not covered under this Certificate, then You and/or the Insured Person must reimburse Us. and claim management, they 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. The Insured Person must also provide proof of the actual Departure Date from their 	 Always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim Immediately I, without contacting Our Administrator for assistance and claim management, an Insured Person incurs Eligible Medical Emergency Expenses then he or she must first submit receipts and other proof to: GHIP: Then to any group or individual health plans and/or insurers. Any Eligible Medical Emergency Expenses that are not covered by such GHIP, health plans or insurance should then be submitted to Our Administrator with proof d claim, freecipts and payment statements. In this case, claims forms can be obtained from Our Administrator to receive the section of the groute of the or ther date of the accident or the date the claim invoices and tickets, mediciae and/or dealm. Provide the Information Requested To make a Medical Emergency claim, as part of the factual date of departure from his or her province or territory of residence. Reporting a Claim form adding Persor must sign an authorization form alor presenses that are not covere these charges: + from the Insured Persor must sign an authorization form alor or beard for Cur Administrator to recover these charges: + from the Insured Persor must sign an authorization form alor presonation form alor the following of the activation form alor the following a claim form, ind the against any responsible thid party. If Our Administrator in beerson will also be required to the Insured Persor must sign an authorization form alor there person is setted in form; and setted Imergency, your must call Our Administrator in beard fore Eligible Medical Emergency claim form at the following a claim form at the fore the following a claim form at the presor must sing the insu	 Insurance CLAM A <i>Medical Energency</i> should always be reported immediately immediately if without contacting <i>Our Administrator</i> for assistance and claim management, an <i>Insured</i> <i>Person</i> incurs Eligible <i>Medical</i> <i>Emergency</i> Expenses, then he or she must first submit receipts and other proof to: GHIP, Then to any group or individual health plans and/or insurers. Any Eligible <i>Medical Emergency</i> Expenses that are not covered by such GHP, health plans or insurance should then be submitted to 0<i>ur</i> <i>Administrator</i> to th soction 10. The <i>Insured Person</i> will also be required to provine or territory of residence. Reporting a Claim Immediately If <i>Hospital</i> or other medical charges have been guaranteed or paid to eligible <i>Medical Emergency</i> actual date of departure from his or her province or territory or feedence charges: •from the <i>Insured Person</i> must sign an authorization form alkowing <i>Cur Administrator</i> to recover these charges: •form the <i>Insured Person</i> must sign an authorizate <i>Derson</i> must sign bar authorizate <i>Derson</i> must sign an authorizate <i>Derson</i> must sign an authorizate <i>Derson</i> must sign bar authorizate <i>Derson</i> must sign an authorizate <i>Derson</i> must sign bar be required to the ordical records (if <i>We</i> determine applicable. It nori, benefits will be limited as described in Section 6 = "Lim
 is later discovered that they Were not covered under this Certificate, then You and/or the Insured Person must reimburse Us. and claim management, they 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. The Insured Person must also provide proof of the actual Departure Date from their 	 Always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim Immediately I, without contacting Our Administrator for assistance and claim management, an Insured Person incurs Eligible Medical Emergency Expenses, then he or she must first submit receipts and other proof to: GHIP; then to any group or individual health plans and/or insurers. Any Eligible Medical Emergency: Expenses that are not covered by such GHIP, health plans or insurance should then be submitted to Dur Administrator with proof of claim, freceipts and payment statements. In this case, claims forms can be obtained from Our Administrator or beard or her grovince or territory of residence. Reporting a Claim Immediately I and Insured Person must sign an authorization form allowing Our Administrator recover ther insurance; through subrogation rights against any responsible thid party. If Our Administrator or beard of an Insured Person must sign an authorization form allowing Our Administrator recover ther insurance; through subrogation rights against any responsible trid party. If Our Administrator in basized Person must assist Our Administrator in bus or her actual date of departure from his or her actual fear of payment by You and by any other been guaranteed or paid by Our Administrator in an eligible Medical Emergency claim form a Medical Emergency claim. Through subrogation rights against any responsible trid on encessary. The Insured Person will also be required to provide evidence of his or her actual date of departure from must assist Our Administrator in bus and insured Person will also be required to provide evidence of his or her actual bit or provide tere prosen and the splicable. Here ansured Person will also be required to provide evidence of his or her actual date of departure form the action of here inform addition of the action of the action of the action of here andical there approchained in the subremation to substantitate the	 Insurance CLAIM A <i>Medical Energency</i> should always be reported immediately, as described in section 8, or benefits will be limited. A <i>Medical Energency</i> should always be reported immediately, or benefits will be limited. <i>Medical Energency</i> should always be reported immediately, or benefits will be limited. <i>Medical Energency</i> should always be reported immediately, or benefits will be limited. <i>Medical Energency</i> should always be reported immediately, or benefits will be limited. <i>Medical Energency</i> should always be reported immediately, or benefits will be limited. <i>Medical Energency</i> should always be reported immediately, or benefits will be limited. <i>Medical Energency</i> should always be reported immediately, or benefits will be limited. <i>Medical Energency</i> should always be reported immediately. <i>Hen to any group or individual</i> health plans and/or insurers. <i>Any Eligible Medical Energency</i> Expenses that are not covered by such GHIP, health plans or insurance should then be submitted to <i>Our</i> <i>Administrator with proof of claim,</i> receipts and payment statements. In this case, claims forms can be obtained from <i>Our Administrators</i> and the number set out in section 10. The <i>Insured Person</i> must sign an authorization form allowing <i>Our Administrator</i> to recover these. Reporting a Claim Immediately or residence. <i>Reporting a Claim Immediately and</i>. <i>Customer Service representatives at</i> the <i>Administrator</i> to recover the substantiate the claim, including but not limited to provide erist person then <i>Sured Person</i> must sign an authorization form allowing <i>Our Administrator</i> to recover ther insurance, <i>i</i> through subrogation rights against any responsible thid party. If <i>Our Administrator</i> may apaint insurance or another plan, <i>You</i> and insurance or another plan, <i>You</i> and insuplicable, the <i>Insured Person</i> will also be required to provid
 payment is made for expenses and it is later discovered that they Were not covered under this <i>Certificate</i>, then <i>You</i> and/or the <i>Insured Person</i> must reimburse <i>Us</i>. first contacting <i>Our Administrator</i> for assistance and claim management, they must first submit receipts and other proof to: <i>GHIP</i>; and then to any group or individual health plan(s) and/or insurer(s). <i>Eligible Medical Emergency</i> expenses not covered by a <i>GHIP</i> or other plan or insurance must be submitted to <i>Our Administrator</i> with proof of claim, receipts and payment statements. The <i>Insured Person</i> must also provide proof of the actual <i>Departure Date</i> from their 	 Always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim Immediately If, without contacting <i>Our Administrator</i> for assistance and claim management, an <i>Insured Persor</i> incurs Eligible <i>Medical Description</i> 22 (toll-free) from Canada or the U.S., or +1416-977-4425 (collect) from other contributions of the persor incurs Eligible <i>Medical Emergency</i> Expenses, then he or she must first submit receipts and other proof to: • GHIP; • then to any group or individual health plans and/or insurers. Any Eligible <i>Medical Emergency</i> Expenses that are not covered by such GHIP, health plans or insurance should then be submitted to Our <i>Administrator</i> with proof of claim, receipts and payment statements. In this case, claims forms can be obtained from Our <i>Administrator</i> in section 10. The actual date of departure from his or her province or territory of residence. Reporting a Claim Immediately if the fullourge of the requirements above, under "Time limit from date fore our administrator in the sort after and the insured Person must sign an authorization form allowing <i>Our Administrator</i> for sevore these charges: •from the <i>Insured Person</i> must assist <i>Our Administrator</i> has paid for Eligible <i>Medical Emergency</i> read. • Completed claim form; and applicable, the <i>Insured Person</i> must assist <i>Our Administrator</i> has paid for Eligible <i>Medical Emergency</i> read. • Completed claim form; and applicable, the <i>Insured Person</i> must assist <i>Our Administrator</i> has paid for Eligible <i>Medical Emergency</i>. You and, if applicable, the <i>Insured Person</i> must assist <i>Our Administrator</i> has paid for the province evidence of the service and return datase; and the service and return datase; and the original itemized receipts for all bills and involces; and the server case resulting a data of the service and return datase; and the original itemized receipts or a distributing the sendical mergency. You must call <i>Our A</i>	InsuranceCLAIM A Medical Emergency should always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim Immediately If, without contacting Our Administrator for assistance and claim management, an Insured Person incurs Eligible Medical Emergency Expenses, then he or she must first submit receipts and other proof to: • GHIP; • then to any group or individual health plans and/or insurers. Any Eligible Medical Emergency Expenses that are not covered by such GHIP, health plans or insurance should then be submitted to Our Administrator with proof of claim, receipts and payment statements. In this case, claims forms can be obtained from Our Administrator's the number set out in section 10. The Insured Person will also be required to provide evidence of his or the receipts and payment statements. In this case, claims forms can be obtained from Our Administrator's Customer Service representatives at the number set out in section 10. The Insured Person will also be required to provide evidence of his or her province or theritory of residence. Reporting a Claim Immediately If Hospital or other medical charges have been guaranteed or paking our Administrator to recover these charges: • from the Insured Person must sign an authorization form allowing our Administrator to recover these charges: • from the Insured Person's GHIP, • from any health plan or other insurance, • through subrogation rights against any responsible Indi party. If Our Administrator has paid for Eligible Medical Emergency strate for to provide evidence have bee quaranted for parking party. If Our Administrator has paid for Eligible Medical Emergency strate for the subritter derive there charges: • from the Insured Person' will also be required to provide evidence have
 residence. Note: If an advance payment is made for expenses and it is later discovered that they <i>Were</i> not covered under this <i>Certificate</i>, then <i>You</i> and/or the <i>Insured Person</i> must reimburse <i>Us</i>. <i>Eligible Medical Emergency</i> expenses without first contacting <i>Our Administrator</i> for assistance and claim management, they must first submit receipts and other proof to: <i>GHIP</i>, and then to any group or individual health plan(s) and/or insurer(s). <i>Eligible Medical Emergency</i> expenses not covered by a <i>GHIP</i> or other plan or insurance must be submitted to <i>Our Administrator</i> with proof of claim, receipts and payment statements. The <i>Insured Person</i> must also provide proof of the actual <i>Departure Date</i> from their 	 A Medical Emergency should always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim Immediately I, without contacting <i>Our Administrator</i> for assistance and claim management, an <i>Insured Persor</i> incurs Eligible <i>Medical Emergency</i> Expenses, then he or she must first submit receipts and other proof to: GHIP; Then to any group or individual health plans and/or insurers. Any Eligible <i>Medical Emergency</i>: Expenses that are not covered by such GHIP, health plans or insurance should then be submitted to Dur <i>Administrator</i> with proof of claim, receipts and payment statements. In this case, claims forms can be obtained from <i>Our Administrator</i> or behalt of an <i>Insured Person</i> will also be required to the accident of the accident of the accident of the accident of the date of the accident of the appropriated claim form the date of the accident of the accident of the service sepresentatives at the number set out in section 10. The actual date of departure from his or her province or territory of residence. Reporting a Claim Immediately for GHIP; *from any health plans to the requirements above, under "Time limit from date of event," We will need documentation to substantiate the claim, firedical Emergency claim, as part of the requirements above, under "Time limit from date of event," We will need documentation to substantiate the claim form; and applicable, the <i>Insured Person</i> must assist <i>Our Administrator</i> has paid for Eligible <i>Medical Emergency</i>. You and by any other benefit plan, and the original itemized receipts for all bils and involces; and involces; and the sequired targency claim, the original involces and the following: completed claim form; and applicable, the <i>Insured Person</i> must assist <i>Our Administrator</i> has paid for Eligible <i>Medical Emergency</i>. You and by any other benefit plan, and the original involces and return dateas; and the sequired to paid by the attending <i>Physician</i> or	InsuranceCLAIM A Medical Emergency should always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim Immediately If, without contacting Our Administrator for assistance and claim management, an Insured Person incurs Eligible Medical Emergency Expenses, then he or she must first submit receipts and other proof to: • GHIP; • then to any group or individual heath plans and/or insurers. Any Eligible Medical Emergency Expenses that are not covered by such GHIP, heath plans or insurance should the be submitted to Our Administrator with proof of claim, receipts and payment statements. In this case, claims forms can be obtained from Our Administrator's Customer Service representatives at the number set out in section 10. The Insured Person will also be required to provide evidence of his or her provide evidence of his or her proving a Claim Immediately II Hospital or other medical charges have been guaranted or paking to provide evidence of his or her provide evidence of his or her proving a Claim Immediately II Hospital or other medical charges have been guaranted or paking our Administrator to recover these charges: • from the Insured Person must sign an authorization form allowing Our Administrator to recover these charges: • from the Insured Person must sign an authorization form allowing our Administrator has paid for Eligible Medical Emergency tam sapart. Hoergible, the Insured Person must sign an authorizen form solve charges: • from the Insured Person must sapilcable, the Insured Person must sign an authorizen form allowing expenses covered under other expenses covered under other insurance or another plan.
from his or her province or territory of residence. Note: If an advance payment is made for expenses and it is later discovered that they <i>Were</i> not covered under this <i>Certificate</i> , then <i>You</i> and/or the <i>Insured Person</i> must reimburse <i>Us</i> .	 Always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim Immediately I, without contacting <i>Our Administrator</i> for assistance and claim management, an <i>Insured Person</i> incurs Eligible <i>Medical Emergency</i> Expenses, then he or she must first submit receipts and other proof to: GHIP; Then to any group or individual health plans and/or insurers. Any Eligible <i>Medical Emergency</i> Expenses that are not covered by such GHIP, health plans or insurance should then be sumitted to Our <i>Administrator</i> with proof of claim, receipts and payment statements. In this case, claims forms can be obtained from <i>Our Administrator</i> or the actuent of the accident or the date of the accident or the date the claim form, with required documentation within 1 year from the faculat date of departure from his or her actual date of departure from his or her province or territory of residence. Reporting a Claim Immediately If appring a Claim Immediately If appring a Claim Immediately If a party. If <i>Our Administrator</i> in subarts to recover these have been guaranteed or paid by <i>Our Administrator</i> to recover ther finsurance; • through subrogation form allowing. <i>Our Administrator</i> in surance or another plan, You and, if applicable, the <i>Insured Person</i> wills the date indegrency, and • the original itemized receipts for all bills and invoices; and • the original itemized receipts for all bills and invoices in the <i>Insured Person</i> must assist <i>Our Administrator</i> in surance or another plan, You and, if applicable, the <i>Insured Person</i> will sub thereand the thereand in the addal the departure from a Medical Emergency, and • the original itemized receipts for all bills and invoices; and • the original itemized receipts for all bills and invoices and the date interpart or dation and the person will be availed by the <i>Nosi</i> and other applicable. A <i>Medical Emergency</i> and • the original itemized records (if <i>W</i>	InsuranceCLAIM A Medical Emergency should always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim Immediately If, without contacting Our Administrator for assistance and claim management, an Insured Person incurs Eligible Medical Emergency Expenses, then he or she must first submit receipts and other proof to: • GHIP; • then to any group or individual health plans and/or insurers. Any Eligible Medical Emergency Expenses that are not covered by such GHIP, health plans or insurance should then be submitted to Our Administrator with proof of claim, receipts and payment statements. In this case, claims forms can be obtained from Our Administrator's Customer Service representatives at the number set out in section 10. The Insured Person then You and, if applicable, the Insured Person must sign an authorization form allowing Our Administrator to recover these charges: + from the Insured Person must sign an authorization form allowing Our Administrator to recover these charges: + from the Insured Person must sign an authorization form allowing Our Administrator to recover these charges: + from the Insured Person must sign an authorization form allowing Our Administrator to recover these charges: + from the Insured Person must sign an authorization form allowing our Administrator nease pains and responsible trid party. If Our Administrator has paint of responsible trid party. If Our Administrator has paint or the applicable, the Insured Person must sign an authorization form allowing our Administrator nease and the accident if You are submitting a the applicable, the Insured Person must sign an authorization form allowing our Administrators to recover these charges: + from the Insured Person must sign an authorization form allowing <
of his or her actual date of departure from his or her province or territory of residence. Note: If an advance payment is made for expenses and it is later discovered that they <i>Were</i> not covered under this <i>Certificate</i> , then <i>You</i> and/or the <i>Insured Person</i> must reimburse <i>Us</i> . <i>Hand</i> (Limitations and Exclusions". If an <i>Insured Person</i> incurs <i>Eligible Medical Emergency</i> expenses without first contacting <i>Our Administrator</i> for assistance and claim management, they must first submit receipts and other proof to: <i>GHIP</i> , and then to any group or individual health plan(s) and/or insurer(s). <i>Eligible Medical Emergency</i> expenses not covered by a <i>GHIP</i> or other plan or insurance must be submitted to <i>Our Administrator</i> with proof of claim, receipts and payment statements. The <i>Insured Person</i> must also provide proof of the actual <i>Departure Date</i> from their	 always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim Immediately f. without contacting <i>Our Administrator</i> for assistance and claim management, an <i>Insured Person</i> neurs Eligible <i>Medical Emergency</i>. Expenses, then he or she must first submit receipts and other proof to: • GHIP; • then to any group or individual health plans and/or insurers. such GHIP, health plans or insurance should her be submitted to <i>Our Administrator</i> and payment statements. In this case, claims forms cane porvide evidence of his or her province or territory of residence. Reporting a Claim Immediately if <i>Hospital or other</i> actual date of departure from his or her provine evidence of his or her provine evidence of his or her provine certification form allowing <i>Our Administrator</i> to receiver these charges: + from the <i>Insured Person</i> must sign an authorization form altowing of partice from any treporter besident of the date of departure from his or her provine evidence of his or her pr	InsuranceCLAIM A Medical Emergency should always be reported immediately, as described in section 8, or benefits will be limited.Who to Contact to Submit a Claim: A Medical Emergency should always be reported immediately, or benefits will be limited. Berson incurs Eligible Medical and Derson incurs Eligible Medical and the rath plans and/or insurers. Any Eligible Medical Emergency Expenses that are not covered by such GHIP, health plans or insurance should then be submitted to Our Administrator with proof of claim, receipts and payment statements. In this case, claims forms can be obtained from Our Administrator's Customer Service representatives at the number set out in section 10. The Insured Person the four durinistrator is or her province or teritoxy of residence. Reporting a Claim Immediately fi Hospital or other medical charges to provide evidence of his or her actual date of departure from his or her province or teritoxy of resords GHIP, • from any health plan or other insurance; • through subrogation firights against any responsible trid party. If Our Administrator has paid for Eligible Medical Emergency to provide evidence of has or her actual date of oparture from his or her province or teritoxy of resords GHIP, • from any health plan or other insurance; • through subrogation for Eligible Medical Emergency stages: strom the Insured Person must sign an authorization for abling or Administrator has paid for Eligible Medical Emergency stages: strom the Insured Person must sign an authorization for abling the plan; and • the orginal itemized recedits for all bills and invoices; and • the orginal itemized records (if We determine applicable, the Insured Person must assist Cur Administrator has paid for Eligible Medical Emergency stages: strom the Insured Person must sign an au
 also be required to provide evidence of his or her actual date of departure from his or her province or territory of residence. Note: If an advance payment is made for expenses and it is later discovered that they <i>Were</i> not covered under this <i>Certificate</i>, then <i>You</i> and/or the <i>Insured Person</i> must reimburse <i>Us</i>. <i>GHIP</i>, and then to any group or individual health plan(s) and/or insurer(s). <i>Eligible Medical Emergency</i> expenses not covered by a <i>GHIP</i> or other plan or insurance must be submitted to <i>Our Administrator</i> with proof of claim, receipts and payment statements. <i>The Insured Person</i> must also provide proof of the actual <i>Departure Date</i> from their 	 always be reported immediately, as described in section 8, or benefits will be limited. be limited. Failure to Report a Claim Immediately If, without contacting <i>Our Administrator</i> for assistance and claim management, an <i>Insured Person</i> incurs Eligible <i>Medical Person</i> incurs Eligible <i>Medical Emergency</i> Expenses, then he or she must first submit receipts and other proof to: GHIP; then to any group or individual health plans and/or insurers. Any Eligible <i>Medical Emergency</i> Expenses that are not covered by such GHIP, health plans or insurance should the be submitted to <i>Our Administrator</i> with proof of claim, receipts and payment statements. In this case, claims forms can be obtained from <i>Our Administrator</i> or actual date of departure form his or her provide e vi in section 10. The <i>Insured Person</i> will also be required to provide evidence of his or her actual date of departure form his or her province or territory of residence. Reporting a Claim Immediately If <i>Hospital</i> or other medical charges have been guaranteed or paid by <i>Our Administrator</i> to recover these charges: • from the <i>Insured Person</i> stign an authorization form allowing <i>Our Administrator</i> to recover these charges: • from the <i>Insured Person</i> than <i>Suse Person</i> must sign an authorization form allowing <i>Our Administrator</i> to recover these charges: • from the <i>Insured Person</i> stign an authorization form allowing <i>Our Administrator</i> to recover these charges: • from the <i>Insured Person</i> stign an authorization form allowing <i>Our Administrator</i> to recover these charges: • from the <i>Insured Person</i> stign an authorization form allowing <i>Our Administrator</i> to recover these in surance • + through subrogation rights against any responsible third party. If <i>Our Administrator</i> in a particable, the <i>Insured Person</i> in austast <i>Our Administrator</i> in 	InsuranceCLAIM A Medical Emergency should always be reported immediately, as described in section 8, or benefits will be limited.Who to Contact to Submit a Claim: A Medical Emergency should always be reported immediately, or benefits will be limited. Failure to Report a Claim Immediately If, without contacting Our Administrator at anagement, an Insured Person incurs Eligible Medical Emergency Expenses, then he or she must first submit receipts and other proof to: • GHIP; • then to any group or individual health plans and/or insurers. Any Eligible Medical Emergency Expenses that are not covered by such GHIP, health plans or insurance should then be submitted to Our Administrator with proof of claim, receipts and payment statements. In this case, claims forms can be obtained from Our Administrator's Customer Service representatives at the number set out in section 10. The Insured Person the Nou and, if applicable, the Insured Person must sign an authorization form allowing Our Administrator receiver threedical charges have been guaranteed or paid by Our Administrator ne alowing and insurance, • through subrogation rights against any responsible thid party, If Our Administrator in applicable, the Insured Person must assist Our Administrator in sign an authorization form allowing Our Administrator has paid for Eligible Medical Emergency and the reguirements above, under "Time limit from date of yeas expenses covered under other mates, and • proof of travel (including departure mon the insurance or another plan, You and the reguirements above, and • proof of travel (including departure and return dates); and • medical records, find we have subpritting a proof of travel (including complete diagnos by the Adeial Immediately in the insured Person in must assist Our Administrator in
 necessary. The <i>Insured Person</i> will also be required to provide evidence of his or her actual date of departure from his or her province or territory of residence. Note: If an advance payment is made for expenses and it is later discovered that they <i>Were</i> not covered under this <i>Certificate</i>, then <i>You</i> and/or the <i>Insured Person</i> must reimburse <i>Us</i>. <i>Administrator</i> immediately, or as soon as is reasonably possible. If not, benefits will be limited as described in Section 6 – "Limitations and Exclusions". If an <i>Insured Person</i> incurs <i>Eligible Medical Emergency</i> expenses without first contacting <i>Our Administrator</i> for assistance and claim management, they must first submit receipts and other proof to: <i>GHIP</i>; and then to any group or individual health plan(s) and/or insurer(s). <i>Eligible Medical Emergency</i> expenses not covered by a <i>GHIP</i> or other plan or insurance must be submitted to <i>Our Administrator</i> with proof of claim, receipts and payment statements. The <i>Insured Person</i> must also provide proof of the actual <i>Departure Date</i> from their 	 A Medical Emergency should always be reported immediately in or benefits will be limited. A Medical Emergency should always be reported immediately or benefits will be limited. You can get help 24 hours a day, 7 days a week by contacting Our Administrator for assistance and claim management, an Insured Person incurs Eligible Medical Emergency Expenses, then he or she must first submit receipts and other proof to: • GHIP; • then to any group or individual health plans and/or insurance should flow provide evidence of his or insurance should flow person will also be required to provide evidence of his or her prov	 Insurance CLAIM A Medical Emergency should always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim Immediately If, without contacting Our Administrator for assistence and claim management, an <i>Insured</i> <i>Person</i> incurs Eligible Medical Emergency Expenses, then he or she must first submit receipts and other proof to: GHIP; then to any group or individual health plans and/or insurers. Any Eligible Medical Emergency Expenses that are not covered by such GHIP, health plans or insurance should then be submitted to Our Administrator with proof of claim, receipts and payment statements. In this case, claim forms, care diction for Our Administrator Customer Service representives at the number set out in section 10. The Insured Person will also be required to provide evidence of his or her actual date of departure from his or her province or teriftory of residence. Reporting a Claim Immediately if <i>Hospital</i> or other medical charges have been guaranteed or paid by Our Administrator to teroever these charges: • from the Insured Person met insurance : • through subrogation rights against any responsible third party. If Our Administrator to charges: • from the Insured Person may for Eligible Medical Emergency Expenses covered under other insurance or another plan, You and, if applicable, the Insured Person to the raported lead in corder insurance or another plan, You and, if applicable. the Insured Person the orginal itemized receipts for all bills and invoices; and the orginal itemized recipts for all bills and invoices; and the orginal itemized recipts for all bills and invoices; and the orginal itemized recipts (if We determine applicable).
 obtaining reimbursement, where necessary. The <i>Insured Person</i> will also be required to provide evidence of his or her actual date of departure from his or her province or territory of residence. Note: If an advance payment is made for expenses and it is later discovered that they <i>Were</i> not covered under this <i>Certificate</i>, then <i>You</i> and/or the <i>Insured Person</i> must reimburse <i>Us</i>. In a <i>Medical Emergency</i>, <i>You</i> must call <i>Our Administrator</i> immediately, or as soon as is reasonably possible. If not, benefits will be limited as described in Section 6 – "Limitations and Exclusions". If an <i>Insured Person</i> incurs <i>Eligible Medical Emergency</i> expenses without first contacting <i>Our Administrator</i> for assistance and claim management, they must first submit receipts and other proof to: <i>GHIP</i>, and then to any group or individual health plan(s) and/or insurer(s). <i>Eligible Medical Emergency</i> expenses not covered by a <i>GHIP</i> or other plan or insurance must be submitted to <i>Our Administrator</i> with proof of claim, receipts and payment statements. The <i>Insured Person</i> must also provide proof of the actual <i>Departure Date</i> from their 	 always be reported inmediately, as described in section 8, or benefits will be limited. Failure to Report a Claim Immediately (if, without contacting) <i>Our Administrator</i> for assistance and claim management, an <i>Insured Person</i> incurs Eligible <i>Medical Emergency</i> Expenses, then he or she must first submit receipts and other proof to: • GHIP; • then to any group or individual health plans and/or insurers. Any Eligible <i>Medical Emergency</i> Expenses that are not covered by such GHIP, health plans or insurance should then be submitted to <i>Our Administrator</i> is a special and/or death certificates) as soon as possible. In every case, adiums form his or her province or territory of residence. Reporting a Claim Immediately if <i>Hospital</i> or other medical charges have been guaranteed or paid by <i>Our Administrator</i> to recover these charges: • from the <i>Insured Person</i> then <i>You</i> and, if applicable, the <i>Insured Person</i> then so ther growing a claim Immediately if <i>Hospital</i> or other medical charges tharges: • from the <i>Insured Person</i> then <i>You</i> and, if applicable, the <i>Insured Person</i> then <i>You</i> and, if applicable, the <i>Insured Person</i> ther <i>You</i> and, if applicable, the <i>Insured Person</i> then so and ther plan, <i>You</i> and, if applicable, the <i>Insured Person</i> then so and insurance or a nother plan, <i>You</i> and, <i>You</i> and <i>You</i> are submitting a claim form at the <i>Insured Person</i> the <i>You</i> and the applicable the <i>Insured Person</i> ther <i>You</i> and, if applicable, the <i>Insured Person</i> ther <i>You</i> and <i>You</i> and <i>You</i> and the applicable the <i>Insured Person</i> the south the <i>Insured Person</i> then sonother plan, <i>You</i> and, <i>You</i> and <i>You</i> and <i>You</i> and <i>You</i> an	 Insurance CLAIM A Medical Emergency should always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim Immediately if, without contacting Our Administrator for assistance and claim management, an <i>Insured</i> <i>Person</i> incurs Eligible Medical <i>Emergency</i> Expenses, then be or she must first submit receipts and other proof to: GHIP; then to any group or individual health plans and/or insurers. Any Eligible Medical Emergency Expenses that are not covered by such GHIP, health plans or insurance should then be submitted to Our Administrator with proof of claim, receipts and payment statements. In this case, claim forms or insurance should then be submitted to Our Administrator with proof of claim, receipts and payment statements. In this case, claim forms or have been guaranteed or paid by Our Administrator to recover these charges: • from the <i>Insured Person</i> must sign an authorization form allowing. Our Administrator to recover these charges: • from the <i>Insured Person</i> then You and, if applicable, the <i>Insured Person</i> must sign an authorization form allowing. orto of travel (including departure and retur dates); and medical records, including complete diagnos by the attending Physician or documentation invoices; and orto of travel (including departure and retur dates); and medical records, including complete diagnos by the attending Physician or documentation invoices; and orto of travel (including departure and retur dates); and proof of travel (ancluding departure and retur dates); and proof of travel (ancluding d
 must assist Our Administrator in obtaining reimbursement, where necessary. The Insured Person will also be required to provide evidence of his or her actual date of departure from his or her province or territory of residence. Note: If an advance payment is made for expenses and it is later discovered that they Were not covered under this Certificate, then You and/or 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 in Section 6 – "Limitations and Exclusions". If an Insured Person incurs Eligible Medical Emergency expenses without first contacting Our Administrator for assistance and claim management, they 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. The Insured Person must also provide proof of the actual Departure Date from their 	 always be reported immediately, as described in section 8, or benefits will be limited. be limited. Failure to Report a Claim Immediately (if, without contacting <i>Our Administrator</i> for assistance and claim management, an <i>Insured Person</i> incurs Eligible <i>Medical Emergency</i> Expenses, then he or she must first submit receipts and other proof to: • GHIP; • then to any group or individual health plans and/or insurers. Any Eligible <i>Medical Emergency</i> Expenses that are not covered by such GHIP, health plans or insurance should then be submitted to <i>Our Administrator</i> with proof of claim, receipts and payment statements. In this case, claims forms can be obtained from <i>Our Administrator</i> on bler province or territory of residence. Reporting a Claim Immediately if <i>Hospilal</i> or other medical charges have been guaranteed or paid by <i>Our Administrator</i> on behalf of an <i>Insured Person</i> mult also be required for medical charges have been guaranteed or paid by <i>Our Administrator</i> to recover these charges: •frong the <i>Insured Person</i> must sign an authorization form allowing <i>Our Administrator</i> to recover these charges: •frong the <i>Insured Person</i> may health plan or other insurance; • through subrogation rights against any responsible third party. If <i>Our Administrator</i> tor theorem trator there <i>Person</i>; expenses covered under other 	 Insurance CLAIM A Medical Emergency should always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim Immediately If, without contacting Our Administrator for assistance and claim management, an Insured Person incurs Eligible Medical Emergency Expenses, then be or she must first submit receipts and other proof to: • (FHIP; • then to any group or individual health plans and/or insurers. Any Eligible Medical Emergency Expenses that are not covered by such GHIP, health plans or insurance should then be submitted to Our Administrator with proof of claim, receipts and payment statements. In this case, claims forms can be obtained from Our Administrator's Customer Service representatives at the number set out in section 10. The Insured Person will also be required to provide evidence of his or her actual date of departure from his or heave been guaranteed or paid by Our Administrator to nedwalf of an Insured Person then You and, if applicable, the Insured Person must sign an authorization form alker of the applicable charges: • from dhe Insured Person movices; and • proof of travel (including departure and return dates); and • the orginal itemized receipts or al buils and invoices and experture form any invalidate Your claim. • complete claim form; and • proof of travel (including departure and return dates); and • the orginal itemized receipts or all bills and invoices; and • proof of the accident if You are submitting a claim for dental expenses, reading 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 resubmitting a claim for dental expenses resubmitting to an authorization form • proof of the accident if You are submittin
must assist Our Administrator in obtaining reimbursement, where necessary. The Insured Person will also be required to provide evidence of his or her actual date of departure from his or her province or territory of residence. Note: If an advance payment is made for expenses and it is later discovered that they Were not covered under this Certificate, then You and/or 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 in Section 6 – "Limitations and Exclusions". If an Insured Person incurs Eligible Medical Emergency expenses without first contacting Our Administrator for assistance and claim management, they 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. The Insured Person must also provide proof of the actual Departure Date from their 	 always be reported immediately, as described in section 8, or benefits will be limited. be limited. Failure to Report a Claim Immediately (if, without contacting <i>Our Administrator</i> for assistance and claim management, an <i>Insured Person</i> incurs Eligible <i>Medical Emergency</i> Expenses, then he or she must first submit receipts and other proof to: • GHIP; • then to any group or individual health plans and/or insurers. Any Eligible <i>Medical Emergency</i> Expenses that are not covered by such GHIP, health plans or insurance should then be submitted to <i>Our Administrator</i> with proof of claim, receipts and payment statements. In this case, claims forms can be obtained from <i>Our Administrator</i> on bler province or territory of residence. Reporting a Claim Immediately if <i>Hospilal</i> or other medical charges have been guaranteed or paid by <i>Our Administrator</i> on behalf of an <i>Insured Person</i> mult also be required for medical charges have been guaranteed or paid by <i>Our Administrator</i> to recover these charges: •frong the <i>Insured Person</i> must sign an authorization form allowing <i>Our Administrator</i> to recover these charges: •frong the <i>Insured Person</i> may health plan or other insurance; • through subrogation rights against any responsible third party. If <i>Our Administrator</i> tor theorem trator there <i>Person</i>; expenses covered under other 	 Insurance CLAIM A Medical Emergency should always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim Immediately If, without contacting Our Administrator for assistance and claim management, an Insured Person incurs Eligible Medical Emergency Expenses, then be or she must first submit receipts and other proof to: • (FHIP; • then to any group or individual health plans and/or insurers. Any Eligible Medical Emergency Expenses that are not covered by such GHIP, health plans or insurance should then be submitted to Our Administrator with proof of claim, receipts and payment statements. In this case, claims forms can be obtained from Our Administrator's Customer Service representatives at the number set out in section 10. The Insured Person will also be required to provide evidence of his or her actual date of departure from his or heave been guaranteed or paid by Our Administrator to nedwalf of an Insured Person then You and, if applicable, the Insured Person must sign an authorization form alker of the applicable charges: • from dhe Insured Person movices; and • proof of travel (including departure and return dates); and • the orginal itemized receipts or al buils and invoices and experture form any invalidate Your claim. • complete claim form; and • proof of travel (including departure and return dates); and • the orginal itemized receipts or all bills and invoices; and • proof of the accident if You are submitting a claim for dental expenses, reading 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 resubmitting a claim for dental expenses resubmitting to an authorization form • proof of the accident if You are submittin
if applicable, the <i>Insured Person</i> must assist <i>Our Administrator</i> in obtaining reimbursement, where necessary. The <i>Insured Person</i> will also be required to provide evidence of his or her actual date of departure from his or her province or territory of residence. Note: If an advance payment is made for expenses and it is later discovered that they <i>Were</i> not covered under this <i>Certificate</i> , then <i>You</i> and/or the <i>Insured Person</i> must reimburse <i>Us</i> .	 always be reported immediately, as described in section 8, or benefits will be limited. be limited. Failurs to Report a Claim Immediately (if without contacting <i>Our Administrator</i> for assistance and claim management, an <i>Insured Person</i> incurs Eligible <i>Medical Emergency</i> e GHIP; then to any group or individual health plans and/or insurers. Any Eligible <i>Medical Emergency</i> spenses that are not covered by such GHIP, health plans or insurance should then be submitted to <i>Our Administrator</i> with proof of claim, receipts and payment statements. In this case, claims forms can be obtained from <i>Our Administrator</i> on behalf of an <i>Insured Person</i> will also be required to provide evidence of his or her actual date of departure from his or her province or territory of residence. Reporting a Claim Immediately [If <i>Hospital</i> or other medical charges have been guaranteed or paid by <i>Our Administrator</i> to recover these charges: • from the <i>Insured Person</i> muts sign an authorization form allowing <i>Our Administrator</i> to recover these charges: • from the <i>Insured Person</i> muts sign an authorization form allowing <i>Our Administrator</i> to recover these charges: • from the <i>Insured Person</i> muts sign an authorization form allowing <i>Our Administrator</i> has papid for Eligible <i>Medical Emergency</i> 	 Insurance CLAIM A Medical Emergency should always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim Immediately If, without contacting Our Administrator for assistance and claim management, an <i>Insured</i> <i>Person</i> incurs Eligible Medical <i>Emergency</i> Expenses, then he or she must first submit receipts and other proof to: GHIP; then to any group or individual health plans and/or insurance. should then be submitted to Our Administrator with proof of claim, receipts and payment statements. In this case, claims forms can be obtained from Our Administrator's Customer Service representatives at the number set out in section 10. The <i>Insured Person</i> will also be required to provide evidence of his or her actual date of departure from his or her province or territory of residence. Reporting a Claim Immediately If <i>Hospital</i> or other medical charges have been guaranteed or paid by <i>Our Administrator</i> to headath of an <i>Insured Person</i> the <i>Insured Person</i> must sign an authorization form allowing. <i>Our Administrator</i> to neoxer these charges: + from any health plan or other insurance; • through subrogation rights against any responsible third party. If <i>Our Administrator</i> has pain of Eligible Medical Emergency the rougina endore of his or her rinsurance; • through subrogation rights against any responsible third party. If <i>Our Administrator</i> has pain of a claim form diated are person must sign an authorization form allowing Our Administrator to recover these charges: + from the Insured Person must sign an authorizator to recover these charges: + from the Insured Person must sign an authorizator to recover these charges: + from the Insured Person must sign an authorizator to recover these charges: + from the Insured Person must sign an authorizator to recover these charges: + from the Insured Person must sign an authorizator to recover these charges: + from the Insured P
 Your historical medical records (if We determine applicable). You and/or her province or territory of residence. Note: If an advance payment is made for expenses and it is later discovered that they Were not covered under this Certificate, then You and/or the Insured Person must reimburse Us. 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. The Insured Person must also provide proof of the actual Departure Date from their 	 always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim Immediately (ii, without contacting) <i>Qur Administrator</i> for assistance and claim management, an <i>Insured Person</i> incurs Eligible <i>Medical Emergency</i> Expenses, then he or she must first submit receipts and other proof to: Gur Administrator or assistance and claim state is ubmit treceipts and parent statements. In the number set out in section 10. The limit from date of event: If <i>You</i> are making a claim, <i>You</i> must submit <i>You</i> completed claim forms, together with written proof of loss (e.g., original invoices and tickets, medical and/or death count insurance is should then be submitted to <i>Our Administrator</i> with proof of claim, freceipts and payment statements. In this case, claims forms can be obtained from <i>Our Administrator</i> is ergoident with sequired documentation within 1 year from the date of departure from his or actual date of departure from his or first against any responsible thid applicable, the <i>Insured Person</i> must sign an authorization from allowing <i>Our Administrator</i> to recover these charges: • from the <i>Insured Person</i> then You and, if applicable, the <i>Insured Person</i> then You and, if applicable, the <i>Insured Person</i> then You and, if applicable, the <i>Insured Person</i> must sign an authorization form allowing <i>Our Administrator</i> the responsible thid party. If <i>Our Administrator</i> has parione or ther insurance; • through subrogation rights against any responsible thid party. If <i>Our Administrator</i> has pario	InsuranceCLAIM A Medical Emergency should always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim Immediately IF, without contacting Our Administrator for assistance and claim management, an Insured Person incurs Eligible Medical Emergency Expenses, then he or she must first submit receipts and other prof to: • GHIP; • then to any group or individual health plans and/or insurers. Any Eligible Medical Emergency Expenses that are not covered by such GHIP, health plans or insurance should then be submitted to Our Administrator with proof of claim, receipts and payment statements. In this case, claims forms can be obtained from Our Administrator's Customer Service representatives at the number set out in section 10. The Insured Person will also be required to provide evidence of his or her actual date of departure from his or her province or territory of residence. Reporting a Claim Immediately IF Hospital or other medical charges have been guaranteed or paid by Our Administrator to recover these charges: * from the Insured Person's GHIP.* from any health plan or other insurance; * through subrogation rights against any responsible thind parity. If Our Administrator has paidWho to Contact to Submit a Claim: Administrator to recover these charges: * from the Insured Person's GHIP.* from any health plan or other insurance; * through subrogation rights against any responsible thind parity. If Our Administrator has paidWho to Contact to Submit a later of all bills and invoices; and • proor of the accident if You are submitting a • proor of the accident if You are submitting a
 Expenses covered under other insurance or another plan, You and, if applicable, the <i>Insured Person</i> must assist <i>Our Administrator</i> in obtaining reimbursement, where necessary. The <i>Insured Person</i> will also be required to provide evidence of his or her actual date of departure from his or her province or territory of residence. Note: If an advance payment is made for expenses and it is later discovered that they <i>Were</i> not covered under this <i>Certificate</i>, then <i>You</i> and/or the <i>Insured Person</i> must reimburse <i>Us</i>. Medical Emergency, and Your historical medical records (if <i>We</i> determine applicable). If <i>You Do Not Report the Claim Immediately</i> In a <i>Medical Emergency, You</i> must call <i>Our Administrator</i> immediately, or as soon as is reasonably possible. If not, benefits will be limited as described in Section 6 – "Limitations and Exclusions". If an <i>Insured Person</i> incurs <i>Eligible Medical Emergency</i> expenses without first contacting <i>Our Administrator</i> for assistance and claim management, they must first submit receipts and other proof to: <i>GHIP</i>, and then to any group or individual health plan(s) and/or insurer(s). <i>Eligible Medical Emergency</i> expenses not covered by a <i>GHIP</i> or other plan or insurance must be submitted to <i>Our Administrator</i> with proof of claim, receipts and payment statements. The <i>Insured Person</i> must also provide proof of the actual <i>Departure Date</i> from their 	 always be reported immediately, as described in section 8, or benefits will be limited. be limited. Failure to Report a Claim Immediately f, without contacting <i>Our Administrator</i> for assistance and claim management, an <i>Insured Person</i> incurs Eligible <i>Medical Emergency</i> Expenses, then he or she must first submit receipts and other proof to: • GHIP; • then to any group or individual health plans and/or insurers. Any Eligible <i>Medical Emergency</i> and <i>Our Administrator</i> at 1-866-374-1129 (toll-free) from 8 a.m. to 8 p.m. ET, Monday to Friday. b) Time limit from date of event: If <i>You</i> are making a claim, <i>You</i> must send <i>Our Administrator</i> with proof of claim, receipts and payment statements. In this case, claim forms are to ut in section 10. The number set out in section 10. The number set out in section 10. The Insured <i>Person</i> will also be required to provide evidence of his or her actual date of departure from his or he province or territory of residence. Reporting a Claim Immediately If <i>Hospital</i> or other medical charges have been guaranted or paid by <i>Our Administrator</i> to recover these then guaranted or paid by <i>Our Administrator</i> to recover these there are surfixed event. <i>We</i> will need documentation to the fact the claim, including but not limited to the following: • oompleted claim form, and * proof of payment by <i>You</i> and by any other benefit plan; and • proof of payment by <i>You</i> and by any other benefit plan; and • proof of payment by <i>You</i> and by any other benefit plan; and • proof of payment by <i>You</i> and by any other benefit plan; and • proof of payment by <i>You</i> and by any other benefit plan; and • proof of payment by <i>You</i> and by any other benefit plan; and • proof of payment by <i>You</i> and by any other benefit plan; and • proof of payment by <i>You</i> and by any other benefit plan; and • proof of payment by <i>You</i> and payment the <i>Treatment</i> was medica	InsuranceCLAIM A Medical Emergency should always be reported immediately, as described in section 8, or benefits will be limited.Who to Contact to Submit a Claim: A Medical Emergency should always be reported immediately, or benefits will be limited.Failure to Report a Claim Immediately If, without contacting Our Administrator for assistance and claim management, an Insured Person incurs Eligible Medical Emergency Expenses, then he or she must first submit receipts and other proof to: • GHIP; • then to any group or individual health plans and/or insurers. Any Eligible Medical Emergency Expenses that are not covered by such GHIP, health plans or insurance should then be submitted to Our Administrator with proof of claim, receipts and payment statements. In this case, claims forms can be obtained from Our Administrator's Customer Service representatives at the number set out in section 10. The Insured Person will also be required to provide evidence of his or have been guaranteed or paid by Our Administrator on behalf of an Insured Person then You and, if applicable, the Insured Person multis sign an authorization or recover these charges. • from the Insured Person multis sign an authorization or behalf of an Insured Person then You and, if applicable, the Insured Person multis sign an authorization or behalf of an Insured Person the Insured Person multis sign an authorization or behalf of an Insured Person the Insured Person multis sign an authorization or behalf of an Insured Person the Insured Person multis sign an authorization or behalf of an Insured Person the Insured Person multis sign an authorization or behalf of an Insured Person then You and Person fine sign an authorization or behalf of an Insured Person then Prove and Person fine subonal be thildWh
 Expenses covered under other insurance or another plan, You and, if applicable, the <i>Insured Person</i> must assist <i>Our Administrator</i> in obtaining reimbursement, where necessary. The <i>Insured Person</i> will also be required to provide evidence of his or her actual date of departure from his or her province or territory of residence. Note: If an advance payment is made for expenses and it is later discovered that they <i>Were</i> not covered under this <i>Certificate</i>, then <i>You</i> and/or the <i>Insured Person</i> must reimburse <i>Us</i>. Medical Emergency, and Your historical medical records (if <i>We</i> determine applicable). If <i>You Do Not Report the Claim Immediately</i> In a <i>Medical Emergency, You</i> must call <i>Our Administrator</i> immediately, or as soon as is reasonably possible. If not, benefits will be limited as described in Section 6 – "Limitations and Exclusions". If an <i>Insured Person</i> incurs <i>Eligible Medical Emergency</i> expenses without first contacting <i>Our Administrator</i> for assistance and claim management, they must first submit receipts and other proof to: <i>GHIP</i>, and then to any group or individual health plan(s) and/or insurer(s). <i>Eligible Medical Emergency</i> expenses not covered by a <i>GHIP</i> or other plan or insurance must be submitted to <i>Our Administrator</i> with proof of claim, receipts and payment statements. The <i>Insured Person</i> must also provide proof of the actual <i>Departure Date</i> from their 	 always be reported immediately, as described in section 8, or benefits will be limited. be limited. Failure to Report a Claim Immediately f, without contacting <i>Our Administrator</i> for assistance and claim management, an <i>Insured Person</i> incurs Eligible <i>Medical Emergency</i> Expenses, then he or she must first submit receipts and other proof to: • GHIP; • then to any group or individual health plans and/or insurers. Any Eligible <i>Medical Emergency</i> and <i>Our Administrator</i> at 1-866-374-1129 (toll-free) from 8 a.m. to 8 p.m. ET, Monday to Friday. b) Time limit from date of event: If <i>You</i> are making a claim, <i>You</i> must send <i>Our Administrator</i> with proof of claim, receipts and payment statements. In this case, claim forms are to ut in section 10. The number set out in section 10. The number set out in section 10. The Insured <i>Person</i> will also be required to provide evidence of his or her actual date of departure from his or he province or territory of residence. Reporting a Claim Immediately If <i>Hospital</i> or other medical charges have been guaranted or paid by <i>Our Administrator</i> to recover these then guaranted or paid by <i>Our Administrator</i> to recover these there are surfixed event. <i>We</i> will need documentation to the fact the claim, including but not limited to the following: • oompleted claim form, and * proof of payment by <i>You</i> and by any other benefit plan; and • proof of payment by <i>You</i> and by any other benefit plan; and • proof of payment by <i>You</i> and by any other benefit plan; and • proof of payment by <i>You</i> and by any other benefit plan; and • proof of payment by <i>You</i> and by any other benefit plan; and • proof of payment by <i>You</i> and by any other benefit plan; and • proof of payment by <i>You</i> and by any other benefit plan; and • proof of payment by <i>You</i> and by any other benefit plan; and • proof of payment by <i>You</i> and payment the <i>Treatment</i> was medica	InsuranceCLAIM A Medical Emergency should always be reported immediately, as described in section 8, or benefits will be limited.Who to Contact to Submit a Claim: A Medical Emergency should always be reported immediately, or benefits will be limited.Failure to Report a Claim Immediately If, without contacting Our Administrator for assistance and claim management, an Insured Person incurs Eligible Medical Emergency Expenses, then he or she must first submit receipts and other proof to: • GHIP; • then to any group or individual health plans and/or insurers. Any Eligible Medical Emergency Expenses that are not covered by such GHIP, health plans or insurance should then be submitted to Our Administrator with proof of claim, receipts and payment statements. In this case, claims forms can be obtained from Our Administrator's Customer Service representatives at the number set out in section 10. The Insured Person will also be required to provide evidence of his or have been guaranteed or paid by Our Administrator on behalf of an Insured Person then You and, if applicable, the Insured Person multis sign an authorization or recover these charges. • from the Insured Person multis sign an authorization or behalf of an Insured Person then You and, if applicable, the Insured Person multis sign an authorization or behalf of an Insured Person the Insured Person multis sign an authorization or behalf of an Insured Person the Insured Person multis sign an authorization or behalf of an Insured Person the Insured Person multis sign an authorization or behalf of an Insured Person the Insured Person multis sign an authorization or behalf of an Insured Person then You and Person fine sign an authorization or behalf of an Insured Person then Prove and Person fine subonal be thildWh
 for Éligible Medical Emergency Expenses covered under other insurance or another plan, You and, if applicable, the <i>Insured Person</i> must assist Our Administrator in obtaining reimbursement, where necessary. The <i>Insured Person</i> will also be required to provide evidence of his or her actual date of departure from his or her province or territory of residence. Note: If an advance payment is made for expenses and it is later discovered that they Were not covered under this <i>Certificate</i>, then You and/or the <i>Insured Person</i> must reimburse Us. If an advance payment is <i>Certificate</i>, then You and/or the <i>Insured Person</i> must reimburse Us. If an advance payment is <i>Certificate</i>, then You and/or the <i>Insured Person</i> must reimburse Us. If an advance payment is <i>Certificate</i>, then You and/or the <i>Insured Person</i> must reimburse Us. If an advance <i>GHIP</i>, and then to any group or individual health plan(s) and/or insurer(s). Eligible Medical Emergency expenses not covered by a <i>GHIP</i> or other plan or insurance must be submitted to <i>Our Administrator</i> with proof of claim, receipts and payment statements. The <i>Insured Person</i> must also provide proof of the actual <i>Departure Date</i> from their 	 always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim Immediately If, without contacting <i>Our Administrator</i> for assistance and claim management, an <i>Insured Person</i> incurs Eligible Medical <i>Person</i> incurs Eligible Medical Emergency Expenses, then he or she must first submit receipts and other proof to: GHIP; then to any group or individual health plans and/or insurers. Any Eligible Medical Emergency Expenses that are not covered by such GHIP, health plans or insurance should then be submitted to <i>Our Administrator</i> and 1-866-374-1129 (toll-free) from 8 a.m. to 8 p.m. ET, Monday to Friday. b) Time limit from date of event: If You are making a claim, <i>You</i> must send <i>Our Administrator</i> and 1-866-374-1129 (toll-free) from 8 a.m. to 8 p.m. ET, Monday to Friday. b) Time limit from date of event: If You are making a claim, <i>You</i> must send <i>Our Administrator</i> send tockets, medical and/or death certificates) as soon as possible. In every case, <i>You</i> must submit <i>Your</i> completed claim form, at isses. Failure to provide the applicable in forms can be obtained from <i>Our Administrator</i> service representatives at the number set out in section 10. The <i>Insured Person</i> will also be required to provide evidence of his or her actual date of departure from his or her province or territory of residence. Reporting a Claim Immediately If <i>Hospital</i> or other medical charges have been guaranteed or paid by <i>Our Administrator</i> to recover these charges: •from the <i>Insured Person</i> sign an authorization form allowing our Administrator to recover these charges: •from the <i>Insured Person</i> sign an authorization form allowing our Administrator to recover these charges: •from the insured Person's GHIP; • from any health plan or other insurance; • through subrogation 	InsuranceCLAIM A Medical Emergency should always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim Immediately If, without contacting Our Administrator for assistance and claim management, an Insured Person incurs Eligible Medical Emergency Expenses, then he or she must first submit receipts and other proof to: • GHIP; • then to any group or individual health plans and/or insurers. Any Eligible Medical Emergency Expenses that are not covered by such GHIP, health plans or insurance should then be submitted to Our Administrator with proof of claim, receipts and payment statements. In this case, claims forms can be obtained from Our Administrator's customer Service representatives at the number set out in section 10. The Insured Person thell so be required to provide evidence of his or her actual date of departure from his or her province or territory of residence. Reporting a Claim Immediately If Hospital or other medical charges have been guaranteed or paid by Our Administrator to recover these charges: • from the Insured Person's GHIP; • from any health plan or other may health plan or other may any health plan or other may any health plan or other may and the province or thesy or the Sorter of payment by You and by any other benefit plan; and • proof drawel creating or courter to roke appresor's GHIP; • from any health plan or other insurance; • through subrogationWho to Contact to Submit a Claim: Administrator to recover these charges: • from the Insured Person's GHIP; • from any health plan or other insurance; • through subrogationWho to Contact to Submit a claim: Administrator to recover these charges: • from the Insured Person's GHIP; • from any health plan or other insurance; • through subrogationWho t
 party. If <i>Our Administrator</i> has paid for Eligible <i>Medical Emergency</i> Expenses covered under other insurance or another plan, <i>You</i> and, if applicable, the <i>Insured Person</i> must assist <i>Our Administrator</i> in obtaining reimbursement, where necessary. The <i>Insured Person</i> will also be required to provide evidence of his or her actual date of departure from his or her province or territory of residence. Note: If an advance payment is made for expenses and it is later discovered that they <i>Were</i> not covered under this <i>Certificate</i>, then <i>You</i> and/or the <i>Insured Person</i> must reimburse <i>Us</i>. proof of the accident if <i>You</i> are submitting a claim for dental expenses resulting from a <i>Medical Emergency</i>; and Your book the claim Immediately. In a <i>Medical Emergency, You</i> must call <i>Our Administrator</i> inscured <i>Person</i> incurs <i>Eligible Medical Emergency</i> expenses without first contracting <i>Our Administrator</i> for assistance and claim management, they must first submit receipts and other proof to: <i>GHIP</i>, and then to any group or individual health plan(s) and/or insurer(s). <i>Eligible Medical Emergency</i> expenses not covered by a <i>GHIP</i> or other plan or insurance must be submitted to <i>Our Administrator</i> with proof of claim, receipts and payment statements. The <i>Insured Person</i> must also provide proof of the actual <i>Departure Date</i> from their 	 A Medical Emergency should always be reported immediately, as described in section 8, or benefits will be limited. A Medical Emergency should always be reported immediately, is reported immediately, for benefits will be limited. A Medical Emergency should always be reported immediately, is reported immediately. As an exek by contacting Our Administrator at 1-866-374-1129 (oll-free) from Canada or the U.S., or +1-416-977-4425 (collect) from other countries. Complete the Required Form a) Request the Form: To request a claim form, call Our Administrator at 1-866-374-1129 (oll-free) from 8 a.m. to 8 p.m. ET, Monday to Friday. b) Time limit from date of event: If You are making a claim, You must send Our Administrator with proof of claim, freeipts and payment statements. In this case, claims forms can be obtained from Our Administrator of claim. Customer Service representatives at the numbers atout in section 10. The Insured Person will also be required to provide evidence of his or her province or territory of residence. Reporting a Claim Immediately If Hospital or other medical charges have been guaranteed or paid by Our Administrator to recover these charges: • from the Insured Person must sign an authorization form allowing: complete diam form; and • proof of payment by You and by any other benefit plan; and the original itemized receipts for all bills and invoices; and the original itemized receipts for all bills and invoices; and the original itemized receipts or allowing: complete diam form; and • proof of travel (including departure and return dates); and the original itemized receipts for all bills and invoices; and 	InsuranceCLAIM A Medical Emergency should always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim limmediately If, without contacting Our Administrator for assistance and claim management, an Insured Person incurs Eligible Medical Emergency Expenses, then he or she must first submit receipts and other proof to: • GHIP; • then to any group or individual health plans and/or insurers. Any Eligible Medical Emergency Expenses that are not covered by such GHIP, health plans or insurance should then be submitted to Our Administrator with proof of claim, receipts and payment statements. In this case, claim forms can be obtained from Our Administrator's Customer Service representatives at the numbers set out in section 10. The Insured Person will also be required to provide evidence of his or her actual date of departure from his or her province or territory of residence. Reporting a Claim Immediately by Our Administrator to recover these charges: •from the Insured Person must sign an authorization form allowing Our Administrator to recover these charges: •from the Insured Person son GHIP; • from any health plan or other son the Insured Person then You and, if applicable, the Insured Person must sign an authorization form allowing Our Administrator to recover these charges: •from the Insured Person's GHIP; • from any health plan or other son the Insured Person's GHIP; • from any health plan or other son the Insured Person's GHIP; • from any health plan or other son the actual date of accumentation to accumentation the son the accidan province or territory of residence. Reporting a Claim Immediately If hospital or other medical charges have been guaranteed or paid by Our Administrator to recover these charges: •from the Insured Person'
 party. If <i>Our Administrator</i> has paid for Eligible <i>Medical Emergency</i> Expenses covered under other insurance or another plan, <i>You</i> and, if applicable, the <i>Insured Person</i> must assist <i>Our Administrator</i> in obtaining reimbursement, where necessary. The <i>Insured Person</i> will also be required to provide evidence of his or her actual date of departure from his or her province or territory of residence. Note: If an advance payment is made for expenses and it is later discovered that they <i>Were</i> not covered under this <i>Certificate</i>, then <i>You</i> and/or the <i>Insured Person</i> must reimburse <i>Us</i>. proof of the accident if <i>You</i> are submitting a claim for dental expenses resulting from a <i>Medical Emergency</i>; and Your book the claim Immediately. In a <i>Medical Emergency, You</i> must call <i>Our Administrator</i> inscured <i>Person</i> incurs <i>Eligible Medical Emergency</i> expenses without first contracting <i>Our Administrator</i> for assistance and claim management, they must first submit receipts and other proof to: <i>GHIP</i>, and then to any group or individual health plan(s) and/or insurer(s). <i>Eligible Medical Emergency</i> expenses not covered by a <i>GHIP</i> or other plan or insurance must be submitted to <i>Our Administrator</i> with proof of claim, receipts and payment statements. The <i>Insured Person</i> must also provide proof of the actual <i>Departure Date</i> from their 	 A Medical Emergency should always be reported immediately, as described in section 8, or benefits will be limited. A Medical Emergency should always be reported immediately, is reported immediately, for benefits will be limited. A Medical Emergency should always be reported immediately, is reported immediately. As an exek by contacting Our Administrator at 1-866-374-1129 (oll-free) from Canada or the U.S., or +1-416-977-4425 (collect) from other countries. Complete the Required Form a) Request the Form: To request a claim form, call Our Administrator at 1-866-374-1129 (oll-free) from 8 a.m. to 8 p.m. ET, Monday to Friday. b) Time limit from date of event: If You are making a claim, You must send Our Administrator with proof of claim, freeipts and payment statements. In this case, claims forms can be obtained from Our Administrator of claim. Customer Service representatives at the numbers atout in section 10. The Insured Person will also be required to provide evidence of his or her province or territory of residence. Reporting a Claim Immediately If Hospital or other medical charges have been guaranteed or paid by Our Administrator to recover these charges: • from the Insured Person must sign an authorization form allowing: complete diam form; and • proof of payment by You and by any other benefit plan; and the original itemized receipts for all bills and invoices; and the original itemized receipts for all bills and invoices; and the original itemized receipts or allowing: complete diam form; and • proof of travel (including departure and return dates); and the original itemized receipts for all bills and invoices; and 	InsuranceCLAIM A Medical Emergency should always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim limmediately If, without contacting Our Administrator for assistance and claim management, an Insured Person incurs Eligible Medical Emergency Expenses, then he or she must first submit receipts and other proof to: • GHIP; • then to any group or individual health plans and/or insurers. Any Eligible Medical Emergency Expenses that are not covered by such GHIP, health plans or insurance should then be submitted to Our Administrator with proof of claim, receipts and payment statements. In this case, claim forms can be obtained from Our Administrator's Customer Service representatives at the numbers set out in section 10. The Insured Person will also be required to provide evidence of his or her actual date of departure from his or her province or territory of residence. Reporting a Claim Immediately by Our Administrator to recover these charges: •from the Insured Person must sign an authorization form allowing Our Administrator to recover these charges: •from the Insured Person son GHIP; • from any health plan or other son the Insured Person then You and, if applicable, the Insured Person must sign an authorization form allowing Our Administrator to recover these charges: •from the Insured Person's GHIP; • from any health plan or other son the Insured Person's GHIP; • from any health plan or other son the Insured Person's GHIP; • from any health plan or other son the actual date of accumentation to accumentation the son the accidan province or territory of residence. Reporting a Claim Immediately If hospital or other medical charges have been guaranteed or paid by Our Administrator to recover these charges: •from the Insured Person'
rights against any responsible third party. If <i>Our Administrator</i> has paid for Eligible <i>Medical Emergency</i> and insurance or another plan, You and, if applicable, the <i>Insured Person</i> must assist <i>Our Administrator</i> in where necessary. The <i>Insured Person</i> will also be required to provide evidence of his or her actual date of departure from his or her province or territory of residence. Note: If an advance payment is made for expenses and it is later discovered that they <i>Were</i> not covered under this <i>Certificate</i> , then <i>You</i> and/or the <i>Insured Person</i> must reimburse <i>Us</i> .	 A Medical Energency should always be reported immediately, as described in section 8, or benefits will be limited. A Medical Energency should always be reported immediately, or benefits will be limited. You can get help 24 hours a day, 7 days a week by contacting Our Administrator for assistance and claim management, an <i>Insured Person</i> incurs Eligible Medical Emergency Expenses, then he or she must first submit receipts and other proof to: GHIP; then to any group or individual health plans and/or insurers. Any Eligible Medical Emergency Expenses that are not covered by such GHIP, health plans or insurance should then be submitted to Our Administrator the appropriate claim forms, receipts and payment statements. In this case, claims forms can be obtained from Our Administrator's Customer Service representatives at the number set out in section 10. The <i>Insured Person</i> will also be required to provide evidence of his or her actual date of departure from his or her province or territory of residence. Reporting a Claim Immediately if <i>Hospital</i> or other medical charges have been guaranteed or paid by <i>Our Administrator</i> to neover these have been guaranted or paid by <i>Our Administrator</i> to recover these charges: from the <i>Insured Person</i> must sub for an <i>Insured Person</i> then You and, if applicable, the <i>Insured Person</i> these charges: from the <i>Insured Person</i> these charges: from the <i>Insured Person</i> rust sign an authorization form allowing <i>Our Administrator</i> to recover these charges: if rom the <i>Insured Person</i> rust 	InsuranceCLAIM A Medical Emergency should always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim Immediately If, without contacting Our Administrator for assistance and claim management, an Insured Person incurs Eligible Medical Emergency Expenses, then he or she must first submit receipts and other proof to: • GHIP; • then to any group or individual health plans and/or insurers. Any Eligible Medical Emergency Expenses that are not covered by such GHIP, health plans or insurance should then be submitted to Our Administrator with proof of claim, receipts and payment statements. In this case, claims forms can be obtained from Our Administrator's Customer Service representatives at the number set out in section 10. The Insured Person will also be required to provide evidence of his or her actual date of departure from his or her province or territory of residence. Reporting a Claim Immediately If Hospital or other medical charges have been guaranteed or paid by Our Administrator to recover these charges: ifrom the Insured Person must sign an authorization for mallowing Our Administrator to recover these charges: ifrom the Insured Person will also for the catcal date of departure from his or her province or territory of residence. Reporting a Claim Immediately If Hospital or other medical charges have been guaranteed or paid by Our Administrator to recover these charges: ifrom the Insured Person mats sign an authorization for mallowing Our Administrator to recover these charges: ifrom the Insured Person 'mats applicable, the Insured Person's 'mats applicable, the Insured Person's 'mats applicable, the Insured Person's 'mats applicable, the Insured Person 'mats' applicable, the Insured Person's 'mats' applicable, the Insured Pers
rights against any responsible third party. If <i>Our Administrator</i> has paid for Eligible <i>Medical Emergency</i> and insurance or another plan, You and, if applicable, the <i>Insured Person</i> must assist <i>Our Administrator</i> in where necessary. The <i>Insured Person</i> will also be required to provide evidence of his or her actual date of departure from his or her province or territory of residence. Note: If an advance payment is made for expenses and it is later discovered that they <i>Were</i> not covered under this <i>Certificate</i> , then <i>You</i> and/or the <i>Insured Person</i> must reimburse <i>Us</i> .	 A Medical Energency should always be reported immediately, as described in section 8, or benefits will be limited. A Medical Energency should always be reported immediately, or benefits will be limited. You can get help 24 hours a day, 7 days a week by contacting Our Administrator for assistance and claim management, an <i>Insured Person</i> incurs Eligible Medical Emergency Expenses, then he or she must first submit receipts and other proof to: GHIP; then to any group or individual health plans and/or insurers. Any Eligible Medical Emergency Expenses that are not covered by such GHIP, health plans or insurance should then be submitted to Our Administrator the appropriate claim forms, receipts and payment statements. In this case, claims forms can be obtained from Our Administrator's Customer Service representatives at the number set out in section 10. The <i>Insured Person</i> will also be required to provide evidence of his or her actual date of departure from his or her province or territory of residence. Reporting a Claim Immediately if <i>Hospital</i> or other medical charges have been guaranteed or paid by <i>Our Administrator</i> to neover these have been guaranted or paid by <i>Our Administrator</i> to recover these charges: from the <i>Insured Person</i> must sub for an <i>Insured Person</i> then You and, if applicable, the <i>Insured Person</i> these charges: from the <i>Insured Person</i> these charges: from the <i>Insured Person</i> rust sign an authorization form allowing <i>Our Administrator</i> to recover these charges: if rom the <i>Insured Person</i> rust 	InsuranceCLAIM A Medical Emergency should always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim Immediately If, without contacting Our Administrator for assistance and claim management, an Insured Person incurs Eligible Medical Emergency Expenses, then he or she must first submit receipts and other proof to: • GHIP; • then to any group or individual health plans and/or insurers. Any Eligible Medical Emergency Expenses that are not covered by such GHIP, health plans or insurance should then be submitted to Our Administrator with proof of claim, receipts and payment statements. In this case, claims forms can be obtained from Our Administrator's Customer Service representatives at the number set out in section 10. The Insured Person will also be required to provide evidence of his or her actual date of departure from his or her province or territory of residence. Reporting a Claim Immediately If Hospital or other medical charges have been guaranteed or paid by Our Administrator to recover these charges: ifrom the Insured Person must sign an authorization for mallowing Our Administrator to recover these charges: ifrom the Insured Person will also for the catcal date of departure from his or her province or territory of residence. Reporting a Claim Immediately If Hospital or other medical charges have been guaranteed or paid by Our Administrator to recover these charges: ifrom the Insured Person mats sign an authorization for mallowing Our Administrator to recover these charges: ifrom the Insured Person 'mats applicable, the Insured Person's 'mats applicable, the Insured Person's 'mats applicable, the Insured Person's 'mats applicable, the Insured Person 'mats' applicable, the Insured Person's 'mats' applicable, the Insured Pers
 insurance; • through subrogation rights against any responsible third party. If <i>Our Administrator</i> has paid for Eligible <i>Medical Emergency</i> Expenses covered under other insurance or another plan, <i>You</i> and, if applicable, the <i>Insured Person</i> must assist <i>Our Administrator</i> in obtaining reimbursement, where necessary. The <i>Insured Person</i> will also be required to provide evidence of his or her actual date of departure from his or her province or territory of residence. Note: If an advance payment is made for expenses and it is later discovered that they <i>Were</i> not covered under this <i>Certificate</i>, then <i>You</i> and/or the <i>Insured Person</i> must reimburse <i>Us</i>. If an <i>Medical Emergency</i>, expenses without first contacting <i>Our Administrator</i> for assistance and otale management, they must first submit receipts and other proof to: <i>GHIP</i>, and • then to any group or individual health plan(s) and/or insurer(s). <i>Eligible Medical Emergency</i> expenses not covered by a <i>GHIP</i> or other plan or insurance must be submitted to <i>Our Administrator</i> with proof of claim, receipts and payment statements. The <i>Insured Person</i> must also provide proof of the actual <i>Departure Date</i> from their 	 A Medical Emergency should always be reported immediately, as described in section 8, or benefits will be limited. A Medical Emergency should always be reported immediately, or benefits will be limited. You can get help 24 hours a day. 7 days a week by contacting Our Administrator at 1-866-374-1129 (toll-free) from Canada or the U.S. or +1-416-977-4425 (collect) from other countries. Complete the Required Form a Request the Form: To request a claim form, call Our Administrator at 1-866-374-1129 (toll-free) from 8 a.m. to 8 p.m. ET, Monday to Friday. Then to any group or individual health plans and/or insurers. Any Eligible Medical Emergency by such GHIP, health plans or insurance should then be submitted to Our Administrator's Customer Service representatives at the number set out in section 10. The Insured Person will also be required to provide evidence of his or her actual date of departure from his or her province or territory of residence. Reporting a Claim Immediately If Hospifal or other medical charges have been guaranteed or paid by Our Administrator to recover these Complete the Required Torm and Insured Person must sign an authorization form allowing Our Administrator to recover these 	InsuranceCLAIM A Medical Emergency should always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim Immediately If, without contacting Our Administrator for assistance and claim management, an Insured Person incurs Eligible Medical Emergency Expenses, then he or she must first submit receipts and other proof to: • CHIP; • then to any group or individual health plans and/or insurers. Any Eligible Medical Emergency Expenses that are not covered by such GHIP, health plans or insurance should then be submitted to Our Administrator with proof of claim, receipts and payment statements. In this case, claims forms can be obtained from Our Administrator or ber modical charges have been guaranteed or paid by Our Administrator to necover these have been guaranteed or paid by Our Administrator to necover these have been guaranteed or paid by Our Administrator to recover these have been guaranteed or paid by Our Administrator to recover these have been guaranteed or paid by Our Administrator to recover these have been guaranteed or paid by Our Administrator to recover these have been guaranteed or paid by Our Administrator to recover these have been guaranteed or paid by Our Administrator to recover these have been guaranteed or paid by Our Administrator to necover these have been guaranteed or paid by Our Administrator to recover these have been guaranteed or paid by Our Administrator to recover these have been guaranteed or paid by Our Administrator to recover these have been guaranteed or paid by Our Administrator to recover these have been guaranteed or paid by Our Administrator to recover these have been guaranteed or paid by Our Administrator to recover these have been guaranteed or paid by Our Administrator to recover these <b< th=""></b<>
 GHIP; • from any health plan or other insurance; • through subrogation rights against any responsible third party. If <i>Our Administrator</i> has paid for Eligible <i>Medical Emergency</i> Expenses covered under other insurance or another plan, You and, if applicable, the <i>Insured Person</i> must assist <i>Our Administrator</i> in obtaining reimbursement, where necessary. The <i>Insured Person</i> will also be required to provide evidence of his or her actual date of departure from his or her province or territory of residence. Note: If an advance payment is made for expenses and it is later discovered that they <i>Were</i> not covered under this <i>Certificate</i>, then <i>You</i> and/or the <i>Insured Person</i> must reimburse <i>Us</i>. GHIP, and by the attending <i>Physician</i> or documentation by the <i>Hospital</i>, which must support that the <i>Treatment</i> was medically necessary; and proof of the accident if <i>You</i> are submitting a claim for dental expenses resulting from a <i>Medical Emergency</i>, You must call <i>Our Administrator</i> immediately. In a <i>Medical Emergency</i> expenses without first contacting <i>Our Administrator</i> for assistance and claim management, they must first submit receipts and other proof to: <i>GHIP</i>, and then to any group or individual health plan(s) and/or insurer(s). <i>Eligible Medical Emergency</i> expenses not covered by a <i>GHIP</i> or other plan or insurance must be submitted to <i>Our Administrator</i> with proof of claim, receipts and payment statements. The <i>Insured Person</i> must also provide proof of the actual <i>Departure Date</i> from their 	 Always be reported immediately, as described in section 8, or benefits will be limited. be limited. Failure to Report a Claim Immediately fi, without contacting Our Administrator for assistance and claim management, an Insured Person incurs Eligible Medical Emergency Expenses, then he or she must first submit receipts and other proof to: • GHIP; • then to any group or individual health plans and/or insurers. Any Eligible Medical Emergency Expenses that are not covered by such GHIP, health plans or insurance should then be submitted to Our Administrator with proof of claim, receipts and payment statements. In this case, claims forms can be obtained from Our Administrator's Customer Service representatives at the number set out in section 10. The Insured Person will also be required to provide evidence of his or her province or territory of residence. Reporting a Claim Immediately If Hospital or other medical charges have been guaranteed or paid by Our Administrator to medical charges have been guaranteed or paid by Our Administrator on behalf of an Insured Person then You and, if applicable, the Insured Person must sign an authorization form allowing 	InsuranceCLAIM A Medical Emergency should always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim Immediately ff, without contacting <i>Our Administrator</i> for assistance and claim management, an <i>Insured</i> <i>Person</i> incurs Eligible Medical <i>Emergency</i> Expenses, then he or she must first submit receipts and other proof to: • GHIP; • then to any group or individual health plans and/or insurers. Any Eligible Medical Emergency Expenses that are not covered by such GHIP, health plans or insurance should then be submitted to <i>Our</i> <i>Administrator</i> with proof of claim, receipts and payment statements. In this case, claims forms can be obtained from <i>Our Administrator's</i> <i>Customer Service representatives</i> at the number set out in section 10. The <i>Insured Person</i> will also be required to provide evidence of his or her actual date of departure from his or her province or territory of residence. Reporting a Claim Immediately If <i>Hospital</i> or other medical charges have been guaranteed or paid by <i>Our Administrator</i> on behalf of an <i>Insured Person</i> must sign an authorization form allowingWho to Contact to Submit a Claim: A Medical Emergency should always be the actual date of departure from actual date of paymer thy vou and by any other benefit plan; and • proof of payment by You and by any other benefit plan; and • proof of travel (including departure and return voroides; and • proof of travel (including departure and return voroide strade decimergency taim.
 charges: • from the <i>Insured Person</i>'s GHIP; • from any health plan or other insurance; • through subrogation rights against any responsible third party. If <i>Our Administrator</i> has paid for Eligible <i>Medical Emergency</i> Expenses covered under other insurance or another plan, You and, if applicable, the <i>Insured Person</i> must assist <i>Our Administrator</i> in obtaining reimbursement, where necessary. The <i>Insured Person</i> will also be required to provide evidence of his or her actual date of departure from his or her province or territory of residence. Note: If an advance payment is made for expenses and it is later discovered that they <i>Were</i> not covered under this <i>Certificate</i>, then <i>You</i> and/or the <i>Insured Person</i> must reimburse <i>Us</i>. emburse <i>Us</i>	 Always be reported immediately, as described in section 8, or benefits will be limited. be limited. Failure to Report a Claim Immediately If, without contacting Our Administrator for assistance and claim management, an Insured Person incurs Eligible Medical Emergency Expenses, then he or she must first submit receipts and other proof to: GHIP; then to any group or individual health plans and/or insurers. Any Eligible Medical Timergency Expenses, that are not covered by such GHIP, health plans or insurance should then be submitted to Our Administrator's Caustomer Service representatives at the number set out in section 10. The iscase, claims forms can be obtained from Our Administrator's Customer Service representatives at the number set out in section 10. The iscase, claims forms can be obtained from Our Administrator's Customer Service representatives at the number set out in section 10. The iscase, claims forms can be obtained from Our Administrator's Customer Service representatives at the number set out in mediately If Hospital or other medical charges have been guaranteed or paid by Our Administrator on behalf of an Insured Person must 	InsuranceCLAIM A Medical Emergency should always be reported immediately, as described in section 8, or benefits will be limited.Who to Contact to Submit a Claim: A Medical Emergency should always be the Medical always be account is will be limited.Failure to Report a Claim Immediately ff, without contacting Our Administrator for assistance and claim management, an Insured Person incurs Eligible Medical Emergency Expenses, then he or she must first submit receipts and other proof to: • GHIP; • then to any group or individual health plans and/or insurers. Any Eligible Medical Emergency Expenses that are not covered by such GHIP, health plans or insurance should then be submitted to Our Administrator with proof of claim, receipts and payment statements. In this case, claims forms can be obtained from Our Administrator's Customer Service representatives at the number set out in section 10. Hospital or other medical charges have been guaranteed or paid by Our Administrator on behalf of an Insured Person then You and, if applicable, the Insured Person mustWho to Contact to Submit a Claim: A Medical Purgency should always be to lolifee) from Canada or the U.S., or +1-416-977-4425 (collect) from other countries.With the sume of the section 10. Customer Service representatives at the number set out in section 10. Hospital or other medical charges have been guaranteed or paid by Our Administrator on behalf of an Insured Person then You and, if applicable, the Insured Person mustWho to Contact to Submit a Claim: A Medical Purgency Submit and the section to the rowing encodention to iter section to the section to the section to the province or theritory of residence. Reporting a Claim Immediately If Hospital or other medical charges have been guarante
 charges: • from the <i>Insured Person</i>'s GHIP; • from any health plan or other insurance; • through subrogation rights against any responsible third party. If <i>Our Administrator</i> has paid for Eligible <i>Medical Emergency</i> Expenses covered under other insurance or another plan, You and, if applicable, the <i>Insured Person</i> must assist <i>Our Administrator</i> in obtaining reimbursement, where necessary. The <i>Insured Person</i> will also be required to province or territory of residence. Note: If an advance payment is made for expenses and it is later discovered that they <i>Were</i> not covered under this <i>Certificate</i>, then <i>You</i> and/or the <i>Insured Person</i> must reimburse <i>Us</i>. • Medical <i>Emergency</i>, and • proof of the accident if <i>You</i> are submitting a claim for dental expenses resulting from a <i>Medical Emergency</i>, and • Your historical medical porotice evidence of his or her actual date of departure from his or her province or territory of residence. Note: If an advance payment is made for expenses and it is later discovered that they <i>Were</i> not covered under this <i>Certificate</i>, then <i>You</i> and/or the <i>Insured Person</i> must reimburse <i>Us</i>. • <i>Medical Emergency</i>, expenses not covered by a <i>GHIP</i> or other plan or insurance must be submitted to <i>Our Administrator</i> with proof of claim, receipts and payment statements. • <i>The Insured Person</i> must also provide proof of the actual <i>Departure Date</i> from their 	 Always be reported immediately, as described in section 8, or benefits will be limited. be limited. Failure to Report a Claim Immediately If, without contacting Our Administrator for assistance and claim management, an Insured Person incurs Eligible Medical Emergency Expenses, then he or she must first submit receipts and other proof to: GHIP; then to any group or individual health plans and/or insurers. Any Eligible Medical Timergency Expenses, that are not covered by such GHIP, health plans or insurance should then be submitted to Our Administrator's Caustomer Service representatives at the number set out in section 10. The iscase, claims forms can be obtained from Our Administrator's Customer Service representatives at the number set out in section 10. The iscase, claims forms can be obtained from Our Administrator's Customer Service representatives at the number set out in section 10. The iscase, claims forms can be obtained from Our Administrator's Customer Service representatives at the number set out in mediately If Hospital or other medical charges have been guaranteed or paid by Our Administrator on behalf of an Insured Person must 	InsuranceCLAIM A Medical Emergency should always be reported immediately, as described in section 8, or benefits will be limited.Who to Contact to Submit a Claim: A Medical Emergency should always be the Medical always be account is will be limited.Failure to Report a Claim Immediately ff, without contacting Our Administrator for assistance and claim management, an Insured Person incurs Eligible Medical Emergency Expenses, then he or she must first submit receipts and other proof to: • GHIP; • then to any group or individual health plans and/or insurers. Any Eligible Medical Emergency Expenses that are not covered by such GHIP, health plans or insurance should then be submitted to Our Administrator with proof of claim, receipts and payment statements. In this case, claims forms can be obtained from Our Administrator's Customer Service representatives at the number set out in section 10. Hospital or other medical charges have been guaranteed or paid by Our Administrator on behalf of an Insured Person then You and, if applicable, the Insured Person mustWho to Contact to Submit a Claim: A Medical Purgency should always be to lolifee) from Canada or the U.S., or +1-416-977-4425 (collect) from other countries.With the sume of the section 10. Customer Service representatives at the number set out in section 10. Hospital or other medical charges have been guaranteed or paid by Our Administrator on behalf of an Insured Person then You and, if applicable, the Insured Person mustWho to Contact to Submit a Claim: A Medical Purgency Submit and the section to the rowing encodention to iter section to the section to the section to the province or theritory of residence. Reporting a Claim Immediately If Hospital or other medical charges have been guarante
Our Administrator to recover these charges: • from the Insured Person's GHIP; • from any health plan or other insurance; • through subrogation rights against any responsible third party. If Our Administrator has paid for Eligible Medical Emergency Expenses covered under other insurance or another plan, You and, if applicable, the Insured Person will also be required to provide evidence of his or her actual date of departure from his or her province or territory of residence. Note: If an advance payment is made for expenses and it is later discovered that they Were not covered under this Certificate, then You and/or the Insured Person must reimburse Us.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 • You nost call Our Administrator inmediately, or as soon as is reasonably possible. If not, benefits will be limited as described in Section 6 - "Limitations and Exclusions". If an Insured Person incurs Eligible Medical Emergency expenses without first contacting Our Administrator for assistance and claim management, they 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 also provide proof of the actual Departure Date from their	 always be reported immediately, as described in section 8, or benefits will be limited. be limited. Failure to Report a Claim Immediately If, without contacting Our Administrator for assistance and claim management, an Insured Person incurs Eligible Medical Emergency Expenses, then he or she must first submit receipts and other proof to: GHIP; then to any group or individual health plans and/or insurers. Any Eligible Medical Emergency Kapenses that are not covered by such GHIP, health plans or insurance should then be submitted to Our Administrator with proof of claim, receipts and payment statements. In this case, claims forms can be obtained from Our Administrator's Customer Service representatives at the number set out in section 10. The Insured Person will also be required to provide evidence of his or her province or territory of residence. Reporting a Claim Immediately fire hospital or other medical charges have been guaranteed or paid by Our Administrator on behalf of an Insured Person then You and, if 	InsuranceCLAIM A Medical Emergency should always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim Immediately If, without contacting Our Administrator for assistance and claim management, an Insured Person incurs Eligible Medical Emergency Expenses, then he or she must first submit receipts and other proof to: • GHIP; • then to any group or individual health plans and/or insurers. Any Eligible Medical Emergency Expenses that are not covered by such GHIP, health plans or insurers. Any Eligible Medical Emergency Expenses that are not covered by such GHIP, health plans or insurers. Any Eligible Medical Emergency Expenses that are not covered by such GHIP, health plans or insurers. Any Eligible Medical Emergency Expenses that are not covered by such GHIP, health plans or insurers. Any Eligible Medical Emergency Expenses that are not covered by such GHIP, health plans or insurers. Any Eligible Medical Emergency Expenses that are not covered by such GHIP, health plans or insurers. Customer Service representatives at the number set out in section 10. The Insured Person will also be required to provide evidence of his or her actual date of departure from his or her province or territory of residence. Reporting a Claim Immediately If Hospial or other medical charges have been guaranteed or paid by Our Administrator on behalf of an Insured Person then You and, ifWho to Contact to Submit a Claim: A Medical Emergency should always be eported form Canad or the context to Some Tore equested To make a Medical Emergency claim, as part - the requirements above, under "Time limit from date of event." We will need documentation to substantiate the claim form; and • proof of payment by You and by any other benefit plan; and • the or
 sign an authorization form allowing Our Administrator to recover these charges: • from the <i>Insured Person</i>'s GHIP; • from any health plan or other insurance; • through subrogation rights against any responsible third party. If Our Administrator has paid for Eligible Medical Emergency Expenses covered under other insurance or another plan. You and, if applicable, the <i>Insured Person</i> must assist Our Administrator in obtaining reimbursement, where necessary. The <i>Insured Person</i> will also be required to provide evidence of his or her actual date of departure from his or her province or territory of residence. Note: If an advance payment is made for expenses and it is later discovered that they Were not covered under this Certificate, then You and/or the <i>Insured Person</i> must reimburse Us. Proof of travel (including departure and return dates); and medical records, including complete diagnosis by the attending <i>Physician</i> or documentation by the <i>Hospital</i>, which must support that the <i>Treatment</i> was medically necessary; and Your historical medical records (if <i>We</i> determine applicable). <u>If You Do Not Report the Claim Immediately</u> In a Medical Emergency expenses without first contacting Our Administrator for assistance and claim management, they must first submit receipts and other proof to: <i>GHIP</i>; and then to any group or individual health plan(s) and/or insurer(s). <i>Eligible Medical Emergency</i> expenses not covered by a <i>GHIP</i> or other plan or insurance must be submitted to <i>Our Administrator</i> with proof of claim, receipts and payment statements. The <i>Insured Person</i> must also provide proof of the actual Departure Date from their 	 always be reported immediately, as described in section 8, or benefits will be limited. be limited. Failure to Report a Claim Immediately If, without contacting Our Administrator or assistance and claim management, an Insured Person incurs Eligible Medical Emergency Expenses, then he or she must first submit receipts and other proof to: • GHIP; • then to any group or individual health plans and/or insurers. Any Eligible Medical Emergency tays and the plans and/or insurers. Any Eligible Medical Emergency by such GHIP, health plans or insurance should then be submitted to Our Administrator with proof of claim, receipts and payment statements. In this case, claims forms can be obtained from Our Administrator's Customer Service representatives at the number set out in section 10. The Insured Person will also be required to provide evidence of his or her actual date of departure from his or her province or territory of residence. Reporting a Claim Immediately If Hospital or other medical charges have been guaranteed or paid by Our Administrator on behalf of an 	InsuranceCLAIM A Medical Emergency should always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim Immediately If, without contacting Our Administrator for assistance and claim management, an Insured Person incurs Eligible Medical Emergency Expenses, then he or she must first submit receipts and other proof to: • GHIP; • then to any group or individual health plans and/or insurers. Any Eligible Medical Emergency Expenses that are not covered by such GHIP, health plans or insurance should then be submitted to Our Administrator with proof of claim, receipts and payment statements. In this case, claims forms can be obtained from Our Administrator's Customer Service representatives at the number set out in section 10. The Insured Person ill also be required to provide evidence of his or her actual date of departure from his or her province or territory of residence. Reporting a Claim Immediately If Hospital or other medical charges have been guaranteed or paid by Our Administrator on behalf of anWho to Contact to Submit a Claim: A Medical Emergency should always be reported immediately, or benefits will be limite. A Medical Emergency taciam, form same the date of the accident or the date the claim to rovide evidence of his or her actual date of departure from his or her province or territory of residence. Reporting a Claim Immediately If Hospital or other medical charges have been guaranteed or paid by Our Administrator on behalf of anWho to Contact to Submit a Claim: A Medical Emergency should always be reporting a Claim, form same should then be deen form and entry of residence.Insured Person will also be required to provide evidence of his or her actual date of departure from his or her province or t
 applicable, the <i>Insured Person must</i> sign an authorization form allowing Our Administrator to recover these charges: • from the <i>Insured Person's</i> GHIP; • from any health plan or other insurance: • through subrogation rights against any responsible third party. If Our Administrator has paid for Eligible Medical Emergency Expenses covered under other insurance or another plan, You and, if applicable, the <i>Insured Person</i> must assist Our Administrator in obtaining reimbursement, where necessary. The <i>Insured Person</i> will also be required to provide evidence of his or her actual date of departure from his or her actual date of departure payment is made for expenses and it is later discovered that they Were not covered under this Certificate, then You and/or the <i>Insured Person</i> must reimburse Us. <i>GHIP</i>; 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. The <i>Insured Person</i> must also provide proof of the actual Departure Date from their 	 always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim Immediately If Work and the proof to: GHIP; then to any group or individual health plans and/or insurers. Any Eligible Medical Emergency Expenses that are not covered by such GHIP, health plans or insurance should then be submitted to Our Administrator with proof of claim, receipts and payment statements. In this case, claims forms can be obtained from Our Administrator's Customer Service representatives at the number set out in section 10. The Insured Person will also be required to forw at the number set out in section 10. The Insured Person will also be required to devent the number set out in section 10. The Insured Person will also be required to devent. We will need documentation to substantiate the claim, including but not limited to the accident or the date of departure from the date of the accident or the date the claim arises. Failure to provide the applicable documentation to substantiate the claim, including but not limited to the following: 	 Insurance CLAIM A Medical Emergency should always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim Immediately If, without contacting Our Administrator for assistance and claim management, an Insured Person incurs Eligible Medical Emergency Expenses, then he or she must first submit receipts and other proof to: GHIP; then to any group or individual health plans and/or insurers. Any Eligible Medical Emergency Expenses that are not covered by such GHIP, health plans or insurance should then be submitted to Our Administrator with proof of claim, receipts and payment statements. In this case, claims forms can be obtained from Our Administrator's Customer Service representatives at the number set out in section 10. The Insured Person will also be required to provide evidence of his or her actual date of departure from his or her province or territory of residence. Reporting a Claim Immediately If Hospital or other medical charges have been guaranteed or paid by Who to Contact to Submit a Claim: Moto and the top soluble in every should always be reported immediately, or benefits will be limited. You can get help 24 hours a day, 7 days a we by contacting Our Administrator at 1-866-374-1129 (toll-free) from 8 a.m. to 8 p.m. ET, Monday to Friday. Di Time limit from date of event: If You are making a claim, You must send Our Administrator with proof of claim, receipts and payment statements. In the tate 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 i 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
 Insured Person then You and, if applicable, the Insured Person must sign an authorization form allowing Our Administrator to recover these charges: • from the Insured Person's GHIP; • from any health plan or other insurance, • through subrogation rights against any responsible third party. If Our Administrator has paid for Eligible Medical Emergency expenses covered under other insurance or another plan, You and, if applicable, the Insured Person must assist Our Administrator in obtaining reimbursement, where necessary. The Insured Person must assist Our Administrator in obtaining reimbursement, where necessary. The Insured Person must is later discovered that the graving form his or her province or territory fresidence. Note: If an advance payment is made for expenses and it is later discovered that they Were not covered under this Certificate, then You and/or the Insured Person must reimburse Us. • the original itemized receipts and other proof to: •GHIP, 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, You must call Our Administrator immediately, or as scon as is reasonably possible. If not, benefits will be limited as described in Section 6 - "Limitations and Calim management, they must first submit receipts and other proof to: • GHIP, and • the no 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. The Insured Person must also provide proof of the actual Departure Date from th	 always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim Immediately If, without contacting <i>Our Administrator</i> for assistance and claim management, an <i>Insured Person</i> incurs Eligible <i>Medical</i> <i>Person</i> insurers. <i>A Medical</i> Emergency State <i>Medical</i> <i>Person</i> <i>Namediately Interse</i> <i>Provide</i> <i>Phospital</i> or other medical charges <i>A Medical</i> <i>Phospital</i> <i>Phospital</i> or other medical charges 	InsuranceCLAIM A Medical Emergency should always be reported immediately, as described in section 8, or benefits will be limited.Who to Contact to Submit a Claim: A Medical Emergency should always be reported immediately, or benefits will be limited.Immediately If, without contacting Our Administrator for assistance and claim management, an Insured Person incurs Eligible Medical Emergency Expenses, then he or she must first submit receipts and other proof to: • GHIP;Who to Contact to Submit a Claim: A Medical Emergency should always be reported immediately, or benefits will be limited. You can get help 24 hours a day, 7 days a we by contacting Our Administrator at 1-866-374-1129 (toll-free) from Canada or the U.S., or +1-416-977-4425 (collect) from other countries.Derengency Expenses, than he or she must first submit receipts and other proof to: • GHIP; • then to any group or individual health plans and/or insurers. Any Eligible Medical Emergency Expenses that are not covered by such GHIP, health plans or insurance should then be submitted to Our Administrator with proof of claim, receipts and payment statements. In this case, claims forms can be obtained from Our Administrator's Customer Service representatives at the number set out in section 10. The Insured Person will also be required to provice or territory of residence. Reporting a Claim Immediately If Hospital or other medical chargesWho to Contact to Submit a Claim: A Medical Emergency staines and/or at 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
 Dur Administrator on behalf of an Insured Person then You and, if applicable, the Insured Person must sign an authorization form allowing Our Administrator to recover these charges: • from the Insured Person's GHIP; • from any health plan or other insurance; • through subrogation rights against any responsible third party. If Our Administrator has paid for Eligible Medical Emergency Expenses covered under other insurance or another plan, You and, if applicable, the Insured Person will also be required to provide evidence of his or her actual date of departure from his or her province or territory of residence. Note: If an advance payment is made for expenses and it is later discovered that they Were not covered under this Certificate, then You and/or the Insured Person must reimburse Us. Denefit plan; and • the original itemized receipts for all bills and invoices; and • proof of travel (including departure and return dates); and • proof of travel (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, You must call Our Administrator immediately, or as soon as is and Exclusions". If an Insured Person incurs Eligible Medical Emergency expenses without fisible Medical Emergency expenses without fisible Medical Emergency expenses not covered under this Certificate, then You and/or the Insured Person must reimburse Us. 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. The Insured Person must also provide proof of the actual Departure Date from their 	 A Medical Emergency should always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim Immediately I, without contacting Our Administrator for assistance and claim management, an Insured Person incurs Eligible Medical Emergency Expenses, then he or she must first submit receipts and other proof to: GHIP; then to any group or individual health plans and/or insurers. Any Eligible Medical Emergency Expenses that are not covered by such GHIP, health plans or insurance should then be submitted to Our Administrator with proof of claim, receipts and payment statements. In this case, claims forms can be obtained from Our Administrator's Customer Service representatives at the number set out in section 10. The Insured Person will also be required to provide evidence of his or her actual date of departure from his or her province or territory of residence. Reporting a Claim Immediately If 	 Insurance CLAIM A Medical Emergency should always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim Immediately If, without contacting Our Administrator or assistance and claim management, an Insured Person incurs Eligible Medical Emergency Expenses, then he or she must first submit receipts and other proof to: GHIP; then to any group or individual health plans and/or insurers. Any Eligible Medical Emergency Expenses that are not covered by such GHIP, health plans or insurance should then be submitted to Our Administrator with proof of claim, receipts and payment statements. In this case, claims form Cur Administrator's Customer Service representatives at the number set out in section 10. The Insured Person will also be required to provide evidence of his or her actual date of departure from his or her province or territory of residence. Reporting a Claim Immediately If Who to Contact to Submit a Claim: A Medical Emergency should always be reported immediately, or benefits will A medical Srate 129 (toll-free) from Canada or the U.S., or +1-416-977-4425 (collect) from other countries. Complete the Required Form a) Request the Form: To request a claim form, call Our Administrator the appropriate claim forms, together with written proof of loss (e.g., origina invoices and tickets, medical and/or death catting the applicable documentation may invalidate Your claim. Provide the Information Requested To make a Medical Emergency claim, as part 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:
 Dur Administrator on behalf of an Insured Person then You and, if applicable, the Insured Person must sign an authorization form allowing Our Administrator to recover these charges: • from the Insured Person's GHIP; • from any health plan or other insurance; • through subrogation rights against any responsible third party. If Our Administrator has paid for Eligible Medical Emergency Expenses covered under other insurance or another plan, You and, if applicable, the Insured Person will also be required to provide evidence of his or her actual date of departure from his or her province or territory of residence. Note: If an advance payment is made for expenses and it is later discovered that they Were not covered under this Certificate, then You and/or the Insured Person must reimburse Us. Denefit plan; and • the original itemized receipts for all bills and invoices; and • proof of travel (including departure and return dates); and • proof of travel (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, You must call Our Administrator immediately, or as soon as is and Exclusions". If an Insured Person incurs Eligible Medical Emergency expenses without fisible Medical Emergency expenses without fisible Medical Emergency expenses not covered under this Certificate, then You and/or the Insured Person must reimburse Us. 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. The Insured Person must also provide proof of the actual Departure Date from their 	 A Medical Emergency should always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim Immediately I, without contacting Our Administrator for assistance and claim management, an Insured Person incurs Eligible Medical Emergency Expenses, then he or she must first submit receipts and other proof to: GHIP; then to any group or individual health plans and/or insurers. Any Eligible Medical Emergency Expenses that are not covered by such GHIP, health plans or insurance should then be submitted to Our Administrator with proof of claim, receipts and payment statements. In this case, claims forms can be obtained from Our Administrator's Customer Service representatives at the number set out in section 10. The Insured Person will also be required to provide evidence of his or her actual date of departure from his or her province or territory of residence. Reporting a Claim Immediately If 	 Insurance CLAIM A Medical Emergency should always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim Immediately If, without contacting Our Administrator or assistance and claim management, an Insured Person incurs Eligible Medical Emergency Expenses, then he or she must first submit receipts and other proof to: GHIP; then to any group or individual health plans and/or insurers. Any Eligible Medical Emergency Expenses that are not covered by such GHIP, health plans or insurance should then be submitted to Our Administrator with proof of claim, receipts and payment statements. In this case, claims form Cur Administrator's Customer Service representatives at the number set out in section 10. The Insured Person will also be required to provide evidence of his or her actual date of departure from his or her province or territory of residence. Reporting a Claim Immediately If Who to Contact to Submit a Claim: A Medical Emergency should always be reported immediately, or benefits will A medical Srate 129 (toll-free) from Canada or the U.S., or +1-416-977-4425 (collect) from other countries. Complete the Required Form a) Request the Form: To request a claim form, call Our Administrator the appropriate claim forms, together with written proof of loss (e.g., origina invoices and tickets, medical and/or death catting the applicable documentation may invalidate Your claim. Provide the Information Requested To make a Medical Emergency claim, as part 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:
 have been guaranteed or paid by <i>Our Administrator</i> on behalf of an <i>Insured Person</i> then You and, if applicable, the <i>Insured Person</i> must sign an authorization form allowing <i>Our Administrator</i> to recover these charges: • from the <i>Insured Person's</i> GHIP; • from any health plan or other insurance, • through subrogation rights against any responsible third party. If <i>Our Administrator</i> has paid for Eligible <i>Medical Emergency</i> Expenses covered under other insurance or another plan, You and, if applicable, the <i>Insured Person</i> will also be required to provide evidence of his or her actual date of departure from his or her province or territory of residence. Note: If an advance payment is made for expenses and it is later discovered that they Were not covered under this <i>Certificate</i>, then You and/or the <i>Insured Person</i> must reimburse <i>Us</i>. <i>Proof of Support Complete Compl</i>	 always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim Immediately If, without contacting <i>Our Administrator</i> for assistance and claim management, an <i>Insured Person</i> incurs Eligible <i>Medical Emergency</i> Expenses, then he or she must first submit receipts and other proof to: GHIP; then to any group or individual health plans and/or insurers. Any Eligible <i>Medical Emergency</i> by such GHIP, health plans or insurance should then be submitted to <i>Our Administrator</i> with proof of claim, receipts and payment statements. In this case, claims forms can be obtained from <i>Our Administrator's Customer Service</i> representatives at the number set out in section 10. The <i>Insured Person</i> will also be required to provide evidence of his or her actual date of departure from his or A <i>Medical Emergency</i> should always be reported immediately, or benefits will be limited. <i>You</i> can get help 24 hours a day, 7 days a week by contacting <i>Our Administrator</i> at 1-866-374-1129 (toll-free) from Canada or the U.S., or +1-416-977-4425 (collect) from other countries. Complete the Required Form a) Request the Form: To request a claim form, call <i>Our Administrator</i> at 1-866-374-1129 (toll-free) from 8 a.m. to 8 p.m. ET, Monday to Friday. b) Time limit from date of event: If <i>You</i> are making a claim, <i>You</i> must send <i>Our Administrator's</i> the appropriate claim forms, tractificates) as soon as possible. In every case, <i>You</i> must submit <i>Your</i> completed claim form with required documentation within 1 year from the date of the accident or the date the claim arises. Failure to provide the applicable documentation may invalidate <i>Your</i> claim. 	 Insurance CLAIM A Medical Emergency should always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim Immediately If, without contacting Our Administrator for assistance and claim management, an Insured Person incurs Eligible Medical Emergency Expenses, then he or she must first submit receipts and other proof to: GHIP; then to any group or individual health plans and/or insurers. Any Eligible Medical Emergency Expenses that are not covered by such GHIP, health plans or insurance should then be submitted to Our Administrator with proof of claim, receipts and payment statements. In this case, claims forms can be obtained from Our Administrator's Customer Service representatives at the number set out in section 10. The Insured Person will also be required to provide evidence of his or her actual date of departure from his or Who to Contact to Submit a Claim: A Medical Emergency should always be reported immediately, or benefits will be limited. Solution to an approvide the appropriate claim forms, together with written proof of loss (e.g., origina invoices and tickets, medical and/or death certificates) as soon as possible. In every case You must submit Your completed claim form with required documentation within 1 year from the date of the accident or the date the claim. Provide the Information Requested To make a Medical Emergency claim, as part the requirements above, under "Time limit fron date of event," We will need documentation to
 Hospital or other medical charges have been guaranteed or paid by <i>Our Administrator</i> on behalf of an <i>Insured Person</i> then You and, if applicable, the <i>Insured Person</i> must sign an authorization form allowing <i>Our Administrator</i> to recover these charges: • from the <i>Insured Person</i>'s GHIP: • from any health plan or other insurance; • through subrogation rights against any responsible third party. If <i>Our Administrator</i> has paid for Eligible <i>Medical Emergency</i> Expenses covered under other insurance or another plan, You and, if applicable, the <i>Insured Person</i> will also be required to provide evidence of his or her actual date of departure from his or her province or territory of residence. Note: If an advance payment is made for expenses and the visual decidal <i>Emergency</i>. You must call <i>Our Administrator</i> for sasistance and claim management, they must sisted in Section 6 – "Limitations and Exclusions". If an <i>Insured Person</i> must reimburse <i>Us</i>. 	 always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim Immediately If, without contacting <i>Our Administrator</i> for assistance and claim management, an <i>Insured Person</i> incurs Eligible <i>Medical Emergency</i> Expenses, then he or she must first submit receipts and other proof to: GHIP; then to any group or individual health plans and/or insurers. Any Eligible <i>Medical Emergency</i> tayenses that are not covered by such GHIP, health plans or insurance should then be submitted to <i>Our Administrator</i> with proof of claim, receipts and payment statements. In this case, claims forms can be obtained from <i>Our Administrator</i>'s <i>Customer Service representatives at the number set out in section</i> 10. The <i>Insured Person</i> will also be required to provide evidence of his or her A <i>Medical Emergency</i> should always be reported immediately, or benefits will be limited. <i>You</i> can get help 24 hours a day, 7 days a week by contacting <i>Our Administrator</i> at 1-866-374-1129 (toll-free) from Canada or the U.S., or +1-416-977-4425 (collect) from other countries. Complete the Required Form a) Request the Form: To request a claim form, call <i>Our Administrator</i> at 1-866-374-1129 b) Time limit from date of event: If <i>You</i> are making a claim, <i>You</i> must send <i>Our Administrator</i> the appropriate claim forms, together with written proof of claim, receipts and payment statements. In this case, claims forms can be obtained from <i>Our Administrator</i>'s <i>Customer Service representatives at the number set out in section</i> 10. The <i>Insured Person</i> will also be required to provide the laformation Requested To make a <i>Medical Emergency</i> claim, as part of the requirements above, under "Time limit from the date "Time limit from the subort. 	 Insurance CLAIM A Medical Emergency should always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim Immediately If, without contacting Our Administrator for assistance and claim management, an Insured Person incurs Eligible Medical Person incurs Eligible Medical Emergency Expenses, then he or she must first submit receipts and other proof to: GHIP; then to any group or individual health plans and/or insurers. Any Eligible Medical Emergency Expenses that are not covered by such GHIP, health plans or insurance should then be submitted to Our Administrator with proof of claim, receipts and payment statements. In this case, claims forms can be obtained from Our Administrator's Customer Service representatives at the number set out in section 10. The Insured Person will also be required to provide evidence of his or her
Reporting a Claim Immediately If <i>Hospital</i> or other medical charges have been guaranteed or paid by <i>Our Administrator</i> on behalf of an <i>Insured Person</i> then <i>You</i> and, if applicable, the <i>Insured Person</i> must sign an authorization form allowing <i>Our Administrator</i> to recover these charges: • from the <i>Insured Person</i> rother insurance; • through subrogation rights against any responsible third party. If <i>Our Administrator</i> has paid for Eligible <i>Medical Emergency</i> . Expenses covered under other insurance or another plan, <i>You</i> and, if applicable, the <i>Insured Person</i> must assist <i>Our Administrator</i> in obtaining reimbursement, where necessary. The <i>Insured Person</i> must is later discovered that they <i>Were</i> not is later discovered that they <i>Were</i> not covered under this <i>Certificate</i> , then <i>You</i> and/or the <i>Insured Person</i> must reimburse <i>Us</i> .	 always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim Immediately If, without contacting Our Administrator for assistance and claim management, an Insured Person incurs Eligible Medical Emergency Expenses, then he or she must first submit receipts and other proof to: GHIP; then to any group or individual health plans and/or insurers. Any Eligible Medical Emergency expenses that are not covered by such GHIP, health plans or insurance should then be submitted to Our Administrator with proof of claim, receipts and payment statements. In this case, claims forms can be obtained from Our Administrator's Customer Service representatives at the number set out in section 10. The Insured Person will also be required to provide evidence of his or her 	 Insurance CLAIM A Medical Emergency should always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim Immediately If, without contacting Our Administrator for assistance and claim management, an Insured Person incurs Eligible Medical Person incurs Eligible Medical Emergency Expenses, then he or she must first submit receipts and other proof to: GHIP; then to any group or individual health plans and/or insurers. Any Eligible Medical Emergency Expenses that are not covered by such GHIP, health plans or insurance should then be submitted to Our Administrator with proof of claim, receipts and payment statements. In this case, claims forms can be obtained from Our Administrator's Customer Service representatives at the number set out in section 10. The Insured Person will also be required to provide evidence of his or her
 her province or teritory of residence. Reporting a Claim Immediately If Hospital or other medical charges have been guaranteed or paid by <i>Our Administrator</i> on behalf of an <i>Insured Person</i> then You and, if applicable, the <i>Insured Person</i> must sign an authorization form allowing <i>Our Administrator</i> to recover these charges: • from the <i>Insured Person</i>'s GHIP; • from any health plan or other insurance; • through subrogation rights against any responsible third party. If <i>Our Administrator</i> in as paid for Eligible <i>Medical Emergency</i> Expenses covered under other insurance or another plan, You and, if applicable, the <i>Insured Person</i> will also be required to provide evidence of his or her actual date of departure from his or her province or teritory of residence. Note: If an advance payment is made for expenses and it is later discovered that the <i>Vour</i> and submitting and <i>Vour and/or</i> the <i>Insured Person</i> must reimburse <i>Us</i>. You On Not Report the Claim Immediately In a <i>Medical Emergency</i>, Your must call <i>Our</i> <i>Administrator</i> in mediately or as soon as is reasonably possible. If not, benefits will be limited as described in Section 6 – "Limitations and Exclusions". If an <i>Insured Person</i> must reimburse <i>Us</i>. House Person must reimburse <i>Us</i>. House Person must reimburse <i>Us</i>. House Person must is a later discovered that the <i>Voren</i> and covered under this <i>Certificate</i>, then You and/or the <i>Insured Person</i> must reimburse <i>Us</i>. House Person must atter mergency expenses not covered by a <i>GHIP</i> or other plan or insurance must be submitted to <i>Our Administrator</i> with proof of claim, receipts and payment statements. The <i>Insured Person</i> must also provide proof of the actual <i>Departure Date</i> from their 	 A Medical Emergency should always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim Immediately If, without contacting Our Administrator for assistance and claim management, an Insured Person incurs Eligible Medical Emergency Expenses, then he or she must first submit receipts and other proof to: GHIP; then to any group or individual health plans and/or insurers. Any Eligible Medical Emergency Expenses that are not covered by such GHIP, health plans or insurance should then be submitted to Our Administrator with proof of claim, receipts and payment statements. In this case, claims forms can be obtained from Our Administrator's Curstomer Service representatives at the number set out in section 10. The Insured Person will also be required A Medical Emergency should always be reported immediately, or benefits will be limited. You can get help 24 hours a day, 7 days a week by contacting Our Administrator at 1-866-374-1129 (toll-free) from Canada or the U.S., or +1-416-977-4425 (collect) from other countries. Complete the Required Form a) Request the Form: To request a claim form, call Our Administrator at 1-866-374-1129 (toll-free) from 8 a.m. to 8 p.m. ET, Monday to Friday. Time limit from date of event: If You are making a claim, You must send Our Administrator with proof of claim, receipts and payment statements. In this case, claims forms can be obtained from Our Administrator's Curstomer Service representatives at the number set out in section 10. The Insured Person will also be required 	InsuranceCLAIM A Medical Emergency should always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim Immediately If, without contacting Our Administrator for assistance and claim management, an Insured Person incurs Eligible Medical Emergency Expenses, then he or she must first submit receipts and other proof to: • GHIP; • then to any group or individual health plans and/or insurers. Any Eligible Medical Emergency Expenses that are not covered by such GHIP, health plans or insurance should then be submitted to Our Administrator with proof of claim, receipts and payment statements. In this case, claims forms can be obtained from Our Administrator's Customer Service representatives at the number set out in section 10. The Insured Person will also be requiredWho to Contact to Submit a Claim: A Medical Emergency should always be reported immediately, or benefits will be limited. You can get help 24 hours a day, 7 days a we by contacting Our Administrator at 1-866-374-1129 (toll-free) from Canada or the U.S., or +1-416-977-4425 (collect) from other countries. Complete the Required Form a) Request the Form: To request a claim form, call Our Administrator at 1-866-374-1129 (toll-free) from 8 a.m. to 8 p.m. ET, Monday to Friday. b) Time limit from date of event: If You are making a claim, You must send Our Administrator's Customer Service representatives at the number set out in section 10. The Insured Person will also be requiredNovice the Information Requested To make a Medical Emergency claim, as part
 actual date of departure from his or her province or territory of residence. Reporting a Claim Immediately If <i>Hospial</i> or other medical charges have been guaranteed or paid by <i>Our Administrator</i> on behalf of an <i>Insured Person</i> then <i>Isoured Person</i> must sign an authorization form allowing <i>Our Administrator</i> to recover these charges: • from the <i>Insured Person</i> must sign any text part of the activation of the actual <i>Departure and return</i> dates); and • proof of travel (including departure and return dates); and • proof of travel (including complete diagnosis by the attending <i>Physician</i> or documentation by the <i>Hospital</i>, which must support that the <i>Treatment</i> was medicall records, including the cessary; and • proof of the actual <i>Departure Person</i>, will also be required to provide evidence of his or her actual date of departure from his or her province or territory of residence. Note: If an advance payment is made for expenses and it is later discovered that they <i>Were</i> not covered under this <i>Certificate</i>, then <i>You</i> and/or the <i>Insured Person</i> must reimburse <i>Us</i>. <i>Hord Development by Payment by the Hospital Physician</i> or documentation to substantiate the claim. Incured <i>Person</i> incurs <i>Eligible Medical Emergency</i>; Your must call <i>Our Administrator</i> in mediate for expenses and it is later discovered that they <i>Were</i> not covered under this <i>Certificate</i>, then <i>You</i> and/or the <i>Insured Person</i> must resubmit receipts and other proof to: <i>GHIP</i>; and • then to any group or individual health plan(s) and/or insurer(s). <i>Eligible Medical Emergency</i> expenses not covered by a <i>GHIP</i> or other plan or insurance must be submitted to <i>Our Administrator</i> with proof of claim, receipts and payment statements. The <i>Insured Person</i> must also provide proof of the actual <i>Departure Date</i> from their 	 always be reported immediately, as described in section 8, or benefits will be limited. be limited. Failure to Report a Claim Immediately If, without contacting <i>Our Administrator</i> for assistance and claim management, an <i>Insured</i> <i>Person</i> incurs Eligible <i>Medical</i> <i>Emergency</i> Expenses, then he or she must first submit receipts and other proof to: GHIP; then to any group or individual health plans and/or insurers. Any Eligible <i>Medical Emergency</i> Such GHIP, health plans or insurance should then be submitted to <i>Our</i> Administrator with proof of claim, receipts and payment statements. In this case, claims form <i>Our Administrator</i>'s <i>Customer Service</i> representatives at the number set out in section 10. The 	InsuranceCLAIM A Medical Emergency should always be reported immediately, as described in section 8, or benefits will be limited.Who to Contact to Submit a Claim: A Medical Emergency should always be reported immediately, or benefits will be limited You can get help 24 hours a day, 7 days a we by contacting Our Administrator for assistance and claim management, an Insured Person incurs Eligible Medical Emergency Expenses, then he or she must first submit receipts and other proof to: • GHIP; • then to any group or individual health plans and/or insurers. Any Eligible Medical Emergency Expenses that are not covered by such GHIP, health plans or insurance should then be submitted to Our Administrator with proof of claim, receipts and payment statements. In this case, claims forms can be obtained from Our Administrator's Customer Service representatives at the number set out in section 10. TheWho to Contact to Submit a Claim: A Medical Emergency should always be reported immediately, or benefits will be limited. You can get help 24 hours a day, 7 days a we by contacting Our Administrator at 1-866-374-1129 (toll-free) from Canada or the U.S., or +1-416-977-4425 (collect) from other countries.Complet the Required Form a) Request the Form: To request a claim form, call Our Administrator at 1-866-374-1129 (toll-free) from 8 a.m. to 8 p.m. ET, Monday to Friday.Difference botained from Our Administrator's Customer Service representatives at the number set out in section 10. TheDifference botained from Our Administrator's Customer Service representatives at the number set out in section 10. The
 to provide evidence of his or her actual date of departure from his or her province or territory of residence. Reporting a Claim Immediately If Hospital or other medical charges have been guaranteed or paid by Our Administrator on behalf of an Insured Person must sign an authorization form allowing Our Administrator to recover these charges: from the Insured Person's GHIP; • from any health plan or other insurance; • through subrogation rights against any responsible third party. If Our Administrator in a polath plan or other insurance; • through subrogation rights against any responsible third party. If Our Administrator in a polath for applicable, the Insured Person's GMIP; • from any health plan or other insurance; • through subrogation rights against any responsible third party. If Our Administrator in a polath for Eligible Medical Emergency: Expenses covered under other insurance or another plan, You and, if applicable, the Insured Person must assist Our Administrator in obtaining reimbursement, where necessary. The Insured Person must assist Our Administrator in bis or her actual date of departure from his or her province or territory of residence. Note: If an advance payment is made for expenses and it is later discovered that they Were not covered under this Certificate, then You and/or the Insured Person must reimburse Us. We determine applicable is the Insured Person must reimburse Us. How Dot Report the Claim Immediately (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 in substance and claim management, they must first submit receipts and payment statements. The Insured Person must also provide proof of the actual Departure Date from their 	 A Medical Emergency should always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim Immediately If, without contacting <i>Our Administrator</i> for assistance and claim management, an <i>Insured</i> <i>Person</i> incurs Eligible Medical <i>Emergency</i> Expenses, then he or she must first submit receipts and other proof to: • GHIP; • then to any group or individual health plans and/or insurers. Any Eligible Medical Emergency Expenses that are not covered by such GHIP, health plans or insurance should then be submitted to <i>Our Administrator</i> with proof of claim, receipts and payment statements. In this case, claims forms can be obtained from <i>Our Administrator</i>'s <i>Cus</i>tomer Service representatives at 	InsuranceCLAIM A Medical Emergency should always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim Immediately If, without contacting Our Administrator for assistance and claim management, an Insured Person incurs Eligible Medical Emergency Expenses, then he or she must first submit receipts and other proof to: • GHIP; • then to any group or individual health plans and/or insurers. Any Eligible Medical Emergency thealth plans and/or insurers. Any Eligible Medical Emergency Expenses that are not covered by such GHIP, health plans or insurance should then be submitted to Our Administrator with proof of claim, receipts and payment statements. In this case, claims forms can be obtained from Our Administrator's Customer Service representatives atWho to Contact to Submit a Claim: A Medical Emergency should always be reported immediately, or benefits will be limiter you can get help 24 hours a day, 7 days a we by contacting Our Administrator at 1-866-374-1129 (toll-free) from Canada or the U.S., or +1-416-977-4425 (collect) from other countries.Complete the Required Form a) Request the Form: To request a claim form, call Our Administrator at 1-866-374-1129 (toll-free) from 8 a.m. to 8 p.m. ET, Monday to Friday. b) Time limit from date of event: If You are making a claim, You must send Our Administrator with proof of claim, receipts and payment statements. In this case, claims forms can be obtained from Our Administrator's Customer Service representatives at
 Insured Person will also be required to provide evidence of his or her actual date of departure from his or her province or territory of residence. Reporting a Claim Immediately If Hospital or other medical charges have been guaranteed or paid by Our Administrator on behalf of an Insured Person then You and, if applicable, the Insured Person must sign an authorization form allowing Our Administrator to recover these charges: • from any health plan or other insurance or a hrough subrogation rights against any responsible third party. If Our Administrator has paid for Eligible Medical Emergency Expenses covered under other insurance or another plan, You and, if applicable, the Insured Person must assist Our Administrator has paid to be required to provide evidence of his or her actual date of departure from his or her province or territory of residence. Note: If an advance payment is made for expenses and it is later discovered that they Wren not covered under this Certificate, then You and/or the Insured Person must reimburse Us. 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 oup any other benefit pain; and the Insured Person must also be required to provide evidence of his or her actual date of departure from his or her province or territory of residence. Note: If an advance payment is made for expenses and it is later discovered that they Wren not covered under this Certificate, then You and/or the Insured Person must reimburse Us. Hilf Medical Emergency expenses without first contacting Our Administrator for assistence and claim menagement, they must first submit receipts and other plan or insurance must be submitted to Our Administrator with proof of claim, receipts and payment statements. The Insured Person must also provide proof of the accutal Departure Date from their 	 always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim Immediately If, without contacting Our Administrator for assistance and claim management, an Insured Person incurs Eligible Medical Emergency Expenses, then he or she must first submit receipts and other proof to: GHIP; then to any group or individual health plans and/or insurers. Any Eligible Medical Emergency Expenses that are not covered by such GHIP, health plans or insurance should then be submitted to Our Administrator with proof of claim, receipts and payment statements. In this case, claims forms can be obtained from Our Administrator's A Medical Emergency should always be reported immediately, or benefits will be limited. You can get help 24 hours a day, 7 days a week by contacting Our Administrator at 1-866-374-1129 (toll-free) from Canada or the U.S., or +1-416-977-4425 (collect) from other countries. Complete the Required Form a) Request the Form: To request a claim form, call Our Administrator at 1-866-374-1129 (toll-free) from 8 a.m. to 8 p.m. ET, Monday to Friday. b) Time limit from date of event: If You are making a claim, You must send Our Administrator with proof of claim, receipts and payment statements. In this case, claims forms can be obtained from Our Administrator's A Medical Emergency should always be reported immediately, or benefits will be limited. You can get help 24 hours a day, 7 days a week by contacting Our Administrator at 1-866-374-1129 (toll-free) from 8 a.m. to 8 p.m. ET, Monday to Friday. b) Time limit from date of event: If You are making a claim, You must send Our Administrator with proof of claim, receipts and payment statements. In this case, claims forms can be obtained from Our Administrator's 	InsuranceCLAIM A Medical Emergency should always be reported immediately, as described in section 8, or benefits will be limited.Who to Contact to Submit a Claim: A Medical Emergency should always be reported immediately, or benefits will be limiter. You can get help 24 hours a day, 7 days a we by contacting Our Administrator for assistance and claim management, an Insured Person incurs Eligible Medical Emergency Expenses, then he or she must first submit receipts and other proof to: • GHIP; • then to any group or individual health plans and/or insurers. Any Eligible Medical Emergency Expenses that are not covered by such GHIP, health plans or insurance should then be submitted to Our Administrator with proof of claim, receipts and payment statements. In this case, claims forms can be obtained from Our Administrator'sWho to Contact to Submit a Claim: A Medical Emergency should always be reported immediately, or benefits will be limiter. You can get help 24 hours a day, 7 days a we by contacting Our Administrator at 1-866-374-1129 (toll-free) from Canada or the U.S., or +1-416-977-4425 (collect) from other countries.Omplete the Required Form a) Request the Form: To request a claim form, acle Our Administrator at 1-866-374-1129 (toll-free) from 8 a.m. to 8 p.m. ET, Monday to Friday. b) Time limit from date of event: If You are making a claim, You must send Our Administrator with proof of claim, receipts and payment statements. In this case, claims forms can be obtained from Our Administrator's
 the number set out in section 10. The <i>Insured Person</i> will also be required to provide evidence of his or her actual date of departure from his or her province or territory of residence. Reporting a Claim Immediately If <i>Hospital</i> or other medical charges have been guaranteed or paid by <i>Our Administrator</i> to head of a <i>Insured Person</i> must sign an authorization form allowing. <i>Our Administrator</i> to recover these charges: from the <i>Insured Person</i> must sign an authorization form allowing. <i>Our Administrator</i> to recover these charges: from the <i>Insured Person</i> must saginst any responsible third party. If <i>Our Administrator</i> has paid for Eligible <i>Medical Emergency</i> and the <i>Insured Person</i> must assist <i>Our Administrator</i> has paid for Eligible <i>Medical Emergency</i> and the <i>Insured Person</i> must assist <i>Our Administrator</i> has paid for be required to provide evidence of his or her actual date of departure form his or her province or territory of residence. Note: If an advance payment is made for expenses and it is later discovered that they Were not covered under this <i>Certificate</i>, then <i>You</i> and/or the <i>Insured Person</i> must as a for any group or individual health plan(s) and/or insurer(s). <i>Eligible Medical Emergency</i> expenses not covered by a <i>GHIP</i> and the insured <i>Person</i> must also provide provide provide provide provide provide for the science in Section 6 – "Limitations and <i>Sectusions"</i>. If an <i>Insured Person</i> incures and for any group or individual health plan(s) and/or insurer(s). <i>Eligible Medical Emergency</i> expenses not covered by a <i>GHIP</i> and the insurence mergency is and other proof to: "<i>GHIP</i> and "his or her province or territory of residence. Note: If an advance payment is made for expenses and it is later discovered that they Were not covered under this <i>Certificate</i>, then <i>You</i> and/or insurer(s). <i>Eligible Medical Emergency</i> expenses not covered by a <i>GHIP</i> or other plan or insurance merecovered that they there hore the	 A Medical Emergency should always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim Immediately If, without contacting Our Administrator for assistance and claim management, an Insured Person incurs Eligible Medical Emergency Expenses, then he or she must first submit receipts and other proof to: GHIP; then to any group or individual health plans and/or insurers. Any Eligible Medical Emergency A Medical Emergency should always be reported immediately, or benefits will be limited. You can get help 24 hours a day, 7 days a week by contacting Our Administrator at 1-866-374-1129 (toll-free) from Canada or the U.S., or +1-416-977-4425 (collect) from other countries. Complete the Required Form	InsuranceCLAIM A Medical Emergency should always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim Immediately If, without contacting Our Administrator for assistance and claim management, an Insured Person incurs Eligible Medical Emergency Expenses, then he or she must first submit receipts and other proof to: • GHIP; • then to any group or individual health plans and/or insurers. Any Eligible Medical Emergency Expenses that are not covered by such GHIP, health plans or insurance should then be submitted to Our Administrator with proof of claim, receipts and payment statements. In this case, claims forms can beWho to Contact to Submit a Claim: A Medical Emergency should always be reported immediately, or benefits will be limited. You can get help 24 hours a day, 7 days a we by contacting Our Administrator at 1-866-374-1129 (toll-free) from Canada or the U.S., or +1-416-977-4425 (collect) from other countries.Complete the Required Form a) Request the Form: To request a claim form, call Our Administrator at 1-866-374-1129 (toll-free) from 8 a.m. to 8 p.m. ET, Monday to Friday.Di Time limit from date of event: If You are making a claim, You must send Our Administrator with proof of claim, receipts and payment statements. In this case, claims forms can be
Customer Service representatives at the number set out in section 10. The <i>Insured Person</i> will also be required to provide evidence of his or her actual date of departure from his or her province or territory of residence. Reporting a Claim Immediately If <i>Hospital</i> or other medical charges have been guaranteed or paid by <i>Our Administrator</i> on behalf of an <i>Insured Person</i> then <i>You</i> and, if applicable, the <i>Insured Person</i> must sign an authorization form allowing <i>Our Administrator</i> to recover these charges: • from any health plan or other insurance: • through subrogation rights against any responsible third party. If <i>Our Administrator</i> has paid for Eligible <i>Medical Emergency</i> Expenses covered under other insurance or another plan, You and, if applicable, the <i>Insured Person</i> must assist <i>Our Administrator</i> has paid for this or her actual date of departure from his or her province or territory of residence. Note: If an advance payment is made for expenses and it is later discovered that they <i>Were</i> not <i>You</i> and/or the <i>Insured Person</i> must reimburse <i>Us</i> .	 always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim Immediately If, without contacting <i>Our Administrator</i> for assistance and claim management, an <i>Insured Person</i> incurs Eligible <i>Medical Emergency</i> Expenses, then he or she must first submit receipts and other proof to: GHIP; then to any group or individual health plans and/or insurers. Any Eligible <i>Medical Emergency</i> Expenses that are not covered by such GHIP, health plans or insurance should then be submitted to <i>Our Administrator</i> with proof of claim, receipts and payment statements. In A <i>Medical Emergency</i> should always be reported immediately, or benefits will be limited. <i>You</i> can get help 24 hours a day, 7 days a week by contacting <i>Our Administrator</i> at 1-866-374-1129 (toll-free) from Canada or the U.S., or +1-416-977-4425 (collect) from other countries. Complete the Required Form a) Request the Form: To request a claim form, call <i>Our Administrator</i> at 1-866-374-1129 (toll-free) from 8 a.m. to 8 p.m. ET, Monday to Friday. b) Time limit from date of event: If <i>You</i> are making a claim, <i>You</i> must send <i>Our Administrator</i> with proof of claim, receipts and payment statements. In 	InsuranceCLAIM A Medical Emergency should always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim Immediately If, without contacting Our Administrator for assistance and claim management, an Insured Person incurs Eligible Medical Emergency Expenses, then he or she must first submit receipts and other proof to: • GHIP; • then to any group or individual health plans and/or insurers. Any Eligible Medical Emergency Expenses that are not covered by such GHIP, health plans or insurance should then be submitted to Our Administrator with proof of claim, receipts and payment statements. InWho to Contact to Submit a Claim: A Medical Emergency should always be reported immediately, or benefits will be limited. You can get help 24 hours a day, 7 days a were by contacting Our Administrator at 1-866-374-1129 (toll-free) from Canada or the U.S., or +1-416-977-4425 (collect) from other countries.Complete the Required Form a) Request the Form: To request a claim form, call Our Administrator at 1-866-374-1129 (toll-free) from 8 a.m. to 8 p.m. ET, Monday to Friday. b) Time limit from date of event: If You are making a claim, You must send Our Administrator with proof of claim, receipts and payment statements. In
 obtained from <i>Our Administrator's</i> <i>Customer Service representatives at</i> the number set out in section 10. The <i>Insured Person</i> will also be required to provide evidence. Areporting a Claim Immediately If <i>Haspital or</i> other medical charges have been guaranteed or paid by <i>Our Administrator</i> on behalf of an <i>Insured Person</i> must sign an authorization form allowing <i>Our Administrator</i> to recover these charges: •from the <i>Insured Person</i> must sign an authorization for authorization form allowing <i>Our Administrator</i> to recover these charges: •from the <i>Insured Person</i> must sign an authorization form allowing <i>Our Administrator</i> to recover these charges: •from yealth plan or other insurance; •through subrogation rights against any responsible third party. If <i>Our Administrator</i> in soluting reimburseed under other insurance or another plan, <i>You</i> and, if applicable, the <i>Insured Person</i> must assist <i>Our Administrator</i> in obtaining reimburseed under other from his or her crudit date of departure from the scule and the decidel <i>Emergency</i>; and •traetal cale and <i>Coverbed</i> that <i>Covered</i> under the <i>Insured Person</i> must reimburse <i>Us</i>. Figlible Medical Emergency and •trae there applicable, the <i>Insured Person</i> must reimburse the submitting a claim for dental exceenses resulting from a <i>Medical Emergency</i>; and •trae submitting a claim for dental exceenses resulting throm a <i>Medical Emergency</i>. You must call <i>Our Administrator</i> for assistance and claim management, they must first cubrations for expenses and the sectibed in Section 6 – "Limitations and Exclusions". If an <i>Insured Person</i> must reimburse <i>Us</i>. <i>Eligible Medical Emergency</i> expenses not covered under this <i>Certificate</i>, then <i>You</i> and/or the <i>Insured Person</i> must reimburse <i>Us</i>. <i>Eligible Medical Emergency</i> expenses not covered under the <i>Certificate</i>, then <i>You</i> and/or the <i>Insured Person</i> must as optical encords (<i>If We</i> determine applicable). <i>H You Do Not Report the Claim Immediately</i> in a <i>Medical Eme</i>	 A Medical Emergency should always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim Immediately If, without contacting Our Administrator for assistance and claim management, an Insured Person incurs Eligible Medical Emergency Expenses, then he or she must first submit receipts and other proof to: GHIP; then to any group or individual health plans and/or insurers. Any Eligible Medical Emergency Expenses that are not covered by such GHIP, health plans or insurance should then be submitted to Our Administrator with proof of claim, A Medical Emergency should always be reported immediately, or benefits will be limited. You can get help 24 hours a day, 7 days a week by contacting Our Administrator at 1-866-374-1129 (toll-free) from Canada or the U.S., or +1-416-977-4425 (collect) from other countries. Complete the Required Form	InsuranceCLAIM A Medical Emergency should always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim Immediately If, without contacting Our Administrator for assistance and claim management, an Insured Person incurs Eligible Medical Emergency Expenses, then he or she must first submit receipts and other proof to: • GHIP; • then to any group or individual health plans and/or insurers. Any Eligible Medical Emergency Expenses that are not covered by such GHIP, health plans or insurance should then be submitted to Our Administrator with proof of claim,Who to Contact to Submit a Claim: A Medical Emergency should always be reported immediately, or benefits will be limited. You can get help 24 hours a day, 7 days a were by contacting Our Administrator at 1-866-374-1129 (toll-free) from Canada or the U.S., or +1-416-977-4425 (collect) from other countries.Complete the Required Form a) Request the Form: To request a claim form, call Our Administrator at 1-866-374-1129 (toll-free) from 8 a.m. to 8 p.m. ET, Monday to Friday. 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., origina invoices and tickets, medical and/or death certificates) as soon as possible. In every case You must submit Your completed claim form
 this case, claims forms can be obtained from <i>Our Administrator's</i> <i>Customer Service representatives at the number set out in section 10. The <i>Insured Person</i> will also be required to provide vidence of his or her actual date of departure from his or her province or territory of residence. Reporting a Claim Immediately If <i>Hospital</i> or other medical charges have been guaranteed or paid by <i>Our Administrator</i> on behalf of applicable, the <i>Insured Person</i> must sign an authorization form allowing <i>Our Administrator</i> to recover these charges: •from the <i>Insured Person</i> must sign an authorization form allowing <i>Our Administrator</i> to recover these charges: •from the <i>Insured Person</i> must sign an authorization form allowing <i>Our Administrator</i> has paid to feeling <i>Insurance</i>; •through subrogation ripits against any responsible third party. If <i>Our Administrator</i> has paid to feeling <i>Insurance</i>; •through subrogation rust assist <i>Our Administrator</i> has paid to feeling <i>Insurance</i> or another plan, You and the secident if <i>You</i> are submitting a claim for dental expenses ensulting from a <i>Medical Emergency</i>; and .</i> <i>Your Instorlal Medical Emergency</i>, wor unst call <i>Our Administrator</i> has adding <i>Insurance</i> pervonince or territory for sistence and the rowine or territory for his or her actual date of departure from his or her province or territory for is later discovered that they <i>Were</i> not covered under this <i>Certificate</i>, then <i>You</i> and/or the <i>Insured Person</i> must reimburse <i>Us</i>. <i>Biglibe Medical Emergency</i> expenses not covered under this <i>Certificate</i>, then <i>You</i> and <i>Gulf Por</i> other plan or insurance must be submitted to <i>Our Administrator</i> has a submitted to <i>Our Administrator</i> has a submitted for other plan or insurance must be submitted for outher of the statements. <i>The Insured Person</i> must also provide proof of the accula <i>Departure</i> Date from their 	 always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim Immediately If, without contacting <i>Our Administrator</i> for assistance and claim management, an <i>Insured Person</i> incurs Eligible <i>Medical Emergency</i> Expenses, then he or she must first submit receipts and other proof to: • GHIP; • then to any group or individual health plans and/or insurers. Any Eligible <i>Medical Emergency</i> that are not covered by such GHIP, health plans or insurance should then be submitted to <i>Our</i> A <i>Medical Emergency</i> should always be reported immediately, or benefits will be limited. You can get help 24 hours a day, 7 days a week by contacting <i>Our Administrator</i> at 1-866-374-1129 (toll-free) from Canada or the U.S., or +1-416-977-4425 (collect) from other countries. Complete the Required Form a) Request the Form: To request a claim form, call <i>Our Administrator</i> at 1-866-374-1129 (toll-free) from 8 a.m. to 8 p.m. ET, Monday to Friday. b) Time limit from date of event: If <i>You</i> are making a claim, <i>You</i> must send <i>Our Administrator</i> 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, 	InsuranceCLAIM A Medical Emergency should always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim Immediately If, without contacting Our Administrator for assistance and claim management, an Insured Person incurs Eligible Medical Emergency Expenses, then he or she must first submit receipts and other proof to: • GHIP; • then to any group or individual health plans and/or insurers. Any Eligible Medical Emergency Expenses that are not covered by such GHIP, health plans or insurance should then be submitted to OurWho to Contact to Submit a Claim: A Medical Emergency should always be reported immediately, or benefits will be limited. You can get help 24 hours a day, 7 days a were by contacting Our Administrator at 1-866-374-1129 (toll-free) from Canada or the U.S., or +1-416-977-4425 (collect) from other countries.Complete the Required Form a) Request the Form: To request a claim form, call Our Administrator at 1-866-374-1129 (toll-free) from 8 a.m. to 8 p.m. ET, Monday to Friday.b) Time limit from date of event: If You are making a claim, You must send Our Administrator the appropriate claim forms, itogether with written proof of loss (e.g., origina invoices and tickets, medical and/or death certificates) as soon as possible. In every case
 this case, claims forms can be obtained from <i>Our Administrator's</i> <i>Customer Service representatives at the number set out in section 10. The <i>Insured Person</i> will also be required to provide vidence of his or her actual date of departure from his or her province or territory of residence. Reporting a Claim Immediately If <i>Hospital</i> or other medical charges have been guaranteed or paid by <i>Our Administrator</i> on behalf of applicable, the <i>Insured Person</i> must sign an authorization form allowing <i>Our Administrator</i> to recover these charges: •from the <i>Insured Person</i> must sign an authorization form allowing <i>Our Administrator</i> to recover these charges: •from the <i>Insured Person</i> must sign an authorization form allowing <i>Our Administrator</i> has paid to feeling <i>Insurance</i>; •through subrogation ripits against any responsible third party. If <i>Our Administrator</i> has paid to feeling <i>Insurance</i>; •through subrogation rust assist <i>Our Administrator</i> has paid to feeling <i>Insurance</i> or another plan, You and the secident if <i>You</i> are submitting a claim for dental expenses ensulting from a <i>Medical Emergency</i>; and .</i> <i>Your Instorlal Medical Emergency</i>, wor unst call <i>Our Administrator</i> has adding <i>Insurance</i> pervonince or territory for sistence and the rowine or territory for his or her actual date of departure from his or her province or territory for is later discovered that they <i>Were</i> not covered under this <i>Certificate</i>, then <i>You</i> and/or the <i>Insured Person</i> must reimburse <i>Us</i>. <i>Biglibe Medical Emergency</i> expenses not covered under this <i>Certificate</i>, then <i>You</i> and <i>Gulf Por</i> other plan or insurance must be submitted to <i>Our Administrator</i> has a submitted to <i>Our Administrator</i> has a submitted for other plan or insurance must be submitted for outher of the statements. <i>The Insured Person</i> must also provide proof of the accula <i>Departure</i> Date from their 	 always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim Immediately If, without contacting <i>Our Administrator</i> for assistance and claim management, an <i>Insured Person</i> incurs Eligible <i>Medical Emergency</i> Expenses, then he or she must first submit receipts and other proof to: • GHIP; • then to any group or individual health plans and/or insurers. Any Eligible <i>Medical Emergency</i> that are not covered by such GHIP, health plans or insurance should then be submitted to <i>Our</i> A <i>Medical Emergency</i> should always be reported immediately, or benefits will be limited. You can get help 24 hours a day, 7 days a week by contacting <i>Our Administrator</i> at 1-866-374-1129 (toll-free) from Canada or the U.S., or +1-416-977-4425 (collect) from other countries. Complete the Required Form a) Request the Form: To request a claim form, call <i>Our Administrator</i> at 1-866-374-1129 (toll-free) from 8 a.m. to 8 p.m. ET, Monday to Friday. b) Time limit from date of event: If <i>You</i> are making a claim, <i>You</i> must send <i>Our Administrator</i> 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, 	InsuranceCLAIM A Medical Emergency should always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim Immediately If, without contacting Our Administrator for assistance and claim management, an Insured Person incurs Eligible Medical Emergency Expenses, then he or she must first submit receipts and other proof to: • GHIP; • then to any group or individual health plans and/or insurers. Any Eligible Medical Emergency Expenses that are not covered by such GHIP, health plans or insurance should then be submitted to OurWho to Contact to Submit a Claim: A Medical Emergency should always be reported immediately, or benefits will be limited. You can get help 24 hours a day, 7 days a were by contacting Our Administrator at 1-866-374-1129 (toll-free) from Canada or the U.S., or +1-416-977-4425 (collect) from other countries.Complete the Required Form a) Request the Form: To request a claim form, call Our Administrator at 1-866-374-1129 (toll-free) from 8 a.m. to 8 p.m. ET, Monday to Friday.b) Time limit from date of event: If You are making a claim, You must send Our Administrator the appropriate claim forms, itogether with written proof of loss (e.g., origina invoices and tickets, medical and/or death certificates) as soon as possible. In every case
 receipts and payment statements. In this case, claims forms can be obtained from Our Administrator's Customer Service representatives at the number set out in section 10. The Insured Person will also be required to provide evidence of his or her province or territory of residence. Reporting a Claim Immediately If Hospital or other medical charges have been guaranteed or pablic of the following: completed Claim form; and event, "We will need documentation to substantiate the claim, including but not limited to the following: completed Claim form; and event, "We will need documentation to substantiate the claim, including but not limited to the following: completed Claim form; and event, "We will need documentation to substantiate the claim, including but not limited to the following: completed Claim form; and event, "We will need documentation to substantiate the claim, including but not limited to the following: completed Claim form; and event, "We will need documentation by the requirement's above, under "Ime limit from date of event," We will need documentation to substantiate the claim, including but not limited the following: completed Claim form; and event discovered hat the fragment was medical processary; and event (including departure and return dates); and insurance; • through subrogation ingits against any responsible third party. If Our Administrator has paid for Eligible Medical Emergency; and the insured Person will also be required to provide evidence of his or her province or territory from his or her province or territory fresidence. Note: If an advance payment is made for expenses and the sectibed in Section 6 - "Limitations and Exclusions". If an <i>Insured Person</i> incurs Eligible Medical Emergency expenses on to covered under the Certificate, there and ther proof to: "Circle and there there incurses, estimation and insurence)." <i>is later discovered that they Weren ot covered under the Certificate</i>, there and expense builted	 always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim Immediately If, without contacting <i>Our Administrator</i> for assistance and claim management, an <i>Insured</i> <i>Person</i> incurs Eligible <i>Medical</i> <i>Emergency</i> Expenses, then he or she must first submit receipts and other proof to: GHIP; then to any group or individual health plans and/or insurers. Any Eligible <i>Medical Emergency</i> then to for any group or individual health plans and/or insurers. Any Eligible <i>Medical Emergency</i> then the alth plans or insurance A <i>Medical Emergency</i> should always be reported immediately, or benefits will be limited. You can get help 24 hours a day, 7 days a week by contacting <i>Our Administrator</i> at 1-866-374-1129 (toll-free) from Canada or the U.S., or +1-416-977-4425 (collect) from other countries. Complete the Required Form a) Request the Form: To request a claim form, call <i>Our Administrator</i> at 1-866-374-1129 (toll-free) from 8 a.m. to 8 p.m. ET, Monday to Friday. b) Time limit from date of event: If <i>You</i> are making a claim, <i>You</i> must send <i>Our Administrator</i> the appropriate claim forms, together with written proof of loss (e.g., original invoices and tickets, medical and/or death 	InsuranceCLAIM A Medical Emergency should always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim Immediately If, without contacting Our Administrator for assistance and claim management, an Insured Person incurs Eligible Medical Emergency Expenses, then he or she must first submit receipts and other proof to: • GHIP; • then to any group or individual health plans and/or insurers. Any Eligible Medical Emergency Expenses that are not covered by such GHIP, health plans or insuranceWho to Contact to Submit a Claim: A Medical Emergency should always be reported immediately, or benefits will be limited. You can get help 24 hours a day, 7 days a were by contacting Our Administrator at 1-866-374-1129 (toll-free) from Canada or the U.S., or +1-416-977-4425 (collect) from other countries.Complete the Required Form a) Request the Form: To request a claim form, call Our Administrator at 1-866-374-1129 (toll-free) from 8 a.m. to 8 p.m. ET, Monday to Friday.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., origina invoices and tickets, medical and/or death
Administrator with proof of claim, receipts and payment statements. In this case, claims forms can be obtained from <i>Our Administrator's</i> <i>Customer Service</i> representatives at the number set out in section 10. The <i>Insured Person</i> will also be required to provide evidence of his or her actual date of departure from his or her province or territory of residence. Reporting a Claim Immediately If <i>Hospital</i> or other medical charges have been guaranteed or paid by <i>Our Administrator</i> on behalf of a phave been guaranteed or paid by <i>Our Administrator</i> to nebraid of applicable, the <i>Insured Person</i> must sign an authorization form allowing <i>Our Administrator</i> to recover these charges: •from the <i>Insured Person</i> so <i>GHIP</i> ; • from any health plan or other insurance: •through subrogation rust assist <i>Our Administrator</i> has paid for Eligible <i>Medical Emergency</i> ; and •proof of the accident if You are submitting a claim for dental expenses resulting from a <i>Medical Emergency</i> ; and •proof of the accident if You are submitting a claim for tertal optical medical records, including complete diagnosis by the Alspital, which must support that the <i>Treatment</i> was medical records (if <i>We</i> determine applicable). <i>Hour Administrator</i> has paid for Eligible <i>Medical Emergency</i> Expenses covered under other insurance or another plan, You and is so be required to provide evidence of his or her actual date of departure from his or her province or tertitory of residence. Note: If an advance payment is made for expenses and it is later discovered that they <i>Were</i> not covered under this <i>Scrifficate</i> , then <i>You</i> and/or the <i>Insured Person</i> must reimburse <i>Us</i> . <i>Eligible Medical Emergency</i> , submotter for assistance and claim management, they must first submit receipts and other proof to: <i>GHIP</i> ; and •then to any group or individual health plan(s) and/or insure(s). <i>Eligible Medical Emergency</i> expenses not covered by a <i>GHIP</i> or other plan or insurance must be submitted to <i>Our Administrator</i> individual health plan(s) and/or insuref(s).	 always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim Immediately If, without contacting <i>Our Administrator</i> for assistance and claim management, an <i>Insured</i> <i>Person</i> incurs Eligible <i>Medical</i> <i>Emergency</i> Expenses, then he or she must first submit receipts and other proof to: GHIP; then to any group or individual health plans and/or insurers. Any Eligible <i>Medical Emergency</i> Expenses that are not covered by A <i>Medical Emergency</i> should always be reported immediately, or benefits will be limited. <i>You</i> can get help 24 hours a day, 7 days a week by contacting <i>Our Administrator</i> at 1-866-374-1129 (toll-free) from Canada or the U.S., or +1-416-977-4425 (collect) from other countries. Complete the Required Form a) Request the Form: To request a claim form, call <i>Our Administrator</i> at 1-866-374-1129 (toll-free) from 8 a.m. to 8 p.m. ET, Monday to Friday. Time limit from date of event: If <i>You</i> are making a claim, <i>You</i> must send <i>Our</i> <i>Administrator</i> the appropriate claim forms, together with written proof of loss (e.g., original 	InsuranceCLAIM A Medical Emergency should always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim Immediately If, without contacting Our Administrator for assistance and claim management, an Insured Person incurs Eligible Medical Emergency Expenses, then he or she must first submit receipts and other proof to: • GHIP; • then to any group or individual health plans and/or insurers. Any Eligible Medical Emergency Expenses that are not covered byWho to Contact to Submit a Claim: A Medical Emergency should always be reported immediately, or benefits will by contacting Our Administrator at 1-866-374-1129 (toll-free) from Canada or the U.S., or +1-416-977-4425 (collect) from other countries.Complete the Required Form a) Request the Form: To request a claim form, call Our Administrator at 1-866-374-1129 (toll-free) from 8 a.m. to 8 p.m. ET, Monday to Friday. 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 together with written proof of loss (e.g., ori
Administrator with proof of claim, receipts and payment statements. In this case, claims forms can be obtained from Our Administrator's Customer Service representatives at the number set out in section 10. Insured Person will also be required to provide evidence of his or her actual date of departure from his or her province or territory of residence of his or her actual date of departure from his or her province or territory of residence to province the Insured Person must sign an authorization form allowing (<i>Administrator</i> to recover these charges: • from the Insured Person rust sign an authorization form allowing (<i>Administrator</i> to recover these charges: • from the Insured Person rust sign an authorization form allowing (<i>Administrator</i> to recover these charges: • from the Insured Person rust sign an authorization form allowing (<i>Administrator</i> to recover these charges: • from the Insured Person rust sign an authorization form allowing (<i>Administrator</i> to recover these charges: • from the Insured Person rust sign an authorization form allowing (<i>Administrator</i> to recover these charges: • from the Insured Person rust sign an authorization form allowing (<i>Administrator</i> to recover these charges: • from the Insured Person rust sign an authorization form allowing (<i>Administrator</i> in obtaining reimbursement, where insurance or another ins or her actual date of departure from his or her province or territory of his or her actual date of departure from his or her province or territory addies (<i>Imsegnency</i> , You and Ju and Stator covered under this <i>Certificate</i> , then You and/or the <i>Insured Person</i> must as later discovered that they Were not covered under this <i>Certificate</i> , then You and/or the <i>Insured Person</i> must signal area discovered that they Were not covered under this <i>Certificate</i> , then You and/or the <i>Insured Person</i> must signal and for certified the <i>Certificate</i> , then You and/or the <i>Insured Person</i> must submitted to <i>Our Administrator</i> for assistance and claim mangement, they must first submit receipt	 always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim Immediately If, without contacting <i>Our Administrator</i> for assistance and claim management, an <i>Insured</i> <i>Person</i> incurs Eligible <i>Medical</i> <i>Emergency</i> Expenses, then he or she must first submit receipts and other proof to: GHIP; then to any group or individual health plans and/or insurers. A <i>Medical Emergency</i> should always be reported immediately, or benefits will be limited. <i>You</i> can get help 24 hours a day, 7 days a week by contacting <i>Our Administrator</i> at 1-866-374-1129 (toll-free) from Canada or the U.S., or +1-416-977-4425 (collect) from other countries. <i>Complete the Required Form</i> a) Request the Form: To request a claim form, call <i>Our Administrator</i> at 1-866-374-1129 (toll-free) from 8 a.m. to 8 p.m. ET, Monday to Friday. b) Time limit from date of event: If <i>You</i> are making a claim, <i>You</i> must send <i>Our</i> <i>A Medical Emergency</i> Administrator the appropriate claim forms, 	InsuranceCLAIM A Medical Emergency should always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim Immediately If, without contacting Our Administrator for assistance and claim management, an Insured Person incurs Eligible Medical Emergency Expenses, then he or she must first submit receipts and other proof to: • GHIP; • then to any group or individual health plans and/or insurers. Any Eligible Medical EmergencyWho to Contact to Submit a Claim: A Medical Emergency should always be reported immediately, or benefits will be limited. You can get help 24 hours a day, 7 days a were by contacting Our Administrator at 1-866-374-1129 (toll-free) from Canada or the U.S., or +1-416-977-4425 (collect) from other countries.Complete the Required Form a) Request the Form: To request a claim form, call Our Administrator at 1-866-374-1129 (toll-free) from 8 a.m. to 8 p.m. ET, Monday to Friday. b) Time limit from date of event: If You are making a claim, You must send Our Administrator the appropriate claim forms,
such GHIP, health plans or insurance should then be submitted to Qur Administrator with proof of claim, receipts and payment statements. In this case, claims forms can be obtained from Qur Administrator's Customer Service representatives at the number set out in section 10. The <i>Insured Person</i> will also be required to a provide the claim arises. Failure to provide the claim, and the number set out in section 10. The <i>Insured Person</i> will also be required to a documentation may invalidate Your Claim. Provide the Information Requested to provide evidence of his or her actual date of departure from his or her province or territory of residence. Reporting a Claim Immediately if <i>Hospital</i> or other medical charges have been guaranteed or paid by <i>Our Administrator</i> on behalf of an <i>Insured Person</i> must sign an authorization form allowing <i>Our Administrator</i> to recover these charges: + from the <i>Insured Person</i> must sign an authorization form allowing <i>Charges</i> : + from the <i>Insured Person</i> must sais on <i>Laministrator</i> in resurance or another plan, <i>You</i> and, if applicable, the <i>Insured Person</i> must assis <i>Our Administrator</i> in bottaining reimbursement, where necessary. The <i>Insured Person</i> must assis <i>Our Administrator</i> in obtaining reimbursement, where necessary. The <i>Insured Person</i> must is later discovered that they Were not covered under this <i>Carlificale</i> , then <i>You</i> and/or the <i>Insured Person</i> must reimburse <i>Us</i> .	 always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim Immediately If, without contacting <i>Our Administrator</i> for assistance and claim management, an <i>Insured Person</i> incurs Eligible <i>Medical Emergency</i> Expenses, then he or she must first submit receipts and other proof to: GHIP; then to any group or individual health plans and/or insurers. A <i>Medical Emergency</i> should always be reported immediately, or benefits will be limited. <i>You</i> can get help 24 hours a day, 7 days a week by contacting <i>Our Administrator</i> at 1-866-374-1129 (toll-free) from Canada or the U.S., or +1-416-977-4425 (collect) from other countries. Complete the Required Form	InsuranceCLAIM A Medical Emergency should always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim Immediately If, without contacting Our Administrator for assistance and claim management, an Insured Person incurs Eligible Medical Emergency Expenses, then he or she must first submit receipts and other proof to: • GHIP; • then to any group or individual health plans and/or insurers.Who to Contact to Submit a Claim: A Medical Emergency should always be reported immediately, or benefits will be limited. You can get help 24 hours a day, 7 days a were by contacting Our Administrator at 1-866-374-1129 (toll-free) from Canada or the U.S., or +1-416-977-4425 (collect) from other countries.Complete the Required Form a) Request the Form: To request a claim form, call Our Administrator at 1-866-374-1129 (toll-free) from 8 a.m. to 8 p.m. ET, Monday to Friday. b) Time limit from date of event: If You are making a claim, You must send Our
 Expenses that are not covered by such GHP, health plans or insurates in the other insuration with proof of claim, neceipts and payment statements. In this case, claims forms can be obtained from <i>Our Administrator</i> is section 10. Customer Service representatives at the number set out in section 10. Customer Service representatives at the number set out in section 10. Customer Service representatives at the number set out in section 10. Customer Service representatives at the number set out in section 10. Customer Service representatives at the number set out in section 10. Customer Service representatives at the number set out in section 10. Customer Service representatives at the number set out in section 10. Customer Service representatives at the number set out in section 10. Customer Service representatives at the number set out in section 10. Customer Service representatives at the number set out in section 10. Customer Service representatives at the number set out in section 10. Customer Service representatives at the claim form; and service requirements above, under "Time limit from his or her province to retrifticate; hereigner, and the original lemized receipts for all bills and involces; and its attent the following. Completed claim form; and service represent the service r	 always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim Immediately If, without contacting Our Administrator for assistance and claim management, an Insured Person incurs Eligible Medical Emergency Expenses, then he or she must first submit receipts and other proof to: GHIP; then to any group or individual 	InsuranceCLAIM A Medical Emergency should always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim Immediately If, without contacting Our Administrator for assistance and claim management, an Insured Person incurs Eligible Medical Emergency Expenses, then he or she must first submit receipts and other proof to: • GHIP; • then to any group or individualWho to Contact to Submit a Claim: A Medical Emergency should always be reported immediately, or benefits will be limited. You can get help 24 hours a day, 7 days a weak by contacting Our Administrator at 1-866-374-1129 (toll-free) from Canada or the U.S., or +1-416-977-4425 (collect) from other countries.Complete the Required Form a) Request the Form: To request a claim form, call Our Administrator at 1-866-374-1129 (toll-free) from 8 a.m. to 8 p.m. ET, Monday to Friday. b) Time limit from date of event: If You are
Any Eligible Medical Emergency Expenses that are not covered by such GHIP, health plans or insurance should then be submitted to Our Administrator with proof of claim, receipts and payment statements. In this case, claims forms can be obtained from Our Administrator's Customer Service representatives at the number set out in section 10. The <i>Insured Person</i> will also be required to also be required to a provide evidence of his or her actual date of departure from his or her province or territory of residence. Reporting a Claim Immediately If <i>Hospital</i> or other medical charges have been guaranteed or paid by Our Administrator on behalf of an <i>Insured Person</i> mult sign an authorization form allowing <i>Our Administrator</i> to recover these charges: • from the <i>Insured Person</i> will also be required under other insurance: • through subrogation rights against any responsible thind party. IF <i>Our Administrator</i> in obtaining reimbursement, where necessary. The <i>Insured Person</i> will also be required to provide evident of the advance payment is made for expenses and it is latter discovered under other payment is made for expenses and it is latter discovered latter by <i>Vou</i> and to the section for a darken payment is made for expenses and it is latter discovered that they <i>Were</i> payment is made for expenses and it is latter discovered hat they <i>Were</i> payment is made for expenses and it is latter discovered hat they <i>Were</i> payment is made for expenses and it is latter discovered hat they <i>Were</i> payment is made for expenses and it is latter discovered hat they <i>Were</i> payment is made for expenses and it is latter discovered hat they <i>Were</i> payment is made for expenses and it is latter discovered hat hey <i>Were</i> payment is made for expenses and it is latter discovered hat hey <i>Were</i> payment is made for expenses and it is latter discovered hat hey <i>Were</i> payment is made for expenses and it is latter discovered hat hey <i>Were</i> payment is made for expenses and it is latter discovered hat they <i>Were</i> payment is made for expenses and i	 always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim Immediately If, without contacting <i>Our Administrator</i> for assistance and claim management, an <i>Insured Person</i> incurs Eligible <i>Medical Emergency</i> Expenses, then he or she must first submit receipts and other proof to: GHIP; A <i>Medical Emergency</i> should always be reported immediately, or benefits will be limited. You can get help 24 hours a day, 7 days a week by contacting <i>Our Administrator</i> at 1-866-374-1129 (toll-free) from Canada or the U.S., or +1-416-977-4425 (collect) from other countries. Complete the Required Form a) Request the Form: To request a claim form, call <i>Our Administrator</i> at 1-866-374-1129 (toll-free) from 8 a.m. to 8 p.m. ET, Monday to Friday. 	InsuranceCLAIM A Medical Emergency should always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim Immediately If, without contacting Our Administrator for assistance and claim management, an Insured Person incurs Eligible Medical Emergency Expenses, then he or she must first submit receipts and other proof to: • GHIP;Who to Contact to Submit a Claim: A Medical Emergency should always be reported immediately, or benefits will be limited. You can get help 24 hours a day, 7 days a were by contacting Our Administrator at 1-866-374-1129 (toll-free) from Canada or the U.S., or +1-416-977-4425 (collect) from other countries.Complete the Required Form a) Request the Form: To request a claim form, call Our Administrator at 1-866-374-1129 (toll-free) from 8 a.m. to 8 p.m. ET, Monday to Friday.
 health plans and/or insurers. Any Eligble <i>Medical Emergency</i> Expenses that are not covered by such CHIP. health plans or insurance should then be submitted to <i>Qur</i> <i>Administrator</i> the appropriate claim forms. together with written proof of loach the capits and payment statements. In this case, claims forms can be obtained from <i>Cur</i> Administrator's <i>Customer</i> Service representatives at the number set out in section 10. The <i>Insured Person</i> will also be required to provide evidence of his or her actual date of departure from his or her province or territory of residence. Reporting a Claim Immediately if <i>Hospital</i> or other medical chargers on twill applicable, the <i>Insured Person</i> must sign an authorization form allowing: completed diam form, and proof of payment by You and by any other benefit plan; and proof of payment by You and by any other benefit plan; and proof of payment by You and by any other benefit plan; and proof of travel (including departure and return dates); and the discusser of the son return dates is and proof of travel (including departure and return dates); and the attending <i>Physician</i> or documentation by the tatending <i>Physician</i> or documentation by the attending <i>Physician</i> or documentation by the attending <i>Physician</i> or as submitted to cords (if We discal Emergency, and the unsured Person must as asis tour Administrator in modately. the administrator in advance payment is made for expenses and it is latter discovered that the <i>Yean</i> of the societal mengency. You must call <i>Qur</i> <i>Administrator inmediately</i>. <i>You</i> bo theregory expenses and it is latter discovered that the <i>Yean</i> or there advance payment is made for expenses and it is latter discovered that the <i>Yean</i> or ther	always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim Immediately If, without contacting <i>Our Administrator</i> for assistance and claim management, an <i>Insured</i> <i>Person</i> incurs Eligible <i>Medical</i> A <i>Medical Emergency</i> should always be reported immediately, or benefits will be limited. You can get help 24 hours a day, 7 days a week by contacting <i>Our Administrator</i> at 1-866-374-1129 (toll-free) from Canada or the U.S., or +1-416-977-4425 (collect) from other countries. <i>Derson</i> incurs Eligible <i>Medical</i> <i>Emergency</i> Expenses, then he or she must first submit receipts and other proof to:A <i>Medical Emergency</i> should always be reported immediately, or benefits will be limited. You can get help 24 hours a day, 7 days a week by contacting <i>Our Administrator</i> at 1-866-374-1129 (toll-free) from Canada or the U.S., or +1-416-977-4425 (collect) from other countries.Complete the Required Form a) Request the Form: To request a claim form, call <i>Our Administrator</i> at 1-866-374-1129 (toll-free) from 8 a.m. to 8 p.m. ET, Monday to	InsuranceCLAIM A Medical Emergency should always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim Immediately If, without contacting Our Administrator for assistance and claim management, an Insured Person incurs Eligible Medical Emergency Expenses, then he or she must first submit receipts and other proof to:Who to Contact to Submit a Claim: A Medical Emergency should always be reported immediately, or benefits will be limited. You can get help 24 hours a day, 7 days a were by contacting Our Administrator at 1-866-374-1129 (toll-free) from Canada or the U.S., or +1-416-977-4425 (collect) from other countries.Complete the Required Form a) Request the Form: To request a claim form, call Our Administrator at 1-866-374-1129 (toll-free) from 8 a.m. to 8 p.m. ET, Monday to
 health plans and/or insurers. Any Eligble <i>Medical Emergency</i> Expenses that are not covered by such CHIP. health plans or insurance should then be submitted to <i>Qur</i> <i>Administrator</i> the appropriate claim forms. together with written proof of loach the capits and payment statements. In this case, claims forms can be obtained from <i>Cur</i> Administrator's <i>Customer</i> Service representatives at the number set out in section 10. The <i>Insured Person</i> will also be required to provide evidence of his or her actual date of departure from his or her province or territory of residence. Reporting a Claim Immediately if <i>Hospital</i> or other medical chargers on twill applicable, the <i>Insured Person</i> must sign an authorization form allowing: completed diam form, and proof of payment by You and by any other benefit plan; and proof of payment by You and by any other benefit plan; and proof of payment by You and by any other benefit plan; and proof of travel (including departure and return dates); and the discusser of the son return dates is and proof of travel (including departure and return dates); and the attending <i>Physician</i> or documentation by the tatending <i>Physician</i> or documentation by the attending <i>Physician</i> or documentation by the attending <i>Physician</i> or as submitted to cords (if We discal Emergency, and the unsured Person must as asis tour Administrator in modately. the administrator in advance payment is made for expenses and it is latter discovered that the <i>Yean</i> of the societal mengency. You must call <i>Qur</i> <i>Administrator inmediately</i>. <i>You</i> bo theregory expenses and it is latter discovered that the <i>Yean</i> or there advance payment is made for expenses and it is latter discovered that the <i>Yean</i> or ther	 always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim Immediately If, without contacting <i>Our Administrator</i> for assistance and claim management, an <i>Insured Person</i> incurs Eligible <i>Medical Emergency</i> Expenses, then he or she must first submit receipts and A <i>Medical Emergency</i> should always be reported immediately, or benefits will be limited. <i>You</i> can get help 24 hours a day, 7 days a week by contacting <i>Our Administrator</i> at 1-866-374-1129 (toll-free) from Canada or the U.S., or +1-416-977-4425 (collect) from other countries. Complete the Required Form a) Request the Form: To request a claim form, call <i>Our Administrator</i> at 1-866-374-1129 	InsuranceCLAIM A Medical Emergency should always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim Immediately If, without contacting Our Administrator for assistance and claim management, an Insured Person incurs Eligible Medical Emergency Expenses, then he or she must first submit receipts andWho to Contact to Submit a Claim: A Medical Emergency should always be reported immediately, or benefits will be limited. You can get help 24 hours a day, 7 days a were by contacting Our Administrator at 1-866-374-1129 (toll-free) from Canada or the U.S., or +1-416-977-4425 (collect) from other countries.Complete the Required Form a) Request the Form: To request a claim form, call Our Administrator at 1-866-374-1129
 then to any group or individual health plans and/or insurers. Any Eligible Medical Emergency: Expenses that are not covered by such GHIP, health plans or insurance, should then be submitted to <i>Our</i> Administrator with proof of death (e.g., original invoices and lickets, medical and/or death certificates) as soon as possible. In every case, or the obtained from <i>Our</i> Administrator's customer Service representatives at the number set out in section 10. The <i>Insured Person</i> will also be required to provide evidence of his or her actual date of departure from his or her province or territory of residence. Reporting a Claim Immediately If <i>Hospital</i> or other medical charges than ye been guaranteed or paid by <i>Our</i> Administrator hor converted person will also be required have been guaranteed or paid by <i>Our</i> Administrator hor convertence or territory of residence. Reporting a Claim Immediately If <i>Hospital</i> or other medical charges than ye been guaranteed or paid by <i>Our</i> Administrator hor the or other insurance; + through subrogation from allowing <i>Our</i> Administrator hor payment by subrogation must assist <i>Our</i> Administrator hor aspatiate the claim assist <i>Our</i> Administrator hor aspatiate to claim (<i>Insured Person</i> will also be required heat the Claim group you that the Treatment was medical necessary; and the <i>Hospital</i>, which must support that the <i>Treatment</i> was medical free greapy; you must call <i>Our</i> Administrator hor payment is made for expenses and it is latter discovered that they Were not covered under this <i>Certificate</i>, then <i>You</i> and/or the <i>Insured Person</i> must assist <i>Our Administrator</i> has advance payment is made for expenses and it is latter discovered that they Were not covered under this <i>Certificate</i>, then <i>You</i> and/or the <i>Insured Person</i> must assist <i>Our Administrator</i> has advance payment is made for expenses and the subacted in Secton 6 – "Limitations and Exclusions". It an <i>Insured Person</i> must assist <i>Our Administrator</i> has dowance payment is made for expenses and the subacted	always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim Immediately If, without contacting <i>Our Administrator</i> for assistance and claim management, an <i>Insured</i> <i>Person</i> incurs Eligible <i>Medical</i> <i>Emergency</i> Expenses, then he orA <i>Medical Emergency</i> should always be reported immediately, or benefits will be limited. You can get help 24 hours a day, 7 days a week by contacting <i>Our Administrator</i> at 1-866-374-1129 (toll-free) from Canada or the U.S., or +1-416-977-4425 (collect) from other countries. <i>Derson</i> incurs Eligible <i>Medical</i> Emergency Expenses, then he orComplete the Required Form a) Request the Form: To request a claim form,	InsuranceCLAIM A Medical Emergency should always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim Immediately If, without contacting Our Administrator for assistance and claim management, an Insured Person incurs Eligible Medical Emergency Expenses, then he orWho to Contact to Submit a Claim: A Medical Emergency should always be reported immediately, or benefits will be limited. You can get help 24 hours a day, 7 days a were by contacting Our Administrator at 1-866-374-1129 (toll-free) from Canada or the U.S., or +1-416-977-4425 (collect) from other countries.InsuranceCLAIM A Medical Emergency should always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim Immediately If, without contacting Our Administrator for assistance and claim management, an Insured Person incurs Eligible Medical Emergency Expenses, then he orWho to Contact to Submit a Claim: A Medical Emergency should always be reported immediately, or benefits will be limited. You can get help 24 hours a day, 7 days a were by contacting Our Administrator at 1-866-374-1129 (toll-free) from Canada or the U.S., or +1-416-977-4425 (collect) from other countries.
 • GHIP: • then to any group or individual health plans and/or insurers. Any Eligible <i>Medical Emergency</i> Expenses that are not covered by such GHIP, health plans or insurance and/or dealm invoices and lickets, medical and/or dealm coverse duby such GHIP, health plans or the date of the accident or the date the claim tarset. b) Time limit from date of event: If <i>You</i> are making a claim, <i>You</i> must submit dor <i>Our Administrator</i> in spropriate claim forms. It is case, claims forms can be obtained from <i>Our Administrator</i> is provide the information within 1 year from the date of the accident or the date the claim tarsets. Failure to provide the applicable documentation may invalidate your claim. <i>Provide evidence</i> of his or her accidate of departure from his or her province or territory of residence. Reporting a Claim Immediately If <i>Hospital</i> or other medical charges have been guaranteed or paid by <i>Our Administrator</i> to recover these charges: • from the <i>Insured Person</i> must sign an authorization form allowing the <i>Hospital</i> (including departure and return dates); and • The <i>Insured Person</i> must sist of <i>I Cour Administrator</i> to recover these charges: • from the <i>Insured Person</i> must sist an authorization form allowing the <i>Hospital</i> (including departure and return dates); and • Proof of payment by <i>You</i> and by any other benefit plan, and • proof of ravel (including departure and return dates); and • Proof of ravel (including departure and return dates); and • Proof of travel (including departure and return dates); and • Proof of travel (including departure and return dates); and • Proof of travel (including departure and return dates); and • Proof of travel (including departure and return dates); and • Proof of travel (including departure and return dates); and • Proof of travel (including departure and return dates); and • Proof of travel (including departure and return dates); and	always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim Immediately If, without contacting <i>Our Administrator</i> for assistance and claim management, an <i>Insured</i> <i>Person</i> incurs Eligible <i>Medical</i> <i>Emergency</i> Expenses, then he orA <i>Medical Emergency</i> should always be reported immediately, or benefits will be limited. You can get help 24 hours a day, 7 days a week by contacting <i>Our Administrator</i> at 1-866-374-1129 (toll-free) from Canada or the U.S., or +1-416-977-4425 (collect) from other countries. <i>Derson</i> incurs Eligible <i>Medical</i> Emergency Expenses, then he orComplete the Required Form a) Request the Form: To request a claim form,	InsuranceCLAIM A Medical Emergency should always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim Immediately If, without contacting Our Administrator for assistance and claim management, an Insured Person incurs Eligible Medical Emergency Expenses, then he orWho to Contact to Submit a Claim: A Medical Emergency should always be reported immediately, or benefits will be limited. You can get help 24 hours a day, 7 days a were by contacting Our Administrator at 1-866-374-1129 (toll-free) from Canada or the U.S., or +1-416-977-4425 (collect) from other countries.InsuranceCLAIM A Medical Emergency should always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim Immediately If, without contacting Our Administrator for assistance and claim management, an Insured Person incurs Eligible Medical Emergency Expenses, then he orWho to Contact to Submit a Claim: A Medical Emergency should always be reported immediately, or benefits will be limited. You can get help 24 hours a day, 7 days a were by contacting Our Administrator at 1-866-374-1129 (toll-free) from Canada or the U.S., or +1-416-977-4425 (collect) from other countries.
 other proot to: OHP: OHP: OHP: OHP: OHE Provide video of claim from 3 a.m. to 8 p.m. ET, Monday to Fiday. The Init from date of event: If You are maximistrator in brank are not covered by such GHP. health plans or insurance should then be submitted to Our Administrator in the out of data invoices and tickets, medical and/or death cortificates) as soon as possible. In every case, out in Service of the other activations and the other activation of the submitted to Dur Administrator's Customer Service representatives at the number set out in section 10. The Insured Person in Ital is to be required from Our Administrator in the route of the activation of the required documentation may invalidate Your claim. Provide evel for an authorization form allowing Our Administrator no behalf of an Insured Person must as painst any responsible find an Insured Person must as painst any responsible find an Insured Person must as painst any responsible find an invoices; and Proof of travel (including departure and return dates) and creation the subpative deation of the teatending Physician or obenalf of an Insured Person must as solid Our Administrator has paid for figible Modical Emergency, You must call Our Administrator mane content framery on a dical records, including complete diagnosis by the etaching Physician or documentation by the Hospilal. Which must support that the Treatment was medical records (if We determine applicable). Wou and/or the Insured Person must is also be required the more dreated or departure from his or her province or territory of residence. Note: If an advance preson must is also to require there and the advance preson must is assist Our Administrator in mactives assist Our Administrator in advance payment is made for expenses and the learner applicable). Must and is observed or the content the submitted to the active there is with the isourd Person must is base to the resond the soctent of the sond as describ	always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim Immediately If, without contacting Our Administrator for assistance and claim management, an Insured Person incurs Eligible MedicalA Medical Emergency should always be reported immediately, or benefits will be limited. You can get help 24 hours a day, 7 days a week by contacting Our Administrator at 1-866-374-1129 (toll-free) from Canada or the U.S., or +1-416-977-4425 (collect) from other countries.	InsuranceCLAIM A Medical Emergency should always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim Immediately If, without contacting Our Administrator for assistance and claim management, an Insured Person incurs Eligible MedicalWho to Contact to Submit a Claim: A Medical Emergency should always be reported immediately, or benefits will be limited. You can get help 24 hours a day, 7 days a were by contacting Our Administrator at 1-866-374-1129 (toll-free) from Canada or the U.S., or +1-416-977-4425 (collect) from other countries.
 she must first submit receipts and other proof to: OHIP: Then to any group or individual health plans and/or insurers. Any Eligible <i>Medical Emergency</i> Any Eligible <i>Medical Emergency</i> have been and and/or the submit factor with proof of claim, receipts and payment tis made for expenses that are not covered by <i>Dur Administrator</i> with proof of claim from the other medical charges of payment by <i>Sub</i> GHIP: health plans or insurance or another plan, You and the submit from the other medical charges of payment by <i>Sub</i> GHIP: + from any health plan to there are unthorization form allowing <i>Our Administrator</i> or the provide evidence of paid by <i>Dur Administrator</i> or the plan. You and, if applicable, the <i>Insured Person</i> must submit form allowing to the full applicable, the <i>Insured Person</i> must suboration in the or the ractual date of departure from the order of payment by You and by any other beer guaranteed or paid by <i>Our Administrator</i> to receive these charges: + from the <i>Insured Person</i> must sign an authorization form allowing to receive the regularized to provide evidence of the suborgation insurers through the <i>Insured Person</i> must suboration is or her provide evidence of the receiver the suborgation insurers through the <i>Insured Person</i> must suboration is or her actual date of departure from the covered under the plan. You and, if applicable, the <i>Insured Person</i> must also be required to provide evidence of the advance payment is made for expenses and it is later elicipate and other plan. You and by any other beaging which are submitting a described in Science 6 - 'Limitations and exclusions'. If an <i>Insured Person</i> must subor provide evidence of the advance <i>Insured Person</i> must also be required to provide evidence of the advance <i>Insured Person</i> must subor the covered to a davance payment is made for expenses and it is later elicipation. The <i>Insured Person</i> must and the <i>Insured Person</i> must as a described in Science 6 - 'Limitations and the insured <i>Person</i> must reimburs	 always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim Immediately If, without contacting <i>Our Administrator</i> for assistance and claim management, an <i>Insured</i> A <i>Medical Emergency</i> should always be reported immediately, or benefits will be limited. You can get help 24 hours a day, 7 days a week by contacting <i>Our Administrator</i> at 1-866-374-1129 (toll-free) from Canada or the U.S., or +1-416-977-4425 (collect) from other countries. 	InsuranceCLAIM A Medical Emergency should always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim Immediately If, without contacting Our Administrator for assistance and claim management, an InsuredWho to Contact to Submit a Claim: A Medical Emergency should always be reported immediately, or benefits will be limited. You can get help 24 hours a day, 7 days a we by contacting Our Administrator at 1-866-374-1129 (toll-free) from Canada or the U.S., or +1-416-977-4425 (collect) from other countries.
 <i>Emergency</i> Expenses, then he or she must first submit receipts and ther proof to: (-HIP; (-HIP;<th>always be reported immediately, as described in section 8, or benefits will be limited.A Medical Emergency should always be reported immediately, or benefits will be limited. You can get help 24 hours a day, 7 days a week by contacting Our Administrator at 1-866-374-1129 (toll-free) from Canada or the U.S., or +1-416-977-4425 (collect) from other</th><th>InsuranceCLAIM A Medical Emergency should always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim Immediately If, without contacting Our Administrator for assistance andWho to Contact to Submit a Claim: A Medical Emergency should always be reported immediately, or benefits will be limited. You can get help 24 hours a day, 7 days a we by contacting Our Administrator at 1-866-374-1129 (toll-free) from Canada or the U.S., or +1-416-977-4425 (collect) from other</th>	always be reported immediately, as described in section 8, or benefits will be limited.A Medical Emergency should always be reported immediately, or benefits will be limited. You can get help 24 hours a day, 7 days a week by contacting Our Administrator at 1-866-374-1129 (toll-free) from Canada or the U.S., or +1-416-977-4425 (collect) from other	InsuranceCLAIM A Medical Emergency should always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim Immediately If, without contacting Our Administrator for assistance andWho to Contact to Submit a Claim: A Medical Emergency should always be reported immediately, or benefits will be limited. You can get help 24 hours a day, 7 days a we by contacting Our Administrator at 1-866-374-1129 (toll-free) from Canada or the U.S., or +1-416-977-4425 (collect) from other
 Person incurs Eligible Medical Emergency Expenses, then he or she must first submit receipts and other proof to: Chill P. Then to any group or individual health plans and/or insurers. Any Eligible Medical Emergency that the submit and then be submitted to Curre Administrator with proof of claim, finds, and then be submitted to Curre Administrator with proof of claim. Integets and payment statements. In the scase, claim immediately II the submit state with sort energy of residence. Reporting a Claim immediately II Houghted, the Insured Person must sign an authorization form allowing Currely from alter and the submit state or pay and the plans and the submit state or provide evidence of the sort actual date of departure from his or her province or territory of residence. Reporting a Claim immediately II Houghted, the Insured Person must sign an authorization form allowing Currely and ministrator to health of an Insured Person must sign an authorization form allowing to relate the regenery claim. Struct on behalf of a finghlight Medical Enregency. You must submit from a date of departure from the insured Person must sign an authorization form allowing Currely and plans on their you and by any other healted, the Insured Person must sign an authorization form allowing to relate the claim insurance; "through subrogation rights anglinat any responsible third in faster decempersery. The Insured Person must sist Currely and plans on the receipts and allow of the solution is made for expenses and the state of allowing remement, where necessary. The Insured Person must reimburse Us. With Medical Emergency expenses not covere the Armonistrator to heapenses and ther structure and the submit structor in blank and the state of the authorizator insurence and the plans or the receipts and payment statements. The Insured Person must and provide proof to the accident of the statements. The Insured Person must has portione or territory in the submit the cl	always be reported immediately, as described in section 8, or benefits will be limited.A Medical Emergency should always be reported immediately, or benefits will be limited. You can get help 24 hours a day, 7 days a week by contacting Our Administrator at 1-866-374-1129 (toll-free) from Canada or the	InsuranceCLAIM A Medical Emergency should always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a Claim Immediately If, without contactingWho to Contact to Submit a Claim: A Medical Emergency should always be reported immediately, or benefits will be limited. You can get help 24 hours a day, 7 days a we by contacting Our Administrator at 1-866-374-1129 (toll-free) from Canada or the
 claim management, an <i>Insured</i> <i>Person incurs</i> Eligible <i>Medical</i> <i>Emergency</i> Expenses, then he or she mats first submit receipts and other proof to: • e-HIP; • Hen to any group or individual health phase and/or insurers. Any Eligible <i>Medical Emergency</i> Expenses that are not covered by such GHIP, health plans or insurance should then be submitted to <i>Our</i> <i>Administrator</i> with proof of claim, receipts and payment statements. In this case, claims forms can be obtained from <i>Our Administrator</i> statements. In the number set out in section 10. The province of this or her acual date of departure from his or her porting a Claim. Immediately, II <i>Hospital</i> or other medical chargers <i>Our Administrator</i> bria or the acual date of departure from his or her porting a Claim. Immediately, II <i>Hospital</i> or other medical chargers <i>Our Administrator</i> nurst sign an authortzation from allowing <i>Our Administrator</i> braid of an <i>Insured Person</i> must sign an authortzation from allowing <i>Our Administrator</i> brain and applicable, the <i>Insured Person</i> must sign an authortzation from allowing <i>Our Administrator</i> brained or the required recourds. Including but not limited to the following: • Toropited claims forms. <i>Completed Claims</i> (including departure and return data for the acident or the tatter insurance or another plan, <i>You</i> and, <i>If</i> applicable, the <i>Insured Person</i> must septimes covered durat or the residence. Note: If an advance of his or her province or territory of residence. Note: If an advance of his or her advance derivation. Where necessary. The <i>Insured Person</i> must reimburse <i>Us</i>. <i>Completed Claims frangency</i> expenses not covered under this <i>Certificate</i>, then <i>You</i> and/or the <i>Insured Person</i> must sate statements. <i>The Under Markingstrator</i> has participated the service or toricors of his or her povince or tertitory of residence. Note: If an advance or order detal Emergency, You must call <i>Our</i> <i>Administrator</i> insurance <i>You</i> and/or the <i>Insured Person</i> must submitted to <i>Use Administ</i>	always be reported immediately, as described in section 8, or benefits will be limited.A Medical Emergency should always be reported immediately, or benefits will be limited. You can get help 24 hours a day, 7 days a week by contacting Our Administrator at	InsuranceCLAIM A Medical Emergency should always be reported immediately, as described in section 8, or benefits will be limited. Failure to Report a ClaimWho to Contact to Submit a Claim: A Medical Emergency should always be reported immediately, or benefits will be limited. You can get help 24 hours a day, 7 days a we by contacting Our Administrator at
 Our Administrator for assistance and claim management, an Insured Person incurs Eligible Medical Energency Expenses, then he or she must first submit receipts and other proof to: Other Administrator at 1-386-371-129 (toll-free) from 8 a.m. to 8 p.m. ET, Monday to Friday. Then ho any group or individual health plans and/or insurers. Any Eligible Medical Energency Expenses that are not covered by such GHIIP, health plans or insurance should then be submitted to Our Administrator and payment statements. In this case, claims forms can be obtained from Our Administrator statements. The insured Person will also be required form Our Administrator for appropriate claim forms. together with written proof of loss (e.g., original insured Person will also be required form Our Administrator for appropriate claim forms. together with written proof of loss (e.g., original insured Person will also be required to provide evidence of his or her actual date of departure from his or her province or territroy of residence. Reporting a Claim Immediately If Hospital, the Insured Person will also be required form and administrator in based or pains any responsible thing insurance - through subrogation rights against any responsible thright of the plan or other rough subrogation rights against any responsible thright be Advical Energency. You must send of a mathorization form allowing rom the rough subrogation rights against any responsible thright is tater discovered that they Were not covered under this Criticale, the subalt date of departure form is made for expenses and the stater forms. The insured Person must is atterned to provide evidence of this or her actual date of departure form is or her provide evidence of the state discovered that they Were not covered under this Criticale, the submit for or the required to provide evidence of the state discovered that they Were not covered that they Were not covered to the subremation they must first submit to cover they tha	always be reported immediately, as described in section 8, or benefits will be limited.A Medical Emergency should always be reported immediately, or benefits will be limited.You can get help 24 hours a day, 7 days a week	Insurance CLAIM A <i>Medical Emergency</i> should always be reported immediately, as described in section 8, or benefits will be limited. Who to Contact to Submit a Claim: A <i>Medical Emergency</i> should always be reported immediately, or benefits will be limited. A <i>Medical Emergency</i> should always be reported immediately, or benefits will be limited.
 Immediately IF, without contacting Our Administrator to reasistance and claim management, an Insured Person incurs Eligible Medical Energency Expenses, then he or she mark first submit receipts and other proof to: e-HHP; e-HHP; e-Hen to any group or individual health plans and/or insures. Any Eligible Medical Energency Expenses that are not covered by such GHIP, health plans or insurance should then be submitted to Our Administrator with proof of claim, receipts and payment statements. In this case, claims forms can be obtained from Our Administrator statements. In the insure of Person multi also be required to commentation within 1 year from the date of the accident or the date in claim. The function of this or her proving or linkice to provide evidence of his or her actual date of departure from his or her proving or claim. You must submit Your completed claim form, and enter medical charges that are norther plan. You and, if applicable, the insured Person must asplicable to read the applicable of paid by Our Administrator to recever these charges: throut the range Person must asplicable, the insured Person must asplicable, the insured Person must is adde tor departure from his or her proving or Claim. Theredial charges that are norther you and, if applicable, the insured Person must asplicable, the insured Person must asplicable to paid by Our Administrator to recever these charges: throut the range Person must asplicable, the insured Person must is nade for expressen with the ord ther applicable, the insured Person must is also for expressen with the isourd Person must is also for expressen there are order to be thered as the applicable, the insured Person must is adde for expressen and were the isourd Person must is adde for expressen and there are order to be thered as the applicable, the insured Person must is adde for expressen must is adde for expressen must is	always be reported immediately, as described in section 8, or benefits willA Medical Emergency should always be reported immediately, or benefits will be limited.	Insurance CLAIM A <i>Medical Emergency</i> should always be reported immediately, as described in section 8, or benefits will Who to Contact to Submit a Claim : A <i>Medical Emergency</i> should always be reported immediately, or benefits will be limited in the section 8.
 Failure to Report a Claim Immediate JI, without contacting Our Administrator for assistance and claim management, an Insurad Person incurs Eligible Medical Emregency Expenses. In he or she must first submit receipts and other proof to: • GHIP: • then to any group or individual health plans and/or insurers. Any Eligible Medical Emergency Expenses that are not covered by such GHIP, health plans or insurance should then be submitted to Our Administrator with proof of claim, receipts and payment statements. In this case, claims forms can be obtained from Our Administrators Customer Service apresentatives at the number set out in section 10. The Insurance Person will also be required to provide evidence of his or her actual date of departure from his or her province or territory of residence. Reporting a Claim Immed Persons GHIP: • from any health plan or adding if Hospilal or other medical plate the submitted to Customer and the claim form, and Insured Person healt of an Insured Person the Port or her actual date of departure from his or her province or territory of residence. Reporting a Claim Immed Persons GHIP: • from any health plan or adding if Hospilal or other medical plate the gray if I/Or Administrator in applicable, the Insured Person must sign an autorization form allowing Our Administrator to recover these charges: • it moust hospital definition and insured Person must assist Our Administrator in burance or another plan, You zndi, if applicable, the Insured Person must assist Our Administrator in burance or another plan, You zndi, if applicable, the Insured Person must assist Our Administrator in setter to be and ther provide evidence of his or her actual date of departure and return dates); and is later discovered that they Were not receipts and pary in the Submit plate or territory of residence. Note: If an advance payment is made for expenses and is later discovered that they Were not receipts and payment statements. Your historcal medical Insector 9. "Limitations and Exclu	always be reported immediately, as A Medical Emergency should always be	InsuranceCLAIM A Medical Emergency should always be reported immediately, asWho to Contact to Submit a Claim: A Medical Emergency should always be
 be limited. Failure to Report a Claim Immediately II, without contacting Our Administrator at a day. 7 days a week by contacting Our Administrator at a day. 7 days a week by contacting Our Administrator at a day. 7 days a week by contacting Our Administrator at a day. 7 days a week by contacting Our Administrator at a day. 7 days a week by contacting Our Administrator at a day. 7 days a week by contacting Our Administrator at a day. 7 days a week by contacting Our Administrator at a day. 7 days a week by contacting Our Administrator at a day. 7 days a week by contacting our Administrator at a day. 7 days a week by contacting our Administrator at a day. 7 days a week by contacting our Administrator at a day. 7 days a week by contacting our Administrator at a day. 7 days a week by contacting our Administrator at a day. 7 days a week by contacting our Administrator at a days of days and the day of the days and the days and a days and the days and days a		Insurance CLAIM A <i>Medical Emergency</i> should Who to Contact to Submit a Claim:
 described in section 8, or benefits will be limited. Failure to Report a Claim Immediately II, without contracting <i>Our Administrator</i> an assistance and a super statements. <i>Aren Keigble Medical Energency</i> Expenses that are not covered by a super statements. In this case, claims forms can be obtained from Our <i>Administrator</i> on the acident of the acident of the date the claim form, receipts and payment statements. In this case, claims forms can be pablicated of departure from his or he province or territory of residence. Reporting a Claim Immediately II Hospital or other medical charges have been quaranteed or paid by <i>Our Administrator</i> in allowing. <i>Our Administrator</i> to recover the paid of claim, four unust send our administrator on behalf of the suboration on pain allowing. <i>Our Administrator</i> to recover there or the required local form game that or date in the claim form with required documentation within 1 year from the tase of deate the claim form with required documentation within 1 year from the factual date of departure form his or he province or territory of residence. Reporting a Claim form medical plages and the claim form, and the suboration form has and the documentation the suboration form medical plages and the claim form, and the suboration form administrator in actual date of departure Person must assist <i>Our Administrator</i> in a play claip. It is naveled person must assist <i>Our Administrator</i> in a suboration form the adder of the claim form administrator in required to provide evidence there are plicable. <i>Our Administrator</i> in payse pays the there of the suboration there are plicable. <i>Our Administrator</i> in a suboration form there are plicable. <i>Our Administrator</i> in a suboration form there are a suboration for the suboration there are an adding the there and there are adding there are a		
 A Medical Emergency should always be reported immediately. If burnted. Failure to Report a Claim Immediately. If without contacting Our Administrator at a sweek by contacting as on a possible that the number set out in section 10. The limit from date of event: If You are making a claim, You must adding the reported in action at a start of the accident of the accident or the date to the accident for or administrator or there action. The date of the accident for or administrator is assisted or administrator or there or there or there or there to the accident for or assistence and there action. The date of the accident for or assistence and the accident for or assistence and there action. The date of the accident for or assistence and there as described in Section 9–1000000000000000000000000000000000000	Travel Medical Section 9 – How TO MAKE A Section 8 – How to Submit a Claim	

	Changes to your Certificate of Insurar	nce, as of March 24, 2022
Benefit	Before	After
		 If <i>Our Administrator</i> guarantees or pays eligible expenses on behalf of an <i>Insured Person</i>, then <i>You</i> and, if applicable, the <i>Insured Person</i> must sign an authorization form allowing <i>Our Administrator</i> to recover those expenses: from the <i>Insured Person's GHIP</i>; and from any health plan or other insurance; and through rights <i>You</i> may have against other insurers or other parties (see Section 10 – "General Conditions", under "Right of Subrogation"). If <i>Our Administrator</i> pays eligible expenses that are covered under other insurance or another plan, <i>You</i>, and if applicable, the <i>Insured Person</i> must help <i>Our Administrator</i> to seek reimbursement as required. The <i>Insured Person</i> must also provide evidence of the actual <i>Departure Date</i> from their province or territory of residence. If requested, an <i>Insured Person</i> must confirm any return dates to their province or territory of residence, including any return dates related to an interruption in a <i>Covered Trip</i>. Note: If <i>Our Administrator</i> makes an advance payment for expenses that are later discovered to be ineligible under this <i>Certificate</i>, the <i>Insured Person</i> must reimburse <i>Us</i>.
Travel Medical Insurance	SECTION 10 – HOW TO CONTACT <i>OUR ADMINISTRATOR</i> 24 Hour Emergency Assistance Number To report a Medical Emergency, You or, if applicable, the <i>Insured Person</i> can call <i>Our Administrator</i> twenty-four hours a day, seven days a <i>Week</i> at: From the U.S.A. or Canada 1-866- 374-1129 From elsewhere, call collect (416) 977-4425 29 Customer Service: Phone number To enquire about Your benefits under this <i>Certificate</i> or to check on the status of an existing claim, You can call <i>Our</i> <i>Administrator</i> at: Toll-free at 1-866- 374-1129 or at (416) 977-4425 Monday – Saturday 8 a.m. – 8 p.m. Eastern Time In a non-emergency situation, You can also call this number to obtain claims forms. <i>Cus</i> tomer Service: Mailing Address You can mail Your request to: Allianz Global Assistance Re: TD Credit Card – Travel Medical Insurance P.O. Box 277, Waterloo, Ontario, N2J 4A4 Fax: (519) 742-9471.	 Section 9 – How To Contact Our Administrator 1. 24-Hour Emergency Assistance Number To report a Medical Emergency or apply for a top-up or extension for a Covered Trip, contact Our Administrator, 24 hours a day, 7 days a week, at 1-866-374-1129 (toll-free) from Canada or the U.S., or +1-416-977-4425 (collect) from other countries. 2. Customer Service Re: TD Travel Insurance c/o Global Excel Management Inc. 73 Queen Street, Sherbrooke, Quebec J1M 0C9 Fax: +1-819-569-2814 To request a claim form or for claims support, call Our Administrator at 1-866-374-1129 (toll-free) from 8 a.m. to 8 p.m. ET, Monday to Friday.

Travel Medical	SECTION 11 – GENERAL	Section 10 – General Conditions
Insurance	CONDITIONS Unless this Certificate	Unless this <i>Certificate</i> or the Group Policy
Insulance		
	or the Group Policy states otherwise,	states otherwise, the following conditions apply
	the following conditions apply to Your	to Your coverage:
	coverage: Proof of Loss The	Access to Medical Care
	appropriate claims forms together	We and/or Our Administrator will assist You to
	with written proof of loss must be	access care whenever possible, however will
	furnished as soon as reasonably	not be responsible for the availability, quality or
	possible, but in all events within one	results of any medical Treatment or transport, o
	(1) year from the date on which the	for the failure of any Insured Person to obtain
	loss occurred. Review and Medical	medical <i>Treatment</i> .
	Examination When a claim is being	Benefit Payments
	processed, We will have the right	This Certificate contains provisions removing or
	and the opportunity, at Our own	restricting the right of the Insured Person to
	expense, to review all medical	designate persons to whom or for whose benef
	records related to the claim and to	money is to be payable. This means that under
	examine the Insured Person	the Group Policy, neither You nor any Insured
	medically when and as often as may	Person has the right to choose a beneficiary
	be reasonably required. Subrogation	who will receive any benefits payable under this
	There may be circumstances where	Certificate. Benefits are payable to You or, on
	another person or entity should have	Your behalf, to Your medical service provider.
	paid You for a loss but instead We	Coordination of Benefits with other
	paid You for the loss. If this occurs,	insurance
	You agree to co-operate with Us so	• All of <i>Our</i> coverages are excess insurance,
	We may demand payment from the	meaning that any other sources of recovery You
	person or entity who should have	have will pay first, and this insurance coverage
	paid You for the loss. This may	will be the last to pay. The total benefits payable
	include: • transferring to Us the debt	under all Your insurance, including this
	or obligation owing to You from the	Certificate, cannot be more than the actual
	other person or entity; • permitting Us	expenses for a claim. If an Insured Person is
	to bring a lawsuit in Your name; • if	also insured under any other insurance
	You receive funds from the other	certificate or policy, We will coordinate payment
	person or entity, You will hold it in	of benefits with the other insurer.
		• In no case will We seek to recover against
	trust for Us; • acting so as not to	
	prejudice any of Our rights to collect	employment-related plans if the lifetime
	payment from the other person or	maximum for all in-country and out-of-country
	entity. We will pay the costs for the	benefits is \$50,000 or less. If the lifetime
	actions We take. Other Insurance All	maximum for all in-country
	of Our policies are excess insurance,	and out-of-country benefits is over \$50,000,
	meaning that any other sources of	We will coordinate benefits only above this
	u	amount.
	recovery You have will pay first, and	
	this insurance policy will be the last	Currency
	to pay. The total benefits payable	All amounts are shown in Canadian currency.
	under all Your insurance, including	False Claim
	this Certificate, cannot be more than	If You or an Insured Person make a claim
	the actual expenses for a claim. If an	knowing it to be false or fraudulent in any
	Insured Person is also insured under	respect, neither You nor the Insured Person wil
		• •
	any other insurance Certificate or	be entitled to the benefits of this coverage, nor
	policy, We will coordinate payment of	to the payment of any claim under the Group
	benefits with the other insurer. In no	Policy.
	case will We seek to recover against	Group Policy
	e e e e e e e e e e e e e e e e e e e	• •
	employment related plans if the	All benefits under this Certificate are subject in
	lifetime maximum for all in-country	every respect to the <i>Group Policy</i> , which alone
	and out-of-country benefits is	constitutes the agreement under which benefits
	\$50,000 or less. If the lifetime	will be provided. The principal provisions of the
	maximum for all in-country and out-	Group Policy affecting Insured Persons are
	of-country benefits is over \$50,000,	summarized in this Certificate. The Group Polic
	We will coordinate benefits only	is on file at the office of the Policyholder and
	above this amount. 30 Legal Action	upon request, You are entitled to receive and
	Limitation Period Every action or	examine a copy of the Group Policy.
	proceeding against the insurer for the	Legal Action Limitation Period
	recovery of insurance money	Every action or proceeding against the Insurer
	payable under the contract is	for the recovery of insurance money payable
	absolutely barred unless commenced	under the contract is absolutely barred unless
		commenced within the time set out in the
	within the time set out in the	
		Insurance Act (for actions or proceedings
	within the time set out in the Insurance Act (for actions or	Insurance Act (for actions or proceedings
	within the time set out in the Insurance Act (for actions or proceedings governed by the laws of	Insurance Act (for actions or proceedings governed by the laws of Alberta or British
	within the time set out in the Insurance Act (for actions or proceedings governed by the laws of Alberta or British Columbia), The	<i>Insurance Act</i> (for actions or proceedings governed by the laws of Alberta or British Columbia), The <i>Insurance Act</i> (for actions or
	within the time set out in the Insurance Act (for actions or proceedings governed by the laws of	<i>Insurance Act</i> (for actions or proceedings governed by the laws of Alberta or British Columbia), The <i>Insurance Act</i> (for actions or
	within the time set out in the Insurance Act (for actions or proceedings governed by the laws of Alberta or British Columbia), The Insurance Act (for actions or	Insurance Act (for actions or proceedings governed by the laws of Alberta or British Columbia), The Insurance Act (for actions or proceedings governed by the laws of Manitoba)
	within the time set out in the Insurance Act (for actions or proceedings governed by the laws of Alberta or British Columbia), The Insurance Act (for actions or proceedings governed by the laws of	Insurance Act (for actions or proceedings governed by the laws of Alberta or British Columbia), The Insurance Act (for actions or proceedings governed by the laws of Manitoba) the Limitations Act, 2002 (for actions or
	within the time set out in the Insurance Act (for actions or proceedings governed by the laws of Alberta or British Columbia), The Insurance Act (for actions or proceedings governed by the laws of Manitoba), the Limitations Act, 2002	Insurance Act (for actions or proceedings governed by the laws of Alberta or 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),
	within the time set out in the Insurance Act (for actions or proceedings governed by the laws of Alberta or British Columbia), The Insurance Act (for actions or proceedings governed by the laws of Manitoba), the Limitations Act, 2002 (for actions or proceedings governed	Insurance Act (for actions or proceedings governed by the laws of Alberta or 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 actions or
	within the time set out in the Insurance Act (for actions or proceedings governed by the laws of Alberta or British Columbia), The Insurance Act (for actions or proceedings governed by the laws of Manitoba), the Limitations Act, 2002 (for actions or proceedings governed	Insurance Act (for actions or proceedings governed by the laws of Alberta or 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 actions or
	within the time set out in the Insurance Act (for actions or proceedings governed by the laws of Alberta or 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), the Civil	Insurance Act (for actions or proceedings governed by the laws of Alberta or 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 actions or proceedings governed by the laws of Quebec,
	within the time set out in the Insurance Act (for actions or proceedings governed by the laws of Alberta or 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), the Civil Code of Quebec (for actions or	Insurance Act (for actions or proceedings governed by the laws of Alberta or 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 actions or proceedings governed by the laws of Quebec, the prescriptive period is set out in the Civil
	within the time set out in the Insurance Act (for actions or proceedings governed by the laws of Alberta or 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), the Civil Code of Quebec (for actions or proceedings governed by the laws of	Insurance Act (for actions or proceedings governed by the laws of Alberta or 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 actions or proceedings governed by the laws of Quebec, the prescriptive period is set out in the Civil Code of Quebec.
	within the time set out in the Insurance Act (for actions or proceedings governed by the laws of Alberta or 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), the Civil Code of Quebec (for actions or	Insurance Act (for actions or proceedings governed by the laws of Alberta or 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 actions or proceedings governed by the laws of Quebec, the prescriptive period is set out in the Civil

	Changes to your Certificate of Insurar	nce, as of March 24, 2022
Benefit	Before	After
	Insured Person make a claim knowing it to be false or fraudulent in any respect, neither You nor the Insured Person will be entitled to the benefits of this coverage, nor to the payment of any claim under the Group Policy. Currency All amounts are shown in Canadian currency. Access to Medical Care TD Life, the Bank, Our Administrator and their affiliates are not responsible for the availability, quality or results of any medical Treatment or transport, or for the failure of any Insured Person to obtain medical Treatment. 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. This Group Policy is issued to the Bank. 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 Bank.	 written proof of loss must be furnished as soon as reasonably possible, but in all events within 1 year from the date on which the loss occurred. Relationship between <i>Us</i> 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, <i>We</i> will have the right and the opportunity, at <i>Our</i> own expense, to review all medical records related to the claim and to examine the <i>Insured Person</i> 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 <i>You</i> for a loss but instead <i>We</i> paid <i>You</i> for the loss. If this occurs, <i>You</i> agree to cooperate with <i>Us</i> so <i>We</i> may demand payment from the person or entity who should have paid <i>You</i> for the loss. This may include: transferring to <i>Us</i> the debt or obligation owing to <i>You</i> from the other person or entity; permitting <i>Us</i> to bring a lawsuit in <i>Your</i> name; if <i>You</i> receive funds from the other person or entity, <i>You</i> will hold it in trust for <i>Us</i>; acting so as not to prejudice any of <i>Our</i> rights to collect payment from the other person or entity. <i>We</i> will pay the costs for the actions <i>We</i> take.
Trip Cancellation / Trip Interruption Insurance	Coverage under this <i>Certificate</i> is provided by: TD Life Insurance Company and TD Home and Auto Insurance Company (Insurer) 320 Front Street <i>We</i> st, 3rd Floor, Toronto, ON M5V 3B6	Coverage under this Certificate is provided by: TD Life Insurance Company and TD Home and Auto Insurance Company ("Insurer") P.O. Box 1, TD Centre, Toronto, ON M5K 1A2
Trip Cancellation / Trip Interruption Insurance	Administration services are provided by: Allianz Global Assistance (<i>Administrator</i>) P.O. Box 277, Waterloo, ON N2J 4A4 Phone: 1-866-374-1129 or (416) 977- 4425	Claims administration and adjudication services are provided by: Global Excel Management Inc. ("Administrator") 73 Queen Street, Sherbrooke, QC J1M 0C9 Phone: 1-866-374-1129 or +1-416-977-4425

	Changes to your Certificate of Insurar	nce, as of March 24, 2022
Benefit	Before	After
Trip Cancellation / Trip Interruption Insurance	Certificate of Insurance This Certificate applies to the TD Aeroplan Visa Infinite Privilege Card which will be referred to as a "TD Credit Card" throughout the Certificate. TD Life Insurance Company ("TD Life") provides the insurance for the Medical Covered Causes for Cancellation and the Medical Covered Causes for Interruption under this Certificate under Group Policy No. TGV003. TD Home and Auto Insurance Company ("TDH&A") provides the insurance for the Non-Medical Covered Causes for Cancellation and the Non-Medical Covered Causes for Interruption under this Certificate under Group Policy TGV006. Together, these policies are referred to as the "Group Policies". Our Administrator administers the insurance on behalf of TD Life and TDH&A and provides claims payment and administrative services under the Group Policies. This Certificate contains important information. Please read it carefully and take it with You on Your trip. This Certificate contains a clause which may limit the amount payable.	Section 1 – Introduction Certificate of Insurance Claims administration and adjudication services are provided by Global Excel Management Inc. This <i>Certificate</i> applies to the TD Aeroplan Visa Infinite Privilege Card, which will be referred to as a "TD Credit Card" throughout the <i>Certificate</i> . TD Life Insurance Company ("TD Life") provides the insurance for the Medical Covered Causes for Cancellation and the Medical Covered Causes for Interruption under this <i>Certificate</i> under Group Policy No. TGV003. TD Home and Auto Insurance Company ("TDH&A") provides the insurance for the Non-Medical Covered Causes for Cancellation and the Non-Medical Covered Causes for Interruption under this Certificate under Group Policy TGV006. Together, these policies are referred to as the "Group Policies". This <i>Certificate</i> contains important information. Please read it carefully and take it with <i>You</i> on <i>Your</i> trip.
Trip Cancellation / Trip Interruption Insurance	Important Notes: Pre-Existing Conditions: A <i>Pre-Existing</i> <i>Condition</i> exclusion applies to the Trip Cancellation and Trip Interruption benefits. Please see Limitations and Exclusions under sections 6 through 8 for details. If <i>You</i> have any questions regarding Pre-Existing Conditions and/or want to confirm coverage, please contact <i>Our Administrator</i> at 1-866-374-1129 or at (416) 977-4425. If <i>You</i> need to cancel or interrupt a trip: If a Covered Cause for Cancellation or Interruption occurs, <i>You</i> or, if applicable, an Insured Person, must phone the <i>Administrator</i> immediately. Please see section 11 for contact information. This policy contains a provision removing or restricting the right of the group life insured to designate persons to whom or for whose benefit insurance money is to be payable.	 IMPORTANT NOTICE - READ CAREFULLY BEFORE YOU TRAVEL We want You to understand (and it is in Your best interest 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. Contact Our Administrator at 1-866-374-1129 (toll-free) from Canada or the U.S., or +1-416-977-4425 (collect) from other countries before You need to cancel or interrupt Your Covered Trip or Your benefits may be limited or denied. In the event of a claim Your prior medical history may be reviewed. IT IS YOUR RESPONSIBILITY TO UNDERSTAND YOUR COVERAGE. Please read Your Certificate for specific coverage, details, limitations and exclusions.

	Changes to your Certificate of Insurar	nce, as of March 24, 2022
Benefit	Before	After
Trip Cancellation / Trip Interruption	SECTION 1 – SUMMARY OF BENEFITS	Section 2 – Summary of Benefits
Insurance	Benefits Trip Cancellation Insurance	No change.
	Maximum Benefit Payable \$1,500 per <i>Insured Person</i> per <i>Covered Trip</i>	
	\$5,000 total per <i>Covered Trip</i> for all <i>Insured Persons</i> on the same <i>Covered</i> <i>Trip</i>	
	<u>Benefits</u> Trip Interruption Insurance	
	<u>Maximum Benefit Payable</u> \$5,000 per <i>Insured Person</i> per <i>Covered Trip</i>	
	\$25,000 total per <i>Covered Trip</i> for all <i>Insured Persons</i> on the same <i>Covered</i> <i>Trip</i>	
	Note: If the value of <i>an Insured</i> <i>Person's Covered Trip</i> exceeds the amounts listed above, <i>You</i> may wish to speak to our travel agent or other travel supplier for excess coverage.	

	[
Trip Cancellation /	SECTION 2 – DEFINITIONS	Section 4 – Definitions
Trip Interruption	In this Certificate, the following words	In this Certificate, the following words and
Insurance	and phrases shown in italics have the	phrases shown in italics have the meanings
	meanings shown below. As You read	shown below. As You read through the
	through the Certificate, You may need to	Certificate, You may need to refer to this
	refer to this section to ensure You have	Section to ensure You have a full understanding
	a full understanding of Your coverage,	of Your coverage, limitations and exclusions.
	limitations and exclusions:	Account means the Primary Cardholder's TD
	Account means the Primary	Credit Card Account that the Bank maintains.
	Cardholder's TD Credit Card Account	Account Holder means the person who was
	that the <i>Bank</i> maintains.	issued a TD Credit Card, whose name is on the
	Account Holder means the person who	Account and who is a resident of Canada.
	was issued a TD Credit Card, whose name is on the <i>Account</i> and who is a	Additional Cardholder means a person to whom a TD Credit Card has been issued at the
	resident of Canada. The Account Holder	
	may be referred to herein Using "You"	authorization of the <i>Primary Cardholder</i> . Aeroplan Points mean the points awarded
	and "Your".	through the Aeroplan program which can be
	Additional Cardholder means a person to	redeemed for rewards. Aeroplan Points have no
	whom a TD Credit Card has been issued	monetary value.
	at the authorization of the Primary	Bank means The Toronto-Dominion Bank.
	Cardholder.	Certificate means this Certificate of Insurance.
	Administrator means the service provider	Common Carrier means any land, air or water
	arranged by TD Life and TDH&A to	conveyance (e.g., passenger plane, ferry, cruise
	provide claims payment and	ship, bus, limousine, taxi or train), which is
	administrative services under the Group	licensed to carry passengers without
	Policies.	discrimination and for hire, excluding courtesy
	Aeroplan Points means the points	transportation provided without a specific
	awarded through the Aeroplan program	charge.
	which can be redeemed for rewards.	Coverage Period means the period of time
	Aeroplan Points have no monetary	during which a covered event must occur for a
	value.	benefit to be payable. Furthermore, it means the
	Bank means The Toronto-Dominion	Trip Cancellation Coverage Period or the Trip
	Bank.	Interruption Coverage Period, as applicable and
	Certificate means this Certificate of	as defined in Section 7 – "How to Become
	insurance.	Insured" of the Certificate.
	Common Carrier means any land, air or	Covered Trip means a trip:
	water conveyance which is licensed to	• made by an Insured Person outside the
	carry passengers without discrimination	Insured Person's province or territory of
	and for hire, excluding courtesy	residence;
	transportation provided without a specific	that does not extend to or past:
	charge.	• the date the <i>Insured Person</i> no longer
	Coverage Period means the period of	meets the eligibility requirements; or
	time during which a covered event must	the date coverage terminates that was backed or recorded prior to Departure
	occur for a benefit to be payable. Coverage Period means the Trip	• that was booked or reserved prior to <i>Departure</i> <i>Date</i> from the <i>Insured Person's</i> province or
	Cancellation Coverage Period or the Trip	territory of residence; and
	Interruption Coverage Period, as	• for which at least 75% of the cost of the
	applicable. These terms are defined in	Covered Trip has been charged to Your
	section 5.	Account and/or using Your Aeroplan Points.
	Covered Trip means a trip:	Departure Date means the date the <i>Insured</i>
	• made by an <i>Insured Person</i> outside the	Person left their province/territory of residence.
	Insured Person's province or territory of	Dependent Children mean Your natural,
	residence;	adopted, or stepchildren who are:
	• that does not extend to or past:	• unmarried; and
	• the date the Insured Person no longer	• dependent on You for financial maintenance
	meets the eligibility requirements set out	and support; and
	in section 3;	 under 22 years of age; or
	• the date coverage terminates as	 under 26 years of age and attending an
	described in section 4;	institution of higher learning, full time, in
	that was booked or reserved prior to	Canada; or
	departure from the Insured Person's	• mentally or physically handicapped.
	province or territory of residence; and	Note: A <i>Dependent Child</i> does not include a
	• for which at least 75% of the cost has	child born while the child's mother is outside her
	been charged:	province or territory of residence during the
	• to Your Account and/or	Covered Trip. The child will not be insured with
	• Using Your Aeroplan Points. Dependent Children means Your natural,	respect to that trip. Effective Date means the date Your Certificate
	adopted, or step-children who are:	takes effect with respect to You, which is the
	• unmarried;	date on which an <i>Account</i> is opened by the
	• dependent on <i>You</i> for financial	Bank for You and You meet the eligibility
	maintenance and support; and	requirements. <i>Covered Trips</i> booked on or after
	• under 22 years of age; or	the <i>Effective Date</i> shall be eligible for coverage.
	• under 26 years of age and attending an	Good Standing means an Account is in Good
	institution of higher learning, full-time, in	Standing if:
	Canada; or	• the <i>Primary Cardhold</i> er has applied for the
	 mentally or physically handicapped. 	Account
	Note: A Dependent Child does not	
	1	

include a child born while the child's	 the Bank has approved and opened the
mother is outside her province or	Account,
territory of residence during the Covered	• the Primary Cardholder has not advised the
Trip. The child will not be insured with	Bank to close the Account, and
respect to that trip.	• the Bank has not suspended or revoked credit
Effective Date means the date this	privileges or otherwise closed the Account.
Certificate takes effect with respect to	Hospital means an institution that is licensed as
You, and is the later of March 17, 2008,	an accredited hospital that is staffed and
and the date on which an Account is	operated for the care and Treatment of
opened by the Bank for You and You	in-patients and out-patients. Treatment must be
meet the eligibility requirements set out	supervised by Physicians and there must be
in section 3	registered nurses on duty 24 hours a day.
with respect to this Account. Only	Diagnostic and surgical capabilities must also
Covered Trips booked on or after the	exist on the premises or in facilities controlled
Effective Date shall be eligible for	by the establishment.
coverage.	Note: A Hospital is not an establishment used
Good Standing: An Account is in Good	mainly as a clinic, extended or palliative care
Standing if:	facility, rehabilitation facility, addiction treatment
• the Primary Cardholder has applied for	centre, convalescent, rest or nursing home,
the Account;	home for the aged or health spa.
• the Bank has approved and opened the	Hospitalized or Hospitalization means to be
Account,	an in-patient in a Hospital.
 the Primary Cardholder has not 	Immediate Family Member means an Insured
advised the Bank to close the Account;	Person's:
and	 Spouse, parents, stepparent, grandparents,
 the Bank has not suspended or 	natural or adopted children, stepchildren or legal
revoked credit privileges or otherwise	ward, grandchildren, brothers, sisters,
closed the Account.	stepbrothers, stepsisters, aunts, uncles, nieces,
Hospital means an institution that is	nephews; and
accredited and licensed by the	 mother-in-law, father-in-law, brothers-in-law,
appropriate authority as a Hospital to	sisters-in-law, sons-in-law, daughters-in-law;
Treat patients on an in-patient, out-	and
patient and emergency basis; or the	 the Insured Person's Spouse's grandparents,
nearest medical facility that has been	brothers-in-law and sisters-in-law.
approved in	Insured Person means a person who is eligible
advance by Our Administrator.	to be insured under this Certificate.
Exceptions: Hospital does not include	Medical Condition means any disease, illness,
chronic care, convalescent, rehabilitation	or injury (including symptoms of undiagnosed
or nursing home facilities.	conditions; complication of pregnancy within the
Immediate Family Member means an	first 31 weeks of pregnancy; a mental or
Insured Person's Spouse, parents, step	emotional disorder, including acute psychosis
parent, grandparents, natural or adopted	that requires admission to a Hospital).
children, step children or legal ward, step	Mountaineering means the ascent or descent
sisters, step brothers, grandchildren,	of a mountain requiring the use of specialized
brothers, brothers-in-law,	equipment, including crampons, pick-axes,
sisters, sisters-in-law, aunts, uncles,	anchors, bolts, carabineers and lead-rope or
nieces or nephews, sons-in-law or	top-rope anchoring equipment.
daughters-in-law, and the Insured	Physician means a person who is not You or
Person's Spouse 's parents,	Your Immediate Family Member or Your
grandparents, brothers, brothers-in-law,	Travelling Companion, licensed in the
sisters, sisters-in-law and children.	jurisdiction where the services are provided, to
Insured Person means a person who is	prescribe and administer medical treatment.
eligible to be insured under this	Pre-Existing Medical Condition means any
<i>Certificate</i> as described in section 3.	Medical Condition that exists in the Pre-Existing
Medical Condition means an irregularity	Medical Condition Period.
in the health of an <i>Insured Person</i> which	Pre-Existing Medical Condition Period with
required or requires medical advice,	respect to any benefit under this <i>Certificate</i> is as
consultation, investigation, <i>Treatment</i> ,	follows:
care, service or diagnosis by a	Insured Persons 64 years of age and under –
Physician.	90 days immediately before the beginning of
Physician means a Physician or surgeon	the Coverage Period; and
who is registered or licensed to practice	Insured Persons 65 years of age or older –
medicine in the jurisdiction where he or	180 days immediately before the beginning of
she provides medical advice or	the Coverage Period.
Treatment and who is not related by	Primary Cardholder means a person who
blood or marriage to any Insured Person	applied for a TD Credit Card, whose name is on
under this Certificate.	the Account and to whom a TD Credit Card has
Pre-Existing Condition means a Medical	been issued. A Primary Cardholder does not
Condition: • for which symptoms appeared in the	include an Additional Cardholder.
• for which symptoms appeared in the	Spouse means: • the person who the <i>Insured Person</i> is legally.
Pre-Existing Condition Period;	• the person who the <i>Insured Person</i> is legally
• that was investigated, diagnosed or	married to; or
Treated during the Pre-Existing	• the person the <i>Insured Person</i> has lived with
Condition Period where Treatment	for at least 1 continuous year in the same
includes medication; or	household and publicly refers to as their
• for which further investigation was	partner
recommended or prescribed, or for	

	ance, as of March 24, 2022
Benefit Before	After
Benefit Before which a change in Treatment was recommended (including a change in medication or dosage) during the Pre- Existing Condition Period. Pre-Existing Condition Period with respect to any benefit under this Certificate is as follows: • Insured Persons under 65 years of age – 90 days immediately before the beginning of the Coverage Period, Primary Cardholder means a person who applied for a TD Credit Card, whose name is on the Account and to whom a TD Credit Card has been issued. A Primary Cardholder does not include an Additional Cardholder. Spouse means: • the Insured Person's legal husband or wife; and • the person who the Insured Person has lived with for at least one year and publicly represented as his or her domestic partner. Stable means any Medical Condition or related condition (whether or not the diagnosis has been determined) for which there have been: • no new or change in Treatment; • no new or change in Treatment; • no new or change in Treatment; • no new or change in medication or dosage; • no new or change in medication or dosage; • no new or change in Treatment; • no pending test results or testing; or severity of symptoms; • no pending test results or testing; or econsidered travel companions on any one trip. Treated or Treatment means any medical, therapeutic or diagnostic procedure prescribed, performed or recommended by a Physician, including but not limited to prescribed medication for a Medical Covered Causes for Interruption. We, Us and Our mean TD Home and Auto Insurance Company	After Stable: a Medical Condition, 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. Exceptions: No more than 3 individuals (including You) will be considered Travel Companions on any one trip. Treated or Treatment means a procedure prescribed, performed or recommended by a Physician fo

	Changes to your Certificate of Insurar	nce, as of March 24, 2022
Benefit	Before	After
Trip Cancellation / Trip Interruption Insurance	SECTION 3 – ELIGIBILITY The <i>Primary Cardholder</i> is eligible to be insured under this <i>Certificate</i> if, throughout the Covered Trip, the Primary Cardholder: • is a resident of Canada; and • has an <i>Account</i> in <i>Good Standing</i> . The Primary Cardholder's <i>Spouse</i> is eligible to be insured under this <i>Certificate</i> if, throughout the Covered Trip: • <i>You</i> are eligible to be insured under this <i>Certificate</i> as described above, even if <i>You</i> are not travelling; and • the <i>Spouse</i> : • is a resident of Canada; and • continues to meet the definition of <i>Spouse</i> of the Primary Cardholder's Dependent Child is eligible to be insured under this <i>Certificate</i> whether or not the <i>Primary Cardholder</i> or the Primary Cardholder's <i>Spouse</i> travels with them if, throughout the Covered Trip: • <i>You</i> are eligible to be insured under this <i>Certificate</i> as described above, even if <i>You</i> are not travelling; and • the Dependent Child: • is a resident of Canada; • is travelling with either <i>You</i> or with <i>Your Spouse</i> ; and • continues to meet the definition of Dependent Child. An <i>Additional Cardholder</i> is eligible to be insured under this <i>Certificate</i> as described above, even if <i>You</i> are not travelling; and • the Additional Cardholder is eligible to be insured under this <i>Certificate</i> as described above, even if <i>You</i> are not travelling; and • the Additional Cardholder is eligible to be insured under this <i>Certificate</i> as described above, even if <i>You</i> are not travelling; and • the Additional Cardholder; • is a resident of Canada; and • continues to meet the definition of Additional Cardholder. Note: An Additional Cardholder's <i>Spouse</i> and children are not eligible to be insured under the eligible to be insured under the eligible to be insured under the <i>Certificate</i> as described above, even if <i>You</i> are not travelling; and • the Additional Cardholder's <i>Spouse</i> and children are not eligible to be insured under the <i>Certificate</i> as described above, even if <i>You</i> are not travelling: endine the cortificate as described above, even if <i>You</i>	 Section 3 - Eligibility The Primary Cardholder is eligible to be insured under this Certificate if, throughout the Covered Trip, the Primary Cardholder: is a resident of Canada; and has an Account in Good Standing. The Primary Cardholder's Spouse is eligible to be insured under this Certificate if, throughout the Covered Trip: You are eligible to be insured under this Certificate as described above, even if You are not travelling; and the Spouse: is a resident of Canada; and continues to meet the definition of Spouse of the Primary Cardholder. The Primary Cardholder's Dependent Child is eligible to be insured under this Certificate whether or not the Primary Cardholder and the Primary Cardholder's Spouse travels with them if, throughout the Covered Trip: You are eligible to be insured under this Certificate as described above, even if You are not travelling; and the Dependent Child: is a resident of Canada; and continues to meet the definition of Dependent Child: is a resident of Canada; and continues to meet the definition of Dependent Child: is a resident of Canada; and continues to meet the definition of Dependent Child: is a resident of Canada; and continues to meet the definition of Dependent Child: is a resident of Canada; and continues to meet the definition of Dependent Child: is a resident of Canada; and continues to meet the definition of Dependent Child: is a resident of Canada; and continues to meet the definition of Additional Cardholder: is a resident of Canada; and continues to meet the definition of Additional Cardholder.
Trip Cancellation / Trip Interruption Insurance	SECTION 4 – WHEN YOUR CERTIFICATE TERMINATES Coverage for the Primary Cardholder under this Certificate will terminate on the earliest of the following dates: • the date the Account is cancelled, closed or otherwise ceases to be in Good Standing; • the date the Primary Cardholder ceases to be eligible for coverage; and • the date the Group Policy terminates. Coverage for an Insured Person other than the Primary Cardholder under this Certificate will terminate on the earliest of the following dates: • the date coverage terminates for the Primary Cardholder; and • the date the Insured Person ceases to be eligible for coverage. No benefits will be paid under this Certificate for losses incurred after coverage has terminated.	 Section 7 – How to Become Insured How to Become Insured When Your Certificate Terminates Coverage for the Primary Cardholder under this Certificate will terminate on the earliest of the following dates: the date the Account is cancelled, closed or otherwise ceases to be in Good Standing; the date the Primary Cardholder ceases to be eligible for coverage; and the date the Group Policy terminates. Coverage for an Insured Person other than the Primary Cardholder under this Certificate will terminate on the earliest of the following dates: the date the Insured Person ceases to be eligible for coverage. No benefits will be paid under this Certificate for losses incurred after coverage has terminated.

	Changes to your Certificate of Insurar	nce, as of March 24, 2022
Benefit	Before	After
Trip Cancellation / Trip Interruption Insurance	SECTION 5 – THE COVERAGE PERIOD Trip Cancellation Coverage Period (when the Covered Causes for Cancellation occurs before Your trip) • The Trip Cancellation Coverage Period begins on the date the Covered Trip is booked or reserved with the travel agent or other travel supplier and at least 75% of the Covered Trip has been charged to Your Account Using a TD Credit Card and/or Your Aeroplan Points. • Dependent Children are only covered if travelling with You or Your Spouse . Therefore, for each Insured Person who is a Dependent Child the Trip Cancellation Coverage Period begins on the date set out above only if You or Your Spouse will be travelling with the Dependent Child on the Covered Trip. The Trip Cancellation Coverage Period ends on the earlier of: • the date the Insured Person departs or plans to depart on the Covered Trip; and • the date this Certificate terminates. Trip Interruption Coverage Period (when the Covered Causes for Interruption occurs during Your trip) • The Trip Interruption Coverage Period begins on the date the Insured Person completes a portion of the Covered Trip as shown on his or her invoice or Ticket provided the Covered Trip is booked or reserved with the Insured Person's travel agent or other travel supplier and at least 75% of the Covered Trip has been charged to Your Account Using a TD Credit Card and/or Your Aeroplan Points. • Dependent Children are only covered while travelling with You or Your Spouse . Therefore, for each Insured Person who is a Dependent Child the Trip Interruption Coverage Period begins on the date set out above only if You or Your Spouse are travelling with the Dependent Child on the Covered Trip. The Trip Interruption Coverage Period ends on the earlier of: • the date the Insured Person is scheduled to return from the Covered Trip; and • the date this Certificate terminates.	Section 7 – How to Become Insured How to Become Insured You will have coverage if You meet the requirements in Section 3 – "Eligibility" for insurance. When does Your Trip Cancellation and Trip Interruption Insurance Coverage Start and End Trip Cancellation Coverage Period (when the Covered Causes for Cancellation occurs before Your trip) • The Trip Cancellation Coverage Period begins on the date the Covered Trip is booked or reserved with the travel agent or other travel supplier and at least 75% of the cost of the Covered Trip has been charged to Your Account using a TD Credit Card and/or Your Aeroplan Points. The Trip Cancellation Coverage Period ends on the earlier of: • the date the Insured Person departs or plans to depart on the Covered Trip; and • the date this Certificate terminates. Trip Interruption Coverage Period (when the Covered Causes for Interruption occurs during Your trip) • The Trip Interruption Coverage Period begins on the date the Insured Person completes a portion of the Covered Trip as shown on their invoice or ticket provided the Covered Trip is booked or reserved with the Insured Person's travel agent or other travel supplier and at least 75% of the cost of the Covered Trip has been charged to Your Account using a TD Credit Card and/or Your Aeroplan Points. The Trip Interruption Coverage Period ends on the earlier of: • the date the Insured Person is scheduled to return from the Covered Trip; or

Trip Cancellation /	SECTION 6 – WHAT YOUR	Section 5 – Description of Insurance
Trip Interruption	INSURANCE COVERS – TRIP	Coverage
Insurance	CANCELLATION INSURANCE We	Trip Cancellation and Trip Interruption
	will pay a Trip Cancellation Benefit	Insurance Benefits
	with respect to an <i>Insured Person</i> if he	Trip Cancellation and Trip Interruption
	or she is required to cancel a <i>Covered</i>	Insurance provides coverage for the following
	<i>Trip</i> due to a Covered Ca <i>us</i> e for	causes for Cancellation and Interruption.
	Cancellation listed below that occurs	Trip Cancellation Insurance Benefits
	during the Trip Cancellation Coverage	We will pay a Trip Cancellation Benefit with
	Period for the Covered Trip. Trip	respect to an Insured Person if they are
	Cancellation Benefit means, subject to	required to cancel a <i>Covered Trip</i> due to a
	the Maximum Benefit Payable	Covered Cause for Cancellation listed below
	described in section 1, Eligible Trip	that occurs during the Trip Cancellation
	Cancellation Expenses. Eligible Trip	Coverage Period for the Covered Trip.
	Cancellation Expenses means one of	Trip Cancellation Benefit means Eligible Trip
	the following two options: •	Cancellation Expenses, subject to the Maximum
	reimbursement for: • the portion of the	Benefit Payable described in Section 2 –
	Insured Person's unused travel	"Summary of Benefits".
	arrangements which Were: • Paid in	Eligible Trip Cancellation Expenses mean
	advance and at least 75% was	one of the following two options:
	charged to Your Account and/or Using	1. Reimbursement for:
	Your Aeroplan Points; • Forfeited as a	a) the portion of the Insured Person's unused
	result of a Covered Cause for	travel arrangements, which were:
	Cancellation; and • Non-refundable on	Paid in advance and at least 75% of the cost
	the date the Covered Cause for	was charged to Your Account and/or using
	Cancellation arose; and • travel point	Your Aeroplan Points;
	administration cancellation fees that	 Forfeited as a result of a Covered Cause for
	applied on the date the Covered	Cancellation; and
	Cause for Cancellation arose, where	Non-refundable on the date the Covered
	applicable; but Excl <i>us</i> ion: there will be	Cause for Cancellation arose; and
	no reimbursement for the cost of any	b) travel point administration cancellation fees
	additional travel insurance; • or, in the	that applied on the date the Covered Cause
	alternative, if the Insured Person	for Cancellation arose, where applicable; but
	misses the scheduled departure as a	Exclusion: There will be no reimbursement
	result of a Covered Cause for	for the cost of any additional travel
	Cancellation, payment of reasonable	insurance;
	transportation costs that are: • required	2. Or, in the alternative, if the <i>Insured Person</i>
	for the <i>Insured Person</i> to travel to the	misses the scheduled departure as a result of
	destination of the <i>Covered Trip</i> by the	a Covered Cause for Cancellation, payment
	most direct route; and • approved in	of reasonable transportation costs that are:
	advance by the Administrator.	a) required for the <i>Insured Person</i> to travel to
		<i>,</i> , ,
	Covered Causes for Cancellation	the destination of the Covered Trip by the
	Covered Causes for Cancellation	most direct route; and
	mean Medical Covered Causes for	b) approved in advance by the Administrator.
	Cancellation and Non-Medical	Covered Causes for Cancellation
	Covered Causes for Cancellation, as	Covered Causes for Cancellation mean
	described below. Medical Covered	Medical Covered Causes for Cancellation and
	Causes for Cancellation mean: • death	Non-Medical Covered Causes for Cancellation,
	of an Insured Person or Travelling	as described below.
	Companion; • sudden and unexpected	a) Medical Covered Causes for Cancellation
	sickness or accidental injury of an	mean:
	Insured Person or Travelling	death of an Insured Person or Travelling
	<i>Companion</i> if: • it did not result from a	Companion;
	Pre-Existing Condition that was not	 sudden and unexpected sickness or accidental
	Stable during the Pre-Existing	injury of an <i>Insured Person</i> or <i>Travelling</i>
	Condition Period immediately	Companion if:
	preceding the beginning of the	• it did not result from a <i>Pre-Existing Medical</i>
	Coverage Period; • it prevents the	Condition that was not Stable during the
	Insured Person from starting the	Pre-Existing Medical Condition Period
	Covered Trip; • a <i>Physician</i> certifies, in	immediately preceding the beginning of the
	writing: • that: • he or she has advised	Coverage Period;
	the Insured Person or Travelling	• it prevents the Insured Person from starting
	Companion to cancel the Covered	the Covered Trip;
	Trip; or • the sickness or injury made it	• a <i>Physician</i> certifies, in writing:
	impossible for the <i>Insured Person</i> or	□ they have advised the <i>Insured Person</i> or
	<i>Travelling Companion</i> to start the	Travelling Companion to cancel the
	Covered Trip; and • the medical	Covered Trip; or
	reason for the decision; and • The	□ the sickness or injury made it impossible
	Insured Person or Travelling	for the Insured Person or Travelling
	Companion provides the Physician's	<i>Companion</i> to start the <i>Covered Trip</i> ; and
	certification to the Administrator before	□ the medical reason for the decision; and
	the scheduled departure date; • death	□ the Insured Person or Travelling
	of an Immediate Family Member of the	Companion provides the Physician's
	Insured Person; • sudden and	certification to the Administrator before
	unexpected sickness or accidental	the scheduled Departure Date;
	injury of an Immediate Family Member	• death of an Immediate Family Member of the
	of the Insured Person; or • the sudden	Insured Person;
	, · · · · · · · · ·	, ,

and unexpected death or Hospitalization of an Insured Person's host at the destination. Non-Medical Covered Causes for Cancellation mean: • an enforceable call of an Insured Person or Travelling Companion to jury duty or sudden and unexpected subpoena of an Insured Person or Travelling Companion to act as a witness in a court of law requiring the Insured Person's or Travelling Companion's presence in court during the Covered Trip; • a written formal notice issued by the Department of Foreign Affairs and International Trade of the Canadian government after the Insured Person's Covered Trip is booked, advising Canadians not to travel to a country, region or city originally *Ticket*ed for the *Covered Trip* for a period that includes an Insured Person's Covered Trip; • an employment transfer of the Insured Person by the employer with whom the Insured Person was employed on the date the Insured Person booked his or her Covered Trip, which transfer requires the relocation of the Insured Person's principal residence within 30 days before the Insured Person's scheduled Covered Trip departure date; • a delay causing an Insured Person to miss a connection for a Common Carrier or resulting in the interruption of an Insured Person's travel arrangements, and is limited to the following: • delay of an Insured Person's Common Carrier resulting from the mechanical failure of that carrier; 37 • a traffic accident or an emergency police-directed road closure (either must be substantiated by a police report); or • Weather conditions. Exclusion: The outright cancellation of Common Carrier travel is not considered a delay. Limitation: The benefit under this Covered Cause for Cancellation is the Insured Person's one-way economy fare via the most cost-effective route to the Insured Person's next destination; • a natural disaster that renders an Insured Person's principal residence uninhabitable; • an Insured Person is quarantined in a situation where no Medical Covered Cause for Cancellation applies; • an Insured Person is hijacked; and • an enforceable call to service of an Insured Person or Travelling Companion who is a military, police or fire reservist. Limitations and Exclusions 1. Pre-Existing Condition • There is no coverage and no benefit will be payable for any Pre-Existing Condition that was not Stable during the Pre-Existing Condition Period immediately preceding the Coverage Period. 2. Reasonably foreseeable conditions • No benefit will be payable with respect to a sickness, accidental injury or quarantine of the Insured Person that was reasonably foreseeable when the Trip Cancellation Coverage Period began. 3. Cancellation penalties arising after Covered Cause for Cancellation •

- sudden and unexpected sickness or accidental injury of an *Immediate Family Member* of the *Insured Person*; or
- the sudden and unexpected death or hospitalization of an *Insured Person's* host at the destination.
- b) Non-Medical Covered Causes for Cancellation mean:

• an enforceable call of an *Insured Person* or *Travelling Companion* to jury duty or sudden and unexpected subpoena of an *Insured Person* or *Travelling Companion* to act as a witness in a court of law requiring the *Insured Person's* or *Travelling Companion's* presence in court during the *Covered Trip*;

- a written formal notice issued by the Canadian government after the *Insured Person's Covered Trip* is booked, advising Canadians not to travel to a country, region or city originally ticketed for the *Covered Trip* for a period that includes an *Insured Person's Covered Trip*;
- an employment transfer of the *Insured Person* by the employer with whom the *Insured Person* was employed on the date the *Insured Person* booked their *Covered Trip*, which transfer requires the relocation of the *Insured Person's* principal residence within 30 days before the *Insured Person's* scheduled *Covered Trip* departure date;
- a delay causing an *Insured Person* to miss a connection for a *Common Carrier* or resulting in the interruption of an *Insured Person's* travel arrangements, and is limited to the following:
 - delay of an *Insured Person's Common* Carrier resulting from the mechanical failure of that carrier;
 - a traffic accident or an emergency police-directed road closure (either must be substantiated by a police report); or
 weather conditions.
- a natural disaster that renders an *Insured Person's* principal residence uninhabitable;
- an *Insured Person* is quarantined in a situation where no Medical Covered Cause for Cancellation applies;
- an *Insured Person* is hijacked; and
- an enforceable call to service of an *Insured Person* or *Travelling Companion* who is a military, police or fire reservist.
 Exclusion: The outright cancellation of *Common Carrier* travel is not considered a delay.

Limitation: The benefit under this Covered Cause for Cancellation is the *Insured Person's* one-way economy fare via the most cost-effective route to the *Insured Person's* next destination.

Trip Interruption Insurance Benefits: We will pay a Trip Interruption Benefit with respect to an *Insured Person* if they are prevented from continuing a *Covered Trip* as a result of a Covered Cause for Interruption listed below that occurs during the Trip Interruption Coverage Period for the *Covered Trip*. **Trip Interruption Benefit** means Eligible Trip Interruption Expenses, subject to the Maximum Benefit Payable described in Section **2** – "Summary of Benefits".

Eligible Trip Interruption Expenses mean:

- if the Insured Person must terminate the Covered Trip as a result of the Covered Cause for Interruption, the lesser of:
 - the cost of a one-way economy airfare to the point of departure, if the

Benefits will be limited to cancellation	Administrator approves this
penalties in effect on the date the	transportation in advance; or
Covered Cause for Cancellation	• the fee charged by the airline to change
arises, so it is important to cancel the	the Insured Person's date of return;
Insured Person's travel plans immediately. 4. Causes not covered •	• if the <i>Insured Person</i> is delayed in reaching the next destination of their <i>Covered Trip</i> as a
No benefit will be payable with respect	result of a Covered Cause for Interruption,
to cancellation of a <i>Covered Trip</i> for	payment of reasonable additional
any reason other than those listed	transportation costs that are:
under Covered Ca <i>us</i> es for	• required for the <i>Insured Person</i> to rejoin a
Cancellation. 5. Frequent flyer plan rewards units • Under no circumstance	tour group by the most direct route; and
will any benefit be payable in	 approved in advance by the Administrator, and
connection with the value of frequent	• the portion of any unused land arrangements
flyer plan rewards units that have been	which were:
lost or wasted.	 part of the Insured Person's Covered
	Trip;
	 paid prior to the Insured Person's date of departure; and
	departure; and • non-refundable on the date the Covered
	Cause of Interruption occurred.
	Covered Causes for Interruption
	Covered Causes for Interruption mean
	Medical Covered Causes for Interruption and
	Non-Medical Covered Causes for Interruption,
	as described below. a) Medical Covered Causes for Interruption
	mean:
	• death of an <i>Insured person</i> ;
	 accidental injury or sickness of an Insured
	Person if:
	• it does not result from a <i>Pre-Existing</i>
	Medical Condition that was not Stable during the Pre-Existing Medical
	Condition Period immediately preceding
	the beginning of the Coverage Period;
	and
	• in the opinion of the Administrator, it
	requires immediate medical attention; and either:
	□ it prevents the <i>Insured Person</i> from
	continuing with the Covered Trip; or
	the Insured Person will be delayed in
	reaching the next destination of their
	Covered Trip; • death of an Immediate Family Member of the
	Insured Person;
	• sudden and unexpected sickness or accidental
	injury of an Immediate Family Member, which
	requires an overnight stay in a <i>Hospital</i> .
	b) Non-Medical Covered Causes for
	Interruption mean:a written formal notice issued during the
	<i>Covered Trip</i> by the Canadian government,
	advising Canadians not to travel to a country,
	region or city originally ticketed for the Covered
	<i>Trip</i> for a period that includes an <i>Insured</i> <i>Person's Covered Trip</i> ;
	• a delay causing an <i>Insured Person</i> to miss a
	connection for a <i>Common Carrier</i> or resulting
	in the interruption of an Insured Person's
	travel arrangements, and is limited to the
	following:
	a delay of an <i>Insured Person's Common Carrier</i> , resulting from the mechanical
	failure of that carrier;
	 a traffic accident or an emergency
	police-directed road closure (either must be
	substantiated by a police report); or
	 weather conditions. a natural disaster that renders an <i>Insured</i>
	Person's principal residence uninhabitable;
	• an <i>Insured Person's</i> quarantine or hijacking;
	and
	• an enforceable call to service of an <i>Insured</i>
	Person who is a military, police or fire
	reservist.

	Changes to your Certificate of Insurance, as of March 24, 2022		
Benefit	Before	After	
		Exclusion : The outright cancellation of a flight is not considered as a delay. Limitation : The benefit under this Covered Cause for Interruption is the <i>Insured Person's</i> one-way economy fare via the most cost-effective route to the <i>Insured Person's</i> next destination.	

 Trip Interruption Section 5 Description of Insurance Borefits: Working and Trip Interruption Bonefit with which respect to an insured Person 1 Covered Tips as result of a Covered Tip. Trip Interruption Coverage Period for the Covered Tip. Trip Interruption Expenses Trip Interruption Expenses Tri		[
 Insurance INTERRUPTION INSURANCE We will ya Trip Interruption Bendft with respect to an insured Person i Covered Trip as a result of a Covered Trip as a result of a Covered Trip interruption issue below that accurs during the Trip Interruption Expenses If the Insured Person interruption issue the Covered Cause for Interruption Expenses If the Insured Person must terminate the Covered Trip as a result of the Bendft Payable described in section 1, Eligible Trip Interruption Expenses If the Insured Person must terminate the Covered Trip as a result of the Insured Person is delayed in reaching the next destination of his or har Covered Cause for Interruption, the point of departure, if the Administrator approves this transportation in advance; or If the Insured Person is delayed in reaching the next destination of his or har Covered Trip as a result of the covered Trip as a result of the Insured Person's date of retur; If the Insured Person's Covered Trip: The portion of any unused land arrangements which were: - part of the Insured Person's covered Trip: Paid prior to the Insured Person's date of retur; - and drive route; and - approved in advance by the Administrator; and - the portion of any unused land arrangements which were: - part of the Insured Person's Covered Causes for Interruption Covered Causes for Interruptio	Trip Cancellation /	SECTION 7 – WHAT YOUR	Section 5 – Description of Insurance
 Insurance INTERRUPTION INSURANCE We will ya Trip Interruption Bendft with respect to an insured Person i Covered Trip as a result of a Covered Trip as a result of a Covered Trip interruption issue below that accurs during the Trip Interruption Expenses If the Insured Person interruption issue the Covered Cause for Interruption Expenses If the Insured Person must terminate the Covered Trip as a result of the Bendft Payable described in section 1, Eligible Trip Interruption Expenses If the Insured Person must terminate the Covered Trip as a result of the Insured Person is delayed in reaching the next destination of his or har Covered Cause for Interruption, the point of departure, if the Administrator approves this transportation in advance; or If the Insured Person is delayed in reaching the next destination of his or har Covered Trip as a result of the covered Trip as a result of the Insured Person's date of retur; If the Insured Person's Covered Trip: The portion of any unused land arrangements which were: - part of the Insured Person's covered Trip: Paid prior to the Insured Person's date of retur; - and drive route; and - approved in advance by the Administrator; and - the portion of any unused land arrangements which were: - part of the Insured Person's Covered Causes for Interruption Covered Causes for Interruptio	Trip Interruption	INSURANCE COVERS - TRIP	Coverage
 Tip Interruption Insurance Genefits: We will pay a Trip Interruption Benefit means and the variable of the structure during the Trip Interruption Insurance Genefits: We will pay a Trip Interruption Insurance Genefits: Trip Interruption Insurance Genefits: We will pay a Trip Interruption Insurance Genefits: We will pay a Trip Interruption Expenses result of the Covered Trip as a result of the Covered Cause for Interruption. The Insurance Generation 1 and anterportion Insurance Generation 1 and the Covered Trip as a result of the Covered Cause for Interruption. The Insurance Presons is Generation 1 and the Covered Trip as a result of the Covered Causes for Interruption. The Insured Person is Generation 1 the Covered Trip as a result of the Covered Trip as a result of the covered Causes for Interruption. The Insured Person is Generation 1 and the Covered Trip as a result of the Covered Trip as a result of the Covered Causes for Interruption and Non-Medical Covered Causes for Interruption man Medical Covered Causes for Interruption and Non-Medical Covered Causes for Interruption and Non-Medical Covered Causes for Interruption and Non-Medical		INTERRUPTION INSURANCE	
 With respect to an Insurad Person II with respect to an Insured Person II with the respect to an Insured Person II with respect to an Insured Person II with the II with respect to I			Trip Interruption Insurance Benefits
 he or she is prevented from continuing a Covered Cause for Interruption I for the Trip interruption Covered Cause for Interruption I for the Trip interruption Covered Trip. Trip Interruption Covered Trip. Trip Interruption Expenses Flipble Trip Inter			
Covered Trip as a result of a Covered Trip as a result of a Covered Cause for Interruption Stedhel below that occurs during the Trip Interruption Expenses. Subject for the Coverage Trip. Trip Interruption Expenses are if and a covered Cause for Interruption Expenses are if the Maximum Benefit Payable described in Section 2 – "Summary of Benefits." Eligible Trip Interruption Expenses are if the Maximum Benefit Payable described in Section 2 – "Summary of Benefits." Eligible Trip Interruption Expenses are if the Maximum Benefit Payable described in Section 2 – "Summary of Benefits." Eligible Trip Interruption Expenses are if the Covered Trips as a result of the Covered Trips as a result of the Covered Trips as a result of the Covered Trips and the Covered Trips and the covered Cause for Interruption, the fast of return; elit the Administrator approves this transportation in advance; or elit the Administrator approves this transportation in advance; or elit the Administrator approves the Insured Person's data of return; elit the Insured Person's data of the Covered Trips of the The Insured Person's data of Interruption and Non-Madical Covered Causes for Interruption			
 Covered Cause for Interruption Isled below that occurs during the Try Interruption Expenses. Find Interruption Expenses. Eligible Try Interruption Expenses. If the Insured Person must terminate the Covered Try as a result of the Insured Person is determed to a one-way economy affare to the charged by the antine to charge the insured Person's data of return; If the Insured Person's detain of this or her Covered Try as a result of the Insured Person's data of return; If the Insured Person's data of advance; or The Insured Person is delayed in reaching the next destination of this or her Covered Try as a result of the Insured Person's data of return; If the Insured Person's data are: required for the Insured Person's data of advances in advances by the administrator, and approved in advance by the administrator, and approved in advance by the administrator, and approved in advances for Interruption mean. added at on an Insured Person's data of an Insured Person' is data of a Insured Person in advances of Inte			
 below that occurs during the Trip Interruption Coverage Period for the Covered Trip. Trip Interruption Benefit means, subject to the Maximum Benefit Payable described in section 1, Eligib Trip Interruption Expenses means: Eligible Trip Interruption Expenses means: He Covered Trips are near to immediate the Covered Trips are near to immediate the Covered Cause for Interruption, the lessor of a denarrue, if the Administrator approves this transportation in advance; or He for the Insured Person's data of return; If the Insured Person's data of return; It the Insured Person's data of the Covered Causes for Interruption coccurred. It the Insured Person's data of Interruption and Nortical Covered Causes for Interruption mean: It deas not result from a Pre-Existing Condition that was not Stable during the Pre-Existing Medical Covered Trip; It deas not result from a Pre-Existing Condition of the Covered Person from continuing with the Covered Trip; It deas not result from a Pre-Existing Condition of the Covered Trip; It death of an Inmediate Family			
 Interruption Coverage Period for the Coveraid Trip. Trip Interruption Benefit means, subject to the Maximum Benefit Payable described in Section 2 – "Summary of Benefits". Eligible Trip Interruption Expenses emeans: I if the Insured Person must terminate the Coverand Trip as a result of a coverand Cause for Interruption, the lesser of: The charged by the variants of this or her Covered Trip as a result of a Coverand Cause for Interruption, payment of reasonable additional transportation costs that are: required for the Insured Person's date of return; If the Insured Person's detained of the Insured Person's date of return; and the red Cause for Interruption, payment of reasonable additional transportation costs that are: required for the Insured Person's date of return; and the protion of any unused land arrangements which were: pard of the Insured Person's date of Interruption cocurred. Covered Causes for Interruption, as described below. Medical Covered Causes for Interruption and Non-Medical Covered Causes for Interruption, as described below. Medical Covered Causes for Interruption mean function of the Covered Trip. e add hor an Insured Person state of the Insured Person state of the Insured Person scate of Interruption and Non-Medical Covered Causes for Interruption and Non-Medical Covered Causes for In			
 Covered Trip. Trip Interruption Benefit means. subject to the Maximum Benefit Payable described in Section 2 – "Summary of Benefits". Fligble Trip Interruption Expenses. Eligble Trip Interruption Expenses. Fligble Trip Interruption Expenses.<th></th><th></th><th></th>			
 The interruption Benefit means, subject to the Maximum Benefit Payable described in Section 2 – "Summary of Benefits". Payable described means. Eligible Trip Interruption Expenses. Eligible Trip Interruption Expenses		Interruption Coverage Period for the	Coverage Period for the Covered Trip.
 The interruption Benefit means, subject to the Maximum Benefit Payable described in Section 2 – "Summary of Benefits". Payable described means. Eligible Trip Interruption Expenses. Eligible Trip Interruption Expenses			Trip Interruption Benefit means Eligible Trip
 In the Maximum Benefit Payable described in Section 1, Eligible Trip Interruption Expenses. Eligible Trip Interruption. Eli		Trip Interruption Benefit means, subject	
 Payable described in section 1, Eligible Trip Interruption Expenses. Eligible Trip Interruption Expenses. Eligible Trip Interruption Expenses mean: Eligible Trip Interruption Expenses. Eligible Trip Interruption Expenses. Eligible Trip Interruption Expenses. Eligible Trip Interruption Expenses mean: Eligible Trip Interruption Expenses. Eligible Trip Interruption. Enterruption Expenses. Eligible Trip Interruption. Enterruption. Enterruption			
 Trip Interruption Expenses. Eligible Trip Interruption Expenses. Filt the Insured Person must terminate the Covered Trip as a result of a Covered Cause for Interruption, the reaching the next destination of the Covered Trip as a result of the Insured Person is delayed in reaching the next destination of the Covered Trip as a result of a Covered Cause for Interruption, payment of reasonable additional transportation cast that are: required for the Insured Person is delayed in reaching the next destination of the Covered Trip as a result of a Covered Cause for Interruption, payment of reasonable additional transportation cast that are: required for the Insured Person's Covered Trip as a result of the Insured Person's Covered Trip as a result of the Insured Person's Covered Trip: required for the Insured Person's Covered Trip. required for the Insured Person's Covered Trip. required for the Insured Person's Covered Trip. required Causes for Interruption and Non-Medical Covered Causes for Interruption, as described below. Redical Covered Causes for Interruption and Non-Medical Covered Causes for Interruption, as described below. Redical Covered Causes for Interruption and Non-Medical Covered Causes for Interruption and Non-Medical Covered Causes for Interruption, as described below. Redical Covered Causes for Interruption and Non-Medical Covered Causes for Interruption, as described below. Redical Covered Causes for Interruption and Non-Medical			
 Eligible Trip Interruption Expenses means: If the Insured Person must terminate the Covered Trip as a result of the Covered Cause for Interruption, the lesser of: Covered Cause for Interruption, the point of departure, if the Administrator approves this transportation in advance; or The fact charge by the airline to charge the Insured Person's date of return; If the Insured Person is delayed in reaching the nexred Person's date of return; If the Insured Person is delayed in reaching the nexred Person's date of return; If the Insured Person is delayed in reaching the nexred Person's date of return; If the Insured Person is delayed in reaching the nexred Person's date of return; If the Insured Person is delayed in reaching the nexred Person's date of return; If the Insured Person's date of approved in advance by the Administrator; and If the Insured Person's date of the Insured Person's date of departure; and Interruption and Nan-Medical Covered Causes for Interruption cocured. Causes for Interruption and Nan-Medical Covered Causes for Interruption and Nan-Medical Covered Causes for Interruption, as described below. Addical Covered Causes for Interruption, as described below. Insured Person if: It does not result from a Pre-Existing Medical Covered Causes for Interruption, and Insured Person if: It prevents the Insured Person from continuity with the Covered Trip; or It he sured Person will be delayed in reaching the next destination of the Covered Trip; or It he sured Person will be delayed in reaching the rext destination of the Covered Trip in the reaching the next destination of the Covered Trip; or I			
 			
 If the Insured Person must terminate the Covered Trip as a result of the cost of a one-way economy airfare to the point of departure, it the Administrator approves this transportation in advance; or the face charged by the airline to change the Insured Person's date of return; if the Insured Person is delayed in reaching the next destination of his or her Covered Trip as a result of a Covered Cause for Interruption, payment of reasonable additional transportation costs that are: required for the Insured Person's date of return; if the Insured Person's date of return; if the Insured Person's date additional transportation costs that are: required for the Insured Person's date of the resured Person's Covered Trip; apad prior to the Insured Person's Covered Causes for Interruption active; and a non-refundable on the date the Covered Causes for Interruption and Non-Medical Covered Causes for Interruption, and either: it prevents the Insured Person from continuing with the Covered Trip; or the Insured Person will be delayed in reaching the next destin			
 the Covered Cause for Interruption, the lesser of: the cost of a one-way economy airfare to the point of departure, if the Administrator approves this transportation in advance; or the point of departure, if the Administrator approves this attransportation in advance; or the fee charged by the airline to change the Insured Person's date of return; if the Administrator approves the additional transportation costs that are: required for the Insured Person's date of return; if the necest of a sone-way economy airfare to the fee charged by the airline to change the Insured Person's date of return; if the necest of a sone-way economy airfare to the fee charged by the airline to change the Insured Person's date of return; if the necest of a sone-way economy airfare to the fee charged by the airline to change the Insured Person's date of a part of the Insured Person's date of a part of the Insured Person's date of approved in advance by the Administrator; and the portion of any unused land arrangements which were: part of the Insured Person's Covered Trip; paid prior to the Insured Person's Covered Trip; paid prior to the Insured Person's Covered Causes for Interruption and Non-Medical Covered Cau			
 the Covered Cause for Interruption, the lesser of. the cost of a one-way economy airfare to the point of departure, if the Administrator approves this transportation in advance; or the fee charged by the airline to change the insured Person's date of return; the fee charged by the airline to change the insured Person's date of return; if the Insured Person is delayed in reaching the next destination of the insured Person to rejoin a tour group by the most different route; and approved in advance by the Administrator; and the point of apparture, and approved in advance by the Administrator; and the point of any nusued land arrangements which were: apaid prior to the Insured Person's date of departure; and non-refundable on the date the Covered Causes for Interruption cocurred. Covered Causes for Interruption Covered Causes for Interruption mean Medical Covered Causes for Interruption mean fuscing the next destination of the Covereg Trip, or the to sured Person will be delayed in reaching the next destination of their Covered Trip; or the the sured Person will be delayed in reaching the next destination of their formal nut destination of their formal nut destination of their formal nut destination at the son to reacil to the covered Trip; or the the sured Person will be delayed in the covered Trip; or			
 Administrator approves this transportation in advance; or the fee charged by the airline to change the insured Person's date of return; if the Insured Person is delayed in react destination of their Covered Trip as a result of a Covered Cause for Interruption, payment of reasonable additional transportation costs that are: required for the Insured Person to region a tour group by the most direct route; and approved in advance by the Administrator; and the portion of any unused land arrangements which were: part of the Insured Person's date of departure; and apartored Causes for Interruption ad Non-Medical Covered Causes for Interruption and Non-Medical Covered Causes for Interruption, as described below. Covered Causes for Interruption courred. Covered Causes for Interruption ad Non-Medical Covered Causes for Interruption, as described below. Medical Covered Causes for Interruption, as described below. It does not result from a Pre-Existing Med		the Covered Trip as a result of	 the cost of a one-way economy airfare to
 Administrator approves this transportation in advance; or the fee charged by the airline to change the insured Person's date of return; if the Insured Person is delayed in react destination of their Covered Trip as a result of a Covered Cause for Interruption, payment of reasonable additional transportation costs that are: required for the Insured Person to region a tour group by the most direct route; and approved in advance by the Administrator; and the portion of any unused land arrangements which were: part of the Insured Person's date of departure; and apartored Causes for Interruption ad Non-Medical Covered Causes for Interruption and Non-Medical Covered Causes for Interruption, as described below. Covered Causes for Interruption courred. Covered Causes for Interruption ad Non-Medical Covered Causes for Interruption, as described below. Medical Covered Causes for Interruption, as described below. It does not result from a Pre-Existing Med		the Covered Cause for Interruption, the	the point of departure, if the
 the cost of a one-way economy airdare to the point of departure, if the Administrator approves this transportation in advance; or the Administrator approves this transportation in advance; or the fee charged by the airline to change the Insured Person's date of return; if the Insured Person's is delayed in reaching the next destination of the Insured Person's that are: required for the Insured Person to rejoin a tour group by the most direct route; and approved in advance by the Administrator; and the portion of any unused land arrangements which were: paid prior to the Insured Person's date of departure; and non-refundable on the date the Covered Causes for Interruption and Non-Medical Covered Causes for Interruption and Medical Covered Causes for Interruption and Non-Medical Covered Causes for Interruption and Medical Covered Causes for Interruption and Non-Medical Covered Causes for Interruption and Medical Covered Causes for Interruption and Non-Medical Covered Causes for Interruption and Non-Medical Covered Causes for Interruption and Non-Medical Covered Causes for Interruption and Medical Covered Causes for Interruption and Medical Covered Causes for Interruption and Non-Medical Covered Causes for Interruption and Non-Medical Covered Causes for Interruption and Non-Medical Covered Causes for Interruption and Medical Covered Causes for Interruption and Non-Medical Covered Causes for Interruption and Medical Covered Causes for Interruption and Non-Medical Covered Causes for In			
 Ib the point of departure, if the Administrator approves this transportation in advance; or the fee charged by the airline to change the Insured Person's date of reture. if the Insured Person is delayed in reaching the next destination of their Covered Trip as a result of a Covered Cause for Interruption, payment of reasonable additional transportation costs that are: required for the Insured Person to rejoin a tour group by the most direct route; and approved in advance by the Administrator; and the portion of any unused land arrangements which were: apart of the Insured Person's date of departure; and non-refundable on the date the Covered Causes for Interruption cocurred. Covered Causes for Interruption mean Medical Covered Causes for Interruption and Vance By the dath of an Insured Person; accidental injury or sickness of an Insured			
 If the Administrator approves this transportation in advance; or the fee charged by the aitline to change the Insured Person's dete of return; If the Insured Person is delayed in reaching the next destination of their Covered Trip as a result of a Covered Cause for Interruption, payment of reasonable additional transportation costs that are: If the Insured Person is delayed in required for the Insured Person to rejoin a tour group by the most direct route; and If the portion of any unused land arrangements which were: If the Insured Person's Covered Trip; If the portion of any unused land arrangements which were: If the portion of any unused land arrangements which were: If the portion of any unused land arrangements which were: If the portion of any unused land arrangements which were: If the portion of any unused land arrangements which were: If the portion of any unused land arrangements which were: If the portion of any unused land arrangements which were: If the portion of any unused land arrangements which were: If the portion of any unused land arrangements which were: If the portion of any unused land arrangements which were: If the portion of any unused land arrangements which were: If the portion of any unused land arrangements which were: If the portion of any unused land arrangements which were: If the portion of any unused land arrangements which were: If the portion of any unused land arrangements which were: If the portion of any unused land arrangements which were: If the portion of any unused land arrangements which were: If the portion of any unused land arrangements which were: If the portion of any unused land arrangements which were: If the portion of any unused land arrangements which were: If the portion of any unused land arrangements which were: If			
 if the Insured Person is delayed in reaching the ensured Person's date of return; if the Insured Person is delayed in reaching the next destination of their Covered Causes for Interruption, payment of reasonable additional transportation costs that are: required for the Insured Person is delayed in reaching the next destination of any unused land arrangements which were: required for the Insured Person is delayed in the portion of any unused land arrangements which were: paid prior to the Insured Person's Covered Trip; paid prior to the Insured Person's date of departure; and non-refundable on the date the Covered Causes for Interruption Covered Causes for Interruption Covered Causes for Interruption courred. Covered Causes for Interruption mean Medical Covered Causes for Interruption and Non-Medical Covered Causes for Interruption mean: death of an Insured person; accidental injury or sickness of an Insured Person in: it does not result from a Pre-Existing Condition that was not Stable during the Pre-Existing Condition the Administrator; and it dees not result from a Pre-Existing Condition the Administrator; it requires immediate medical attention; and in the opinion of the Covered Person from continuing with the Covered Trip; or the ther: it requires immediate medical attention; and in the opinion of the Covered Person from continuing with the Covered Trip; or the ther: the requires immediate Person from continuing with the Covered Trip; or the ther: the ther: the requires immediate Person from continuing with the Covered Trip; or the ther: the ther: the ther: the ther: the ther the ther or the there of the there or the there of the there or there or the there or t			
 the fee charged by the airline to charge the Insured Person's date of return; if the Insured Person's date of return; if the Insured Person is delayed in reaching the next destination of the <i>Insured Person</i> to rejoin a tour group by the <i>Insured Person</i> to rejoin a tour group by the portion of any unused land arrangements which were: part of the Insured Person's Covered Trip; paid prior to the Insured Person's date of departure; and non-refundable on the date the Covered Causes for Interruption accurred. Covered Causes for Interruption cocurred. Covered Causes for Interruption mean Medical Covered Causes for Interruption, as described below. deasth of an Insured person; edath of an Insured person; either: it does not result from a Pre-Existing Medical Covered Causes for Interruption and in the opinion of the Administrator; it does not result from a Pre-Existing Medical Covered Causes for Interruption and in the opinion of the Administrator; it requires inmediate medical attention; and it neoprinon of the Administrator; it requires inmediate medical attention; and it he nesured Person from continuing with the Covered Trip; or the Insured Person; desting the next desting the			
 change the Insured Person's date of return; if the Insured Person's delayed in reaching the next destination of his or her Covered Trip as a result of a Covered Cause for Interruption, payment of reasonable additional transportation costs that are: required for the Insured Person to rejoin a tour group by the most direct route; and approved in advance by the Administrator; and the portion of any unused land arrangements which were: paid prior to the Insured Person's Covered Trip; paid prior to the Insured Person's Covered Causes for Interruption and Non-Medical Covered Causes for Interruption, as described below. accurred. covered Causes for Interruption Covered Causes for Interruption and Non-Medical Covered Causes for Interruption, as described below. accurred. covered Causes for Interruption mean Medical Covered Causes for Interruption, as described below. accultation of an Insured person; death of an Insured person; death of an Insured person; death of an Insured person frimering the Pere-Existing Condition Period immediately proceeding the beginning of the Coverad Person frimering the next destination of the Administrator, it requires immediate medical attention; and in the opinion of the Administrator. it does not result from a Pre-Existing Medical Covered Causes for Interruption and Non-Medical Covered Causes for Interruption mean Medical Covered Causes for Interruption and Non-Medical Covered Person frimering the next destination of the Insured Person from continuing with the Covered Trip; or the Insured Person; death of an Immediate Person; death of an Immediate Person; death of an Insured Person from continuing with the Covered Trip; or the Insured Person; death of an Immediate medical attention; and either: it does not result from a Pre-Existing Medical Covered Causes for Interruption ane			
 date of return; eithe Insured Person is delayed in reaching the next destination of his or her Covered Trip as a result of a Covered Cause for Interruption required for the Insured Person to rejoin a tour group by the most direct route; and approved in advance by the Administrator, and the portion of any unused land arrangements which were: part of the Insured Person's Covered Trip; paid prior to the Insured Person's Covered Causes for Interruption cocurred. Covered Causes for Interruption mean: death of an Insured Person; accidental injury or sickness of an Insured Person if: it does not result from a Pre-Existing Medical Covered Causes for Interruption mean: death of an Insured person; accidental injury or sickness of an Insured Person if: it does not result from a Pre-Existing Medical Covered Causes for Interruption mean: death of an Insured person; accidental injury or sickness of an Insured Person if: it does not result from a Pre-Existing Medical Covered Causes for Interruption mean: death of an Insured Person from continuing with the Covered Trip; or the pinion of the Administrator; and in the opinion of the Administrator; and in the opinion of the Administrator; it requires immediate medical attention; and the insured Person modical emetical attention; and the linsured Person modical Everence Causes for Interruption continuing with the Covered Trip; or death of an Inmediate Family Member of the Insured Person; death of an Inmediate Family Member of the Insured Person; death of an Inmediate Teanity Member of the Insured Person; death of an Inmediate Teanity Member of the Insured Person; <li< th=""><th></th><th></th><th></th></li<>			
 If the Insured Person is delayed in reaching the next destination of his or her Covered Trip as a result of a Covered Cause for Interruption, payment of reasonable additional transportation costs that are: equired for the Insured Person to rejoin a tour group by the most direct route; and approved in advance by the Administrator; and the portion of any unused land arrangements which were: apart of the Insured Person's Covered Trip; paid prior to the Insured Person's Covered Trip; paid prior to the Insured Person's Covered Causes for Interruption nean Medical Covered Causes for Interruption, as described below. accovered Causes for Interruption, mean: described below. actional Covered Causes for Interruption mean Medical Covered Causes for Interruption, as described below. accidental injury or sickness of an Insured Person from continuing with the covered Trip; it does not result from a Pre-Existing Medical Condition Period immediately preceding the beginning of the Covered Person from continuing with the Covered Trip; or it requires immediate medical attention; and either: it requires immediate medical attention; and either: it requires immediate medical attention; and it he opinion of the Administrator; and it ne opinion of the Administrator; it death of an Insured Person from continuing with the Covered Trip; or the Insured Person; death of an Immediate Person from continuing with the Covered Trip; or the Insured Person; or the Insured Person; or the linsured Person; or death of an Immediate Family Member of the Insured Person; which requires an overight stay in a Hospital. b) Non-Medical Covered Causes for Interruption and in the opinion of the Administrator; it requires inmediate medical attention; and either: the requires in or energity Kamper of the Insured Person; w			
 If the Insured Person is delayed in reaching the next destination of his or her Covered Trip as a result of a Covered Cause for Interruption, payment of reasonable additional transportation costs that are: required for the Insured Person to rejoin a tour group by the most direct route; and approved in advance by the Administrator, and the portion of any unused land arrangements which were: apart of the Insured Person's Covered Trip; paid prior to the Insured Person's Covered Trip; paid prior to the Insured Person's Covered Causes for Interruption mean Medical Covered Causes for Interruption, as described below. covered Causes for Interruption, cas described below. accidental injury or sickness of an Insured Person it: destined at in sured Person; described below. described below. described below. described below. described person; destin of an insured person; described person; described person; destin of an insured Person from continuing with the Covered Causes for Interruption and in the opinion of the Administrator; it requires inmediate medical attention; and either: it does not result from a Pre-Existing Medical Covered Trip; or the prevents the Insured Person from continuing with the Covered Trip; or destin of an insured Person from continuing with the Covered Trip; or the Insured Person; it eranity Member of the Insured Perso		date of return;	payment of reasonable additional
 reaching the next destination of his or her Covered Trip as result of a Covered Cause for Interruption, payment of reasonable additional transportation costs that are: required for the Insured Person to rejoin a tour group by the most direct route; and approved in advance by the Administrator; and the portion of any unused land arrangements which were: part of the Insured Person's Covered Trip; paid prior to the Insured Person's Covered Trip; paid prior to the Insured Person's Covered Trip; paid prior to the Insured Person's Covered Causes for Interruption and Non-Medical Covered Causes for Interruption, as described below. Covered Causes for Interruption Covered Causes for Interruption mean Medical Covered Causes for Interruption, as described below. Medical Covered Causes for Interruption mean Medical Covered Causes f		• if the Insured Person is delayed in	transportation costs that are:
 his or her Covered Trip as a result of a Covered Cause for Interruption and transportation costs that are: required for the Insured Person to rejoin a tour group by the most direct route; and approved in advance by the Administrator; and the portion of any unused land arrangements which were: part of the Insured Person's Covered Trip; paid prior to the Insured Person's Covered Causes of Interruption and Non-Medical Covered Causes for Interruption and Non-Medical Covered Causes for Interruption, as described below. Medical Covered Causes for Interruption mean: death of an Insured person; accidental injury or sickness of an Insured Person if: it does not result from a Pre-Existing Condition Her axes not Stable during the Pre-Existing Condition Period immediately preceding the beginning of the Covered Trip; or it prevents the Insured Person from continuing with the Covered Trip; or the Insured Person from continuing with the Covered Trip; or the Insured Person from continuing with the Person; acading the next destination of his or her Covered Trip; or the Insured Person from continuing with the Person; acading the next destination of his or her Covered Trip; or the Insured Person from continuing with the Person; acading the person; acading the next destination of his or her Covered Trip; or the Insured Person from continuing with the Person; adden of an Inmediate Family Member of the Insured Person from continuing with the Person; adden of an Immediate Family Member of the Insured Person from continuing with the Person; adden of an Immediate Family Member of the Insured Person from continuing with the Person; adden of an Immediate Family Member of the Insured Person from continuing with the Person; adden of an Immediate Family Member of the Insured Person from continuing with the Person;			
 Covered Cause for Interruption, payment of reasonable additional transportation costs that are: required for the Insured Person to region a tour group by the most direct route; and approved in advance by the Administrator; and the portion of any unused land arrangements which were: paid prior to the Insured Person's Covered Trip; paid prior to the Insured Person's Covered Trip; paid prior to the Insured Person's Covered Causes of Interruption and Non-Medical Covered Causes for Interruption, as described below. abedical Covered Causes for Interruption mean Medical Covered Causes for Interruption, as described below. abedical Covered Causes for Interruption mean Medical Covered Causes for Interruption mean fusured Person; accidental injury or sickness of an Insured person; accidental injury or sickness of an Insured Person from continuing with the Covered Prio; or the opinion of the Administrator: it requires immediate medical attention; and either: it prevents the Insured Person from continuing with the Covered Prio; or the Insured Person will be delayed in reaching the next destination of the Administrator; and either: it does not result from a Pre-Existing Condition Period in the opinion of the Administrator; and either: it does not result from a Pre-Existing Condition Period in the ware next destination of the Insured Person from continuing with the Covered Trip; or death of an Inmediate Family Member of the Insured Person from continuing with			
 Administrator; and Administrator; and<th></th><th></th><th></th>			
 transportation costs that are: required for the Insured Person to rejoin a tour group by the most direct route; and approved in advance by the Administrator; and the portion of any unused land arrangements which were: part of the Insured Person's Covered Trip; paid prior to the Insured Person's date of departure; and non-refundable on the date the Covered Causes for Interruption courred. Covered Causes for Interruption covered Causes for Interruption mean: death of an Insured person; accidental injury or sickness of an Insured Person if: it does not result from a Pre-Existing Medical Covered Causes for Interruption mean: death of an Insured person; accidental injury or sickness of an Insured Person if: it does not result from a Pre-Existing Medical Covered Person ritor imediately preceding the beginning of the Coverage Period; and in the opinion of the Administrator; it requires immediate medical attention; and in the opinion of the Administrator; it prevents the Insured Person mill be delayed in reaching the next destination of his or her Covered Trip; or edath of an Inmediate Family Member, which requires an overnight stay in a Hospital. Non-Medical Covered Causes for Interruption mean: a written formal notice issued during the Covered Trip by the Caused so rancidental injury of an Immediate Family Member, which requires an overnight stay in a Hospital. 			
 equired for the Insured Person to rejoin a tour group by the most direct route; and approved in advance by the Administrator; and the portion of any unused land arrangements which were: part of the Insured Person's Covered Trip; paid prior to the Insured Person's date of departure; and non-refundable on the date the Covered Causes for Interruption and the Covered Causes for Interruption and Non-Medical Covered Causes for Interruption, as described below. Covered Causes for Interruption mean Medical Covered Causes for Interruption, as described below. Covered Causes for Interruption, as described below. Ceath of an Insured Person; accidental injury or sickness of an Insured Person; it does not result from a Pre-Existing Condition Period immediately preceding the beginning of the Coverage Period; and in the opinion of the Administrator; and it requires immediate medical attention; and it net opinion of the Administrator; it requires immediate medical attention; and the Insured Person will be delayed in reaching the next destination of his or her Covered Trip; or death of an Inmediate Family Member of the Insured Person; etath of an Inmediate Family Member of the Insured Person; uter of an Inmediate Family Member of the Insured Person; uter of an Inmediate Family Member of the Insured Person; death of an Inmediate Family Member of the Insured Person; etath of an Inmediate Person; etath of an Inmediate Family Member of the Insured Person; etath of an Inmediate Person; etath of an Inmedi			
 rejoin a tour group by the most direct route; and approved in advance by the Administrator; and the portion of any unused land arrangements which were: paid prior to the Insured Person's Covered Trip; paid prior to the Insured Person's Covered Trip; paid prior to the Insured Person's date of departure; and non-refundable on the date the Covered Causes for Interruption occurred. Covered Causes for Interruption, covered Causes for Interruption and Non-Medical Covered Causes for Interruption and Non-Medical Covered Causes for Interruption mean. Covered Causes for Interruption mean: described below. Medical Covered Causes for Interruption mean: edeath of an Insured Person; accidental injury or sickness of an Insured Person; it does not result from a Pre-Existing Medical Covered Causes for Interruption mean: it does not result from a Pre-Existing Medical Covered Causes for Interruption mean: it does not result from a Pre-Existing Medical Condition Period immediately preceding the beginning of the Coverage Period; and in the opinion of the Administrator; it requires immediate medical attention; and it prevents the Insured Person from continuing with the Covered Trip; or etath of an Inmediate Family Member which requires an overnight stay in a Hospital. b) Non-Medical Covered Causes for Interruption mean: a written formal notice issued during the Person; 			
 most direct route: and approved in advance by the Administrator; and the portion of any unused land arrangements which were: part of the Insured Person's Covered Trip; paid prior to the Insured Person's date of departure; and non-refundable on the date the Covered Causes for Interruption mean Medical Covered Causes for Interruption and Non-Medical Covered Causes for Interruption, as described below. Medical Covered Causes for Interruption mean: death of an Insured person; accidental injury or sickness of an Insured Person if: it does not result from a Pre-Existing Medical Covered Causes for Interruption mean: death of an Insured person; accidental injury or sickness of an Insured Person if: it does not result from a Pre-Existing Medical Covered Person; accidental injury or sickness of an Insured Person if: it does not result from a Pre-Existing Medical Covered Person; accidental injury or sickness of an Insured Person if: it requires immediate medical attention; and in the opinion of the Administrator; it requires immediate medical attention; and it prevents the Insured Person from continuing with the Covered Trip; or death of an Immediate Parison from continuing with the Covered Trip; or death of an Immediate Person from continuing with the Covered Trip; or death of an Immediate Family Member of the Insured Person; sudden and unexpected sickness or accidental injury of an Immediate Family Member, which requires in and attention; a written formal notice issued furg the Covered Trip by the Canadians not to travel to a country, 			
 approved in advance by the Administrator; and the portion of any unused land arrangements which were: paid prior to the Insured Person's Covered Trip; paid prior to the Insured Person's date of departure; and non-refundable on the date the Covered Causes for Interruption and to non-refundable on the date the Covered Causes for Interruption, ac described below. accidental injury or sickness of an Insured Person fit: it does not result from a Pre-Existing Condition that was not Stable during the Pre-Existing Condition the Coverage Period; and in the opinion of the Administrator; it requires immediate medical attention; and either: it requires immediate medical attention; and either: the Insured Person will be delayed in reaching the next destination of the rowerage Period; and the Insured Person will be delayed in reaching the next destination of the rowerage Period; and the Insured Person will be delayed in reaching the next destination of the rowerage Period; and the Insured Person will be delayed in reaching the next destination of his or her Coverage Trip; or death of an Immediate Family Member, which requires an overnight stay in a Hospital. Non-Medical Covered Causes for Interruption mean: a written formal notice issued during the Coverage Trip by the Canadians not to travel to a country, 			
 Administrator; and the portion of any unused land arrangements which were: part of the Insured Person's Covered Trip; paid prior to the Insured Person's date of departure; and non-refundable on the date the Covered Causes for Interruption occurred. Covered Causes for Interruption covered Causes for Interruption mean: death of an Insured person; accidental injury or sickness of an Insured Person fit: it does not result from a Pre-Existing Condition that was not Stable during the Pre-Existing Condition Period immediately preceding the beginning of the Coverage Period; and in the opinion of the Administrator; it requires immediate medical attention; and it prevents the Insured Person from continuing with the Covered Trip; or the Insured Person will be delayed in reaching the next destination of his or her Covered Trip; death of an Immediate Family Member, which requires an overnight stay in a Hospital. Non-Medical Covered Causes for Interruption mean. a written formal notice issued during the Covered Trip by the Candian so to travel to a country, 		most direct route; and	Trip;
 the portion of any unused land arrangements which were: part of the Insured Person's Covered Trip: paid prior to the Insured Person's date of departure; and non-refundable on the date the Covered Causes for Interruption accurred. Covered Causes for Interruption occurred. Covered Causes for Interruption courced. Covered Causes for Interruption and Non-Medical Covered Causes for Interruption and Non-Medical Covered Causes for Interruption mean: Covered Causes for Interruption and Non-Medical Covered Causes for Interruption mean: deast of an Insured person; deactional Named person; deactional named person if: it does not result from a Pre-Existing Medical condition that was not Stable during the Pre-Existing Condition Period immediately preceding the beginning of the Covered Person if: it does not result from a Pre-Existing Condition Period immediate medical attention; and in the opinion of the Administrator: it requires immediate medical attention; and either: it prevents the Insured Person from continuing with the Covered Trip; or the Insured Person will be delayed in reaching the next destination of his or her Covered Trip; death of an Immediate Family Member of the Insured Person; sudden and unexpected sickness or accidental injury of an Immediate Family Member, which requires an overnight stay in a Hospital. b) Non-Medical Covered Trip; or sudden and unexpected sickness or accidental injury of an Immediate Family Member, which requires an overnight stay in a Hospital. 		 approved in advance by the 	 paid prior to the Insured Person's date of
 the portion of any unused land arrangements which were: part of the Insured Person's Covered Trip: paid prior to the Insured Person's date of departure; and non-refundable on the date the Covered Causes for Interruption accurred. Covered Causes for Interruption occurred. Covered Causes for Interruption courced. Covered Causes for Interruption and Non-Medical Covered Causes for Interruption and Non-Medical Covered Causes for Interruption mean: Covered Causes for Interruption and Non-Medical Covered Causes for Interruption mean: deast of an Insured person; deactional Named person; deactional named person if: it does not result from a Pre-Existing Medical condition that was not Stable during the Pre-Existing Condition Period immediately preceding the beginning of the Covered Person if: it does not result from a Pre-Existing Condition Period immediate medical attention; and in the opinion of the Administrator: it requires immediate medical attention; and either: it prevents the Insured Person from continuing with the Covered Trip; or the Insured Person will be delayed in reaching the next destination of his or her Covered Trip; death of an Immediate Family Member of the Insured Person; sudden and unexpected sickness or accidental injury of an Immediate Family Member, which requires an overnight stay in a Hospital. b) Non-Medical Covered Trip; or sudden and unexpected sickness or accidental injury of an Immediate Family Member, which requires an overnight stay in a Hospital. 		Administrator; and	departure; and
 arrangements which were: part of the Insured Person's Covered Trip; paid prior to the Insured Person's date of departure; and non-refundable on the date the Covered Causes for Interruption occurred. Covered Causes for Interruption covered Causes for Interruption mean: Causes for Interruption, as described below. Medical Covered Causes for Interruption mean: death of an Insured person; accidental injury or sickness of an Insured Person fi: it does not result from a Pre-Existing Medical Covered Causes for Interruption mean: death of an Insured person; accidental injury or sickness of an Insured Person fi: it does not result from a Pre-Existing Condition that was not Stable during the Pre-Existing Condition Period immediately preceding the beginning of the Coverage Period; and in the opinion of the Administrator: it requires immediate medical attention; and either: it prevents the Insured Person will be delayed in reaching the next destination of his or her Covered Trip; or the Insured Person; edath of an Inmediate Family Member of the Insured Person; euden and unexpected sickness or accidental injury of an Immediate Family Member, which requires an overnight stay in a Hospital. b) Non-Medical Covered Causes for Interruption mean: a written formal notice issued during the Covered Trip by the Canadian government, advising Canadians not to travel to a country, 			
 part of the Insured Person's Covered Trip; paid prior to the Insured Person's date of departure; and non-refundable on the date the Covered Causes of Interruption occurred. Covered Causes for Interruption occurred. Covered Causes for Interruption mean: Covered Causes for Interruption, as described below. Medical Covered Causes for Interruption mean: death of an Insured person; accidental injury or sickness of an Insured Person if: it does not result from a Pre-Existing Condition that was not Stable during the Pre-Existing Condition Period; and in the opinion of the Administrator: it requires immediate medical attention; and either: it prevents the Insured Person from continuing with the Covered Trip; or the Insured Person will be delayed in reaching the next destination of his or her Covered Trip; death of an Immediate Family Member, which requires an overnight stay in a Hospital. b) Non-Medical Covered Causes for Interruption mean: a written formal notice issued during the <i>Covered Trip</i> by the Canadian government, advising Canadians not to travel to a country, 			
 Trip: Paid prior to the Insured Person's date of departure; and non-refundable on the date the Covered Causes for Interruption and Non-Medical Covered Causes for Interruption, as described below. Medical Covered Causes for Interruption mean deacht of an Insured person; accidental injury or sickness of an Insured Person fit: it does not result from a Pre-Existing Condition Period immediately preceding the beginning of the Coverag Period; and in the opinion of the Administrator: it requires immediate medical attention; and in the opinion of the Administrator: it prevents the Insured Person from continuing with the Covered Trip; or death of an Immediate Parnily Member, which requires an overnight stay in a Hospital. b) Non-Medical Covered Causes for Interruption mean: a written formal notice issued during the Covered Trip by the Canadian government, advising Canadians not to travel to a country, 			
 paid prior to the Insured Person's date of departure; and non-refundable on the date the Covered Causes for Interruption and Non-Medical Covered Causes for Interruption mean: Covered Causes for Interruption, as described below. Medical Covered Causes for Interruption mean: death of an Insured person; accidental injury or sickness of an Insured person; accidental injury or sickness of an Insured person; accidental injury or sickness of an Insured person; it does not result from a Pre-Existing Condition Period immediately preceding the beginning of the Coverage Period; and in the opinion of the Administrator; it requires immediate medical attention; and either: it prevents the Insured Person from continuing with the Covered Trip; or death of an Immediate Family Member of the Insured Person; eaching the next destination of his or her Covered Trip; or death of an Immediate Family Member, which requires an overnight stay in a Hospital. b) Non-Medical Covered Causes for Interruption mean: a written formal notice issued during the Covered Trip by the Canadians not to travel to a county, 		1 ·	Covered Causes for Interruption
 of departure; and non-refundable on the date the Covered Causes of Interruption occurred. Covered Causes for Interruption Covered Causes for Interruption Covered Causes for Interruption Covered Causes for Interruption and Non-Medical Covered Causes for Interruption medical Covered Causes for Interruption mean: death of an Insured person; accidental injury or sickness of an Insured Person if: it does not result from a Pre-Existing Condition that was not Stable during the Pre-Existing Condition Period; in the opinion of the Administrator: it requires immediate medical attention; and either: it prevents the Insured Person from continuing with the Covered Trip; or the Insured Person will be delayed in reaching the next destination of his or her Covered Trip; death of an Immediate Family Member of the Insured Person will be delayed in reaching the next destination of his or her Covered Trip; death of an Immediate Family Member of the Insured Person; a written formal notice issued during the Covered Trip by the Canadians not to travel to a country, 			
 • non-refundable on the date the Covered Causes of Interruption occurred. • Non-Medical Covered Causes for Interruption Covered Causes for Interruption Covered Causes for Interruption Covered Causes for Interruption Covered Causes for Interruption and Nedical Covered Causes for Interruption mean: • death of an Insured person; • accidental injury or sickness of an Insured Person if: • it does not result from a Pre-Existing Condition that was not Stable during the Pre-Existing Condition Period immediately preceding the beginning of the Coverage Period; and • it requires immediate medical attention; and • it requires immediate medical attention; and • it prevents the Insured Person from continuing with the Covered Trip; or • the Insured Person will be delayed in reaching the next destination of his or her Covered Trip; • death of an Immediate Family Member of the Insured Person; • sudden and unexpected sickness or accidental injury of an Immediate Family Member, which requires an overnight stay in a Hospital. b) Non-Medical Covered Trip by the Canadiang overnment, advising Canadians not to travel to a country, 			
 Covered Causes of Interruption courred. Covered Causes for Interruption mean: death of an Insured person; described below. Medical Covered Causes for Interruption mean: death of an Insured person; accidental injury or sickness of an Insured Person if: it does not result from a Pre-Existing Condition that was not Stable during the Pre-Existing Condition that was not Stable during the Pre-Existing Condition that was not Stable during the Pre-Existing Condition of the Administrator; it requires immediate medical attention; and in the opinion of the Administrator: it requires immediate medical attention; and either: it prevents the Insured Person from continuing with the Covered Trip; or the Insured Person will be delayed in reaching the next destination of his or her Covered Trip; death of an Immediate Family Member of the Insured Person; sudden and unexpected sickness or accidental injury of an Immediate Family Member of the Insured Person; witten formal notice issued during the Covered Trip; or the Insured Person; witten formal notice issued during the Covered Trip by the Canadian government, advising Canadians not to travel to a country, 			
 a) Medical Covered Causes for Interruption mean: a) Medical Covered Causes for Interruption mean: accidental injury or sickness of an Insured person; accidental injury or sickness of an Insured Person if: it does not result from a Pre-Existing Condition that was not Stable during the Pre-Existing Condition Period immediately preceding the beginning of the Coverage Period; and in the opinion of the Administrator: it requires immediate medical attention; and either: it prevents the Insured Person from continuing with the Covered Trip; or the Insured Person will be delayed in reaching the next destination of his or her Covered Trip; death of an Immediate Family Member of the Insured Person; sudden and unexpected sickness or accidental injury of an Immediate Family Member, which requires an overnight stay in a Hospital. b) Non-Medical Covered Causes for Interruption mean: a written formal notice issued during the Covered Trip by the Canadian government, advising Canadians not to travel to a country, 			•
 Covered Causes for Interruption Covered Causes for Interruption mean Medical Covered Causes for Interruption and Non-Medical Covered Causes for Interruption, as described below. Medical Covered Causes for Interruption mean: death of an Insured person; accidental injury or sickness of an Insured Person if: it does not result from a Pre-Existing Condition that was not Stable during the Pre-Existing Condition Period; and in the opinion of the Administrator: it requires immediate medical attention; and either: it prevents the Insured Person from continuing with the Covered Trip; or the Insured Person will be delayed in reaching the next destination of his or her Covered Trip; death of an Immediate Family Member, which ingenting of an Immediate Family Member, which requires an overnight stay in a Hospital. 			
 Covered Causes for Interruption mean Medical Covered Causes for Interruption and Non-Medical Covered Causes for Interruption, as described below. Medical Covered Causes for Interruption mean: death of an Insured person; accidental injury or sickness of an Insured Person if: it does not result from a Pre-Existing Condition that was not Stable during the Pre-Existing Condition Period immediately preceding the beginning of the Coverage Period; and in the opinion of the Administrator: it prevents the Insured Person from continuing with the Covered Trip; or the Insured Person will be delayed in reaching the next destination of his or her Covered Trip; death of an Insured person; accidental injury or sickness of an Insured Person; it does not result from a Pre-Existing Condition that was not Stable in the opinion of the Administrator: it requires immediate medical attention; and either: it prevents the Insured Person from continuing with the Covered Trip; or the Insured Person will be delayed in reaching the next destination of his or her Covered Trip; death of an Immediate Family Member, which requires an overnight stay in a Hospital. b) Non-Medical Covered Causes for Interruption mean: a witten formal notice issued during the Covered Trip by the Canadian government, advising Canadians not to travel to a country, 			a) Medical Covered Causes for Interruption
 Medical Covered Causes for Interruption and Non-Medical Covered Causes for Interruption, as described below. Medical Covered Causes for Interruption mean: death of an Insured person; accidental injury or sickness of an Insured Person if: it does not result from a Pre-Existing Condition that was not Stable during the Pre-Existing Condition Period immediately preceding the beginning of the Coverage Period; and in the opinion of the Administrator: it requires immediate medical attention; and in the opinion of the Administrator: it requires immediate medical attention; and either: it prevents the Insured Person from continuing with the Covered Trip; or the Insured Person will be delayed in reaching the next destination of his or her Covered Trip; death of an Immediate Family Member of the Insured Person; sudden and unexpected sickness or accidental injury of an Immediate Family Member of the Insured Person; witten formal notice issued during the Covered Trip by the Canadian government, advising Canadians not to travel to a country, 		Covered Causes for Interruption	mean:
 Interruption and Non-Medical Covered Causes for Interruption, as described below. Medical Covered Causes for Interruption mean: death of an Insured person; accidental injury or sickness of an Insured Person if: it does not result from a Pre-Existing Condition that was not Stable during the Pre-Existing Condition Period; immediately preceding the beginning of the Coverage Period; and in the opinion of the Administrator: it requires immediate medical attention; and either: it prevents the Insured Person from continuing with the Covered Trip; or the Insured Person will be delayed in reaching the next destination of his or her Covered Trip; death of an Immediate Family Member, which requires an overnight stay in a Hospital. b) Non-Medical Covered Causes for Interruption mean: a written formal notice issued during the Covered Trip by the Canadian government, advising Canadians not to travel to a country, 		Covered Causes for Interruption mean	 death of an Insured person;
 Interruption and Non-Medical Covered Causes for Interruption, as described below. Medical Covered Causes for Interruption mean: death of an Insured person; accidental injury or sickness of an Insured Person if: it does not result from a Pre-Existing Condition that was not Stable during the Pre-Existing Condition Period; immediately preceding the beginning of the Coverage Period; and in the opinion of the Administrator: it requires immediate medical attention; and it prevents the Insured Person from continuing with the Covered Trip; or the Insured Person will be delayed in reaching the next destination of his or her Covered Trip; death of an Immediate Family Member, which requires an overnight stay in a Hospital. b) Non-Medical Covered Causes for Interruption mean: a written formal notice issued during the Covered Trip by the Canadian government, advising Canadians not to travel to a country, 		Medical Covered Causes for	 accidental injury or sickness of an Insured
 it does not result from a <i>Pre-Existing</i> it does not result from a <i>Pre-Existing</i> <i>Medical</i> Condition that was not <i>Stable</i> during the of an Insured person; accidental injury or sickness of an Insured Person if: it does not result from a Pre-Existing Condition Period immediately preceding the beginning of the <i>Coverage Period</i>; and in the opinion of the Administrator: it prevents the Insured Person from continuing with the <i>Covered Trip</i>; or the Insured Person will be delayed in reaching the next destination of his or her Covered Trip; death of an Immediate Family Member, which requires an overnight stay in a <i>Hospital</i>. b) Non-Medical Covered Causes for Interruption mean: a written formal notice issued during the <i>Covered Trip</i> by the Canadian government, advising Canadians not to travel to a country, 			
 described below. Medical Covered Causes for Interruption mean: death of an Insured person; accidental injury or sickness of an Insured Person if: it does not result from a Pre-Existing Condition that was not Stable during the Pre-Existing Condition Period immediately preceding the beginning of the Coverage Period; and in the opinion of the Administrator: it requires immediate medical attention; and in the opinion of the Administrator: it requires immediate medical attention; and it prevents the Insured Person from continuing with the Covered Trip; or the Insured Person will be delayed in reaching the next destination of his or her Covered Trip; death of an Immediate Family Member, which requires an overnight stay in a Hospital. b) Non-Medical Covered Causes for Interruption mean: a written formal notice issued during the Covered Trip by the Canadian government, advising Canadians not to travel to a country, 			
 Medical Covered Causes for Interruption mean: death of an Insured person; accidental injury or sickness of an Insured Person if: it does not result from a Pre-Existing Condition that was not Stable during the Pre-Existing Condition Period immediately preceding the beginning of the Coverage Period; and in the opinion of the Administrator: it requires immediate medical attention; and either: it prevents the Insured Person from continuing with the Covered Trip; or it prevents the Insured Person from continuing with the Covered Trip; or it prevents the Insured Person will be delayed in reaching the next destination of his or her Covered Trip; death of an Immediate Family Member of the Insured Person; withe Insured Person; Non-Medical Covered Causes for Interruption mean: a written formal notice issued during the Covered Trip by the Canadian government, advising Canadians not to travel to a country, 			
 mean: death of an Insured person; accidental injury or sickness of an Insured Person if: it does not result from a Pre-Existing Condition that was not Stable during the Pre-Existing Condition Period immediately preceding the beginning of the Coverage Period; and in the opinion of the Administrator: it requires immediate medical attention; and either: it prevents the Insured Person from continuing with the Covered Trip; or the Insured Person will be delayed in reaching the next destination of his or her Covered Trip; death of an Immediate Family Member of the Insured Person; 			
 death of an Insured person; accidental injury or sickness of an Insured Person if: it does not result from a Pre-Existing Condition that was not Stable during the Pre-Existing Condition Period; immediately preceding the beginning of the Coverage Period; and in the opinion of the Administrator: it requires immediate medical attention; and either: it prevents the Insured Person from continuing with the Covered Trip; or the beginning of the Coverage Period; ad in the opinion of the Administrator: it requires immediate medical attention; and either: it prevents the Insured Person from continuing with the Covered Trip; or the Insured Person will be delayed in reaching the next destination of his or her Covered Trip; death of an Immediate Family Member of the Insured Person; the Insured Person; the Insured Person; 			
 accidental injury or sickness of an Insured Person if: it does not result from a Pre-Existing Condition that was not Stable during the Pre-Existing Condition Period immediately preceding the beginning of the Coverage Period; and in the opinion of the Administrator: it requires immediate medical attention; and either: it prevents the Insured Person from continuing with the Covered Trip; or the Insured Person will be delayed in reaching the next destination of his or her Covered Trip; death of an Immediate Family Member of the Insured Person; and in the opinion of the Administrator: it prevents the Insured Person from continuing with the Covered Trip; or sudden and unexpected sickness or accidental injury of an Immediate Family Member, which requires an overnight stay in a Hospital. b) Non-Medical Covered Causes for Interruption mean: a written formal notice issued during the Covered Trip by the Canadian government, advising Canadians not to travel to a country, 			
 Insured Person if: it does not result from a Pre-Existing Condition that was not Stable during the Pre-Existing Condition Period immediately preceding the beginning of the Coverage Period; and in the opinion of the Administrator: it requires immediate medical attention; and either: it prevents the Insured Person from continuing with the Covered Trip; or the Insured Person will be delayed in reaching the next destination of his or her Covered Trip; death of an Immediate Family Member of the Insured Person; witten formal notice issued during the <i>Covered Trip</i> by the Canadian government, advising Canadians not to travel to a country, 			
 it does not result from a Pre-Existing Condition that was not Stable during the Pre-Existing Condition Period immediately preceding the beginning of the Coverage Period; and in the opinion of the Administrator: it requires immediate medical attention; and either: it prevents the Insured Person from continuing with the Covered Trip; or the Insured Person will be delayed in reaching the next destination of his or her Covered Trip; death of an Immediate Family Member of the Insured Person; the Insured Person; the Insured Person; witten formal notice issued during the Covered Trip by the Canadian government, advising Canadians not to travel to a country, 			
 Condition that was not Stable during the Pre-Existing Condition Period immediately preceding the beginning of the Coverage Period; and in the opinion of the Administrator: it requires immediate medical attention; and either: it prevents the Insured Person from continuing with the Covered Trip; or the Insured Person will be delayed in reaching the next destination of his or her Covered Trip; death of an Immediate Family Member of the Insured Person; 			
 during the Pre-Existing Condition Period immediately preceding the beginning of the Coverage Period; and in the opinion of the Administrator: it requires immediate medical attention; and either: it prevents the Insured Person from continuing with the Covered Trip; or the Insured Person will be delayed in reaching the next destination of his or her Covered Trip; death of an Immediate Family Member of the Insured Person; b) Non-Medical Covered Causes for Interruption mean: a written formal notice issued during the Covered Trip by the Canadian government, advising Canadians not to travel to a country, 			
 immediately preceding the beginning of the Coverage Period; and in the opinion of the Administrator: it requires immediate medical attention; and either: it prevents the Insured Person from continuing with the Covered Trip; or it prevents the Insured Person from continuing with the Covered Trip; or the Insured Person will be delayed in reaching the next destination of his or her Covered Trip; death of an Immediate Family Member of the Insured Person will be delayed in reaching the next destination of his or her Covered Trip; death of an Immediate Family Member of the Insured Person; wa written formal notice issued during the Covered Trip by the Canadian government, advising Canadians not to travel to a country, 			
 beginning of the Coverage Period; and in the opinion of the Administrator: it requires immediate medical attention; and either: it prevents the Insured Person from continuing with the Covered Trip; or the Insured Person will be delayed in reaching the next destination of his or her Covered Trip; death of an Immediate Family Member of the Insured Person; the Insured Person will be delayed in reaching the next destination of his or her Covered Trip; death of an Immediate Family Member of the Insured Person; a written formal notice issued during the Covered Trip by the Canadian government, advising Canadians not to travel to a country, 			•
 beginning of the Coverage Period; and in the opinion of the Administrator: it requires immediate medical attention; and either: it prevents the Insured Person from continuing with the Covered Trip; or the Insured Person will be delayed in reaching the next destination of his or her Covered Trip; death of an Immediate Family Member of the Insured Person; the Insured Person will be delayed in reaching the next destination of his or her Covered Trip; death of an Immediate Family Member of the Insured Person; a written formal notice issued during the Covered Trip by the Canadian government, advising Canadians not to travel to a country, 			continuing with the Covered Trip; or
 in the opinion of the Administrator: it requires immediate medical attention; and either: it prevents the Insured Person from continuing with the Covered Trip; or the Insured Person will be delayed in reaching the next destination of his or her Covered Trip; death of an Immediate Family Member of the Insured Person; sudden and unexpected sickness or accidental injury of an Immediate Family Member, which requires an overnight stay in a Hospital. b) Non-Medical Covered Causes for Interruption mean: a written formal notice issued during the Covered Trip by the Canadian government, advising Canadians not to travel to a country, 			
 it requires immediate medical attention; and either: it prevents the Insured Person from continuing with the Covered Trip; or the Insured Person will be delayed in reaching the next destination of his or her Covered Trip; death of an Immediate Family Member, which requires an overnight stay in a Hospital. b) Non-Medical Covered Causes for Interruption mean: a written formal notice issued during the Covered Trip by the Canadian government, advising Canadians not to travel to a country, 			-
 and either: it prevents the Insured Person from continuing with the Covered Trip; or the Insured Person will be delayed in reaching the next destination of his or her Covered Trip; death of an Immediate Family Member of the Insured Person; b) Non-Medical Covered Causes for Interruption mean: a written formal notice issued during the Covered Trip by the Canadian government, advising Canadians not to travel to a country, 			
 either: it prevents the Insured Person from continuing with the Covered Trip; or the Insured Person will be delayed in reaching the next destination of his or her Covered Trip; death of an Immediate Family Member of the Insured Person; Insured Person; sudden and unexpected sickness or accidental injury of an Immediate Family Member, which requires an overnight stay in a Hospital. Non-Medical Covered Causes for Interruption mean: a written formal notice issued during the Covered Trip by the Canadian government, advising Canadians not to travel to a country, 			
 it prevents the Insured Person from continuing with the Covered Trip; or the Insured Person will be delayed in reaching the next destination of his or her Covered Trip; death of an Immediate Family Member of the Insured Person; sudden and unexpected sickness or accidental injury of an <i>Immediate Family Member</i>, which requires an overnight stay in a <i>Hospital</i>. Non-Medical Covered Causes for Interruption mean: a written formal notice issued during the <i>Covered Trip</i> by the Canadian government, advising Canadians not to travel to a country, 			
 continuing with the Covered Trip; or the Insured Person will be delayed in reaching the next destination of his or her Covered Trip; death of an Immediate Family Member of the Insured Person; injury of an Immediate Family Member, which requires an overnight stay in a Hospital. b) Non-Medical Covered Causes for Interruption mean: a written formal notice issued during the Covered Trip by the Canadian government, advising Canadians not to travel to a country, 			,
 Covered Trip; or the Insured Person will be delayed in reaching the next destination of his or her Covered Trip; death of an Immediate Family Member of the Insured Person; requires an overnight stay in a <i>Hospital</i>. b) Non-Medical Covered Causes for Interruption mean: a written formal notice issued during the <i>Covered Trip</i> by the Canadian government, advising Canadians not to travel to a country, 			
 the Insured Person will be delayed in reaching the next destination of his or her Covered Trip; death of an Immediate Family Member of the Insured Person; b) Non-Medical Covered Causes for Interruption mean: a written formal notice issued during the Covered Trip by the Canadian government, advising Canadians not to travel to a country, 			
reaching the next destination of his or her Covered Trip; • death of an Immediate Family Member of the Insured Person; • a written formal notice issued during the <i>Covered Trip</i> by the Canadian government, advising Canadians not to travel to a country,			
 destination of his or her Covered Trip; death of an Immediate Family Member of the Insured Person; a written formal notice issued during the <i>Covered Trip</i> by the Canadian government, advising Canadians not to travel to a country, 			
• death of an Immediate Family Member of the Insured Person; • death of an Immediate Family Member of the Insured Person; • death of an Immediate Family Member advising Canadians not to travel to a country,			
of the Insured Person; advising Canadians not to travel to a country,			
		of the Insured Person;	advising Canadians not to travel to a country,
		1	

Changes to your Certificate of Insurance, as of March 24, 2022		
Benefit	Before	After
	 sudden and unexpected sickness or accidental injury of an Immediate Family Member which requires an overnight stay in a Hospital. Non-Medical Covered Causes for Interruption mean: a written formal notice issued during the Covered Trip by the Department of Foreign Affairs and International Trade of the Canadian government, advising Canadians not to travel to a country, region or city originally ticketed for the Covered Trip for a period that includes an Insured Person's Covered Trip; a delay causing an Insured Person to miss a connection for a Common Carrier or resulting in the interruption of an Insured Person's travel arrangements, and is limited to the following: a delay of an Insured Person's Common Carrier, resulting from the mechanical failure of that carrier; a traffic accident or an emergency police-directed road closure (either must be substantiated by a police report), or weather conditions. Exclusion: The outright cancellation of a flight is not considered as a delay. Limitation: The benefit under this Covered Cause for Interruption is the Insured Person's one- way economy fare via the most cost-effective route to the Insured Person's next destination; a natural disaster that renders an Insured Person's quarantine or hijacking; and an enforceable call to service of an Insured Person who is a military, police or fire reservist. 	 <i>Trip</i> for a period that includes an <i>Insured</i> <i>Person's Covered Trip</i>; a delay causing an <i>Insured Person</i> to miss a connection for a <i>Common Carrier</i> or resulting in the interruption of an <i>Insured Person's</i> travel arrangements, and is limited to the following: a delay of an <i>Insured Person's Common Carrier</i>, resulting from the mechanical failure of that carrier; a traffic accident or an emergency police-directed road closure (either must be substantiated by a police report); or weather conditions. a natural disaster that renders an <i>Insured Person's</i> principal residence uninhabitable; an <i>Insured Person's</i> quarantine or hijacking; and an enforceable call to service of an <i>Insured Person</i> who is a military, police or fire reservist. Exclusion: The outright cancellation of a flight is not considered as a delay. Limitation: The benefit under this Covered Cause for Interruption is the <i>Insured Person's</i> next destination. What to do if You need to Interrupt Your Covered Trip The <i>Insured Person</i> must call <i>Our Administrator</i> immediately at the 24-Hour Emergency Assistance number found in Section 9 – "How to Contact <i>Our Administrator</i>". Some expenses are only covered if they're approved in advance by <i>Our Administrator</i>. All transportation expenses must be pre-approved. Only the expenses that are non-refundable on the day the Covered Cause for Interruption occurs are eligible for reimbursement, so contact <i>Our Administrator</i> immediately but no later than within 24 hours to discuss alternate travel arrangements.

Trip Cancellation /	SECTION 7 – WHAT YOUR	Section 6 – Limitations and Exclusions
Trip Interruption	INSURANCE COVERS - TRIP	Limitations and Exclusions that Apply to
Insurance	INTERRUPTION INSURANCE	Trip Cancellation
		For Trip Cancellation, this <i>Certificate</i> does not
		cover any <i>Treatment</i> , services, or expenses of
	Limitations and Exclusions	any kind caused directly or indirectly as a result
	1. Pre-Existing Conditions	of the following:
	There is no coverage and no benefit	1. Pre-Existing Medical Condition
	will be paid for any	• There is no coverage and no benefit will be
	Pre-Existing Condition that was not	payable for any Pre-Existing Medical
	Stable during the	Condition that was not Stable during the
	Pre-Existing Condition Period	Pre-Existing Medical Condition Period
	immediately preceding the	immediately preceding the Coverage Period.
	beginning of the Coverage Period.	2. Reasonably foreseeable conditions
	2. Reasonably foreseeable conditions	 No benefit will be payable with respect to a
	• No benefit will be payable with respect	sickness, accidental injury or quarantine of the
	to a sickness or accidental	Insured Person that was reasonably
	injury of the Insured Person that was	foreseeable when the Trip Cancellation
	reasonably foreseeable	Coverage Period began.
	when the Insured Person departed on	3. Cancellation penalties arising after Covered
	the Covered Trip.	Cause for Cancellation
	3. Interruption occurring outside the	• Benefits will be limited to cancellation penalties
	Coverage Period	in effect on the date the Covered Cause for
	• No benefit will be payable with respect	Cancellation arises, so it is important to
	to an interruption that	cancel the Insured Person's travel plans
	occurs before the Trip Interruption	immediately.
	Coverage Period begins or	4. Causes not covered
	after it ends.	• No benefit will be payable with respect to
	4. Sums that become non-refundable	cancellation of a <i>Covered Trip</i> for any reason
	after the Covered	other than those listed under Covered Causes
	Cause for Interruption occurs	for Cancellation.
	• Only the sums that are non-refundable	Limitations and Exclusions that Apply to
	on the day the Covered	Trip Interruption
	Cause for Interruption occurs will be	For Trip Interruption, this <i>Certificate</i> does not
	eligible for the purposes of	cover any <i>Treatment</i> , services, or expenses of
	this claim, so it's important to call the Administrator	any kind caused directly or indirectly as a result of the following:
	immediately to discuss alternate	1. Pre-Existing Medical Condition
	arrangements.	There is no coverage and no benefit will be
	5. Causes not covered	payable for any <i>Pre-Existing Medical</i>
	No benefit will be payable with respect	<i>Condition</i> that was not <i>Stable</i> during the
	to interruption of a Covered Trip for any	Pre-Existing Medical Condition Period
	reason other than those listed under	immediately preceding the beginning of the
	Covered Causes for Interruption.	Coverage Period.
	6. Frequent flyer plan rewards units	2. Reasonably foreseeable conditions
	• Under no circumstance will any benefit	• No benefit will be payable with respect to a
	be payable in	sickness or accidental injury of the <i>Insured</i>
	connection with the value of frequent	Person that was reasonably foreseeable
	flyer plan rewards units	when the Insured Person departed on the
	that have been lost or wasted.	Covered Trip.
	7. Unused Return Travel	3. Interruption occurring outside the Coverage
	Under no circumstance will Trip	Period
	Interruption Benefits include	 No benefit will be payable with respect to an
	the cost of prepaid unused return travel.	interruption that occurs before the Trip
		Interruption Coverage Period begins or after it
		ends.
		4. Sums that become non-refundable after the
	SECTION 8 – LIMITATIONS AND	Covered Cause for Interruption occurs
	EXCLUSIONS: WHAT YOUR	• Only the sums that are non-refundable on the
	INSURANCE DOES NOT COVER	day the Covered Cause for Interruption occurs
	Limitations and exclusions that apply to	will be eligible for the purposes of this claim,
	a particular benefit are found above, in	so it's important to call the Administrator
	the description of those benefits. In	immediately to discuss alternate
	addition, for all benefits, this <i>Certificate</i>	arrangements.
	does not cover any <i>Treatment</i> , services,	5. Causes not covered• No benefit will be
	or expenses of any kind caused directly	payable with respect to Interruption of a
	or indirectly as a result of the following: •	Covered Trip for any reason other than those
	Pre-Existing Conditions; • reasonably	listed under Covered Causes for
	foreseeable Medical Conditions; • failure	Interruption.6. Unused Return Travel
	to report a Covered Ca <i>us</i> e for Trip Cancellation or Trip Interruption	Under no circumstance will Trip Interruption Benefits include the cost of prepaid unused
	immediately; • failure to obtain advance	Benefits include the cost of prepaid unused return travel.
	approval from the Administrator for	Limitations and Exclusions that Apply to
	certain expenses, including travel	Trip Cancellation and Trip Interruption
	arrangements; Please see the relevant	For all benefits, this <i>Certificate</i> does not cover
	benefit section for details. In addition: 1.	any <i>Treatment</i> , services, or expenses of any
	No benefit will be payable in connection	

with losses related to or resulting from: a. Pregnancy • pregnancy or childbirth within 9 Weeks of expected delivery date; • any complication relating to pregnancy that occurs in the last 9 Weeks leading up to the expected 40 delivery date, or after the expected delivery date; • any child born during the Covered Trip in question; b. Intentionally inflicted injuries • intentionally inflicted injuries, suicide or attempted suicide, while either sane or insane; c. Alcohol or drug Use • abuse of medication or alcohol or Use of illicit drugs; d. Crime • participation in a criminal offence; e. Professional Sports or Racing • participation in professional sports or any organized racing or speed contests; f. War • any act of war, whether declared or not, hostile or warlike action in time of peace or war, insurrection, rebellion, revolution, civil war or hijacking; g. Mental Problems • any mental, nervous or emotional problems; h. Hazardous Activities • recreational scuba diving (unless the Insured Person holds a basic scuba designation from a certified school or licensing body), Mountaineering, bungee-jumping, parachuting, parasailing, cave exploration, hanggliding, skydiving or any airborne activity in any aircraft other than a passenger aircraft that holds a valid Certificate of airworthiness; i. Travel Advisories • travel in a country if the Canadian government had issued a travel advisory for that country that was in effect immediately before the Coverage Period for the benefit in question began. 2. Dependent Child not travelling with You or Your Spouse No benefit will be payable: • with respect to a Dependent Child unless he or she is travelling • with You; or • if Your Spouse is an Insured Person under this Certificate, with Your Spouse

kind caused directly or indirectly as a result of the following:

1. Pre-Existing Medical Condition;

 reasonably foreseeable *Medical Conditions*;
 failure to report a Covered Cause for Trip Cancellation or Trip Interruption immediately;
 failure to obtain advance approval from the *Administrator* for certain expenses, including travel arrangements.

5. False Claim

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

- 6. Illegal act
- 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
- claim that results from or is related to *Your* chronic use of alcohol, drugs or other intoxicants whether prior to or during *Your Covered Trip*.

8. Claims related to expectant mother's

- complications of pregnancy, or delivery
- claim related to routine pre-natal or post-natal care; or
- claim related to pregnancy, delivery or complications of either, arising 9 weeks before the expected date of delivery or any time after delivery.
- 9. Child born during the Covered Trip
- claim related to *Your* child born during the *Covered Trip.*
- 10. War or civil unrest
- an act of war, whether declared or undeclared; or
- hostile or warlike action in time of peace or war; or
- willing participation in a riot or civil unrest; or
- rebellion; or
- revolution; or
- insurrection; or
- any service in the armed forces while on duty.
- 11. Travel advisory
- 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 Coverage Period begins for Trip Cancellation benefit; or

• if the travel advisory or formal notice stating "Avoid all non-essential travel" or "Avoid all travel" is issued after *Your Departure Date* for Trip Interruption benefit, *Your* coverage under this policy in that specific country, region or area will be limited to a period that is reasonably necessary for *You* to safely evacuate the country, region or area.

To view the travel advisories, visit the

Government of Canada Travel site.

12. Other – Sports and High-Risk Activities • participation in:

- any sporting activity for which You are paid;
- any sporting event for which the winners are awarded cash prizes;
- 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;

	Changes to your Certificate of Insura	nce, as of March 24, 2022
Benefit	Before	After
		 bungee jumping; <i>Mountaineering</i>; cave exploration; scuba diving, outside the limits of <i>Your</i> certification; any airborne activity in any aircraft other than a passenger aircraft that holds a valid certificate of airworthiness; any competition, speed event or other high-risk activity involving the use of a motor vehicle on land, water or air, including training activities, whether on approved tracks or elsewhere. 13. Intentional self-inflicted injury intentional self-inflicted injury, suicide or attempted suicide (whether or not the <i>Insured Person</i> is aware of the result of their actions), regardless of the <i>Insured Person's</i> state of mind. 14. Reasons for Cancellation or Interruption occurring outside the <i>Coverage Period</i> an incident that occurs outside the <i>Coverage Period</i>. For example, no benefit will be paid with respect to an incident that occurs after 11:59 p.m. ET on the last day of the <i>Coverage Period</i>. Note: The day of departure counts as a full day for this purpose. 15. Coverage and/or payment benefit prohibited by law This coverage shall be null and void and no benefit will be payable where the coverage and/or payment of the benefit is prohibited by Canadian law or by any other applicable national economic or trade sanctions law or regulation. 16. <i>Aeroplan Points</i> or any other Frequent flyer plan rewards units Under no circumstance will any benefit be payable in connection with the value of <i>Aeroplan Points</i> or frequent flyer plan rewards units

	Changes to your Certificate of Insurance, as of March 24, 2022		
Benefit	Before	After	
Trip Cancellation / Trip Interruption Insurance	SECTION 9 – WHAT TO DO IF YOU NEED TO CANCEL OR INTERRUPT A TRIP Trip Cancellation	Section 5 – Description of Insurance Coverage	
	It is important to call the Administrator immediately at the 24 Hour Emergency Assistance number found in section 11, below. The amount payable under Trip Cancellation coverage is limited to the cancellation penalties in effect on the date the Covered Cause for Cancellation occurs, so it's important to cancel the Insured Person's plans immediately but no later than within one day. After the Insured Person has cancelled his or her travel arrangements with the travel supplier, the Insured Person will need to follow the instructions under Section 10 – How To Make A Claim. Trip Interruption The Insured Person must call the	What to do if You need to Cancel Your Covered Trip Reimbursement for the portion of the Insured Person's unused travel arrangements which were paid in advance and at least 75% of the cost was charged to Your Account and/or using Your Aeroplan Points. The amount payable under Trip Cancellation Insurance coverage is limited to the cancellation penalties in effect on the date the Covered Cause for Cancellation occurs, so it's important to cancel the Insured Person's plans immediately but no later than within 24 hours of cancellation with Your travel agent or travel supplier. After the Insured Person has cancelled their travel arrangements with the travel supplier, the Insured Person will need to call Our Administrator immediately, and follow the instructions in Section 8 – "How to Submit a Claim".	
	Administrator immediately at the 24 Hour Emergency Assistance number found in section 11, below. Some expenses are only covered if they're approved in advance by the Administrator. All transportation expenses must be pre-approved. Only the expenses that are non- refundable on the day the Covered Cause for Interruption occurs are eligible for reimbursement, so contact the Administrator immediately but no later than within one day to discuss alternate travel arrangements.	What to do if You need to Interrupt Your Covered Trip The Insured Person must call Our Administrator immediately at the 24-Hour Emergency Assistance number found in Section 9 – "How to Contact Our Administrator". Some expenses are only covered if they're approved in advance by Our Administrator. All transportation expenses must be pre-approved. Only the expenses that are non-refundable on the day the Covered Cause for Interruption occurs are eligible for reimbursement, so contact Our Administrator immediately but no later than within 24 hours to discuss alternate travel arrangements.	

Trip Cancellation /
Trip Interruption
Insurance

SECTION 10 - HOW TO MAKE A CLAIM Once the Insured Person has cancelled his or her travel arrangements with the travel agent or other travel supplier, call the Administrator at the Customer Service phone number in section 11 to obtain a claim form. The Insured Person will be required to submit a completed claim form and provide documentation to substantiate the claim, including the following: • original invoice, original tickets (including any unused coupons), original vouchers, and original itinerary; • Your Account statement and any other documentation necessary to confirm that at least 75% of the costs of Eligible Expenses were charged to Your Account and/or using Your Aeroplan points; • proof that cancellation or interruption resulted from a Covered Cause for Cancellation or from Covered Cause for Interruption, as applicable. This may include a medical certificate, Physician's written statement or death certificate, reports from police, Common Carrier or local authorities; and • where the claim relates to a Medical Covered Cause for Interruption or a Medical Covered Cause for Cancellation, a signed "Release of Medical Information" authorization to allow Us to obtain any further information required to complete the claim review. The Insured Person will also be required to provide evidence of his or her actual or planned departure date from his or her province or territory of residence.

Section 8 – How to Submit a Claim

IMPORTANT NOTE: You must report Your claim to Our Administrator immediately. You must provide completed claim form with required supporting documentation to Our Administrator as soon as possible, but no later than 1 year after the date it occurred. Who to Contact to Submit a Claim Once the Insured Person has cancelled or needs to interrupt their Covered Trip with the travel supplier, contact Our Administrator at 1-866-374-1129 (toll-free) from Canada or the U.S., or +1-416-977-4425 (collect) from other countries.

Complete the Required Form

1. Request the Form: To request a claim form, call *Our Administrator* at 1-866-374-1129 (toll-free) from 8 a.m. to 8 p.m. ET, Monday to Friday.

2. 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 submit Your completed claim form with required documentation within 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 Trip Cancellation or Trip Interruption 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: a completed claim form;

- Your Account statement and any other documentation necessary to confirm that at least 75% of the costs of Eligible Expenses were charged to Your Account and/or using Your Aeroplan Points;
- a medical document, fully completed by the legally qualified *Physician* in active personal attendance and in the locality where the *Medical Emergency* occurred, stating the reason why travel was not recommended, the diagnosis and all dates of *Treatment*,
- written evidence of the covered cause of cancellation, interruption or delay;
- a travel supplier or tour operator terms and conditions detailing any cancellation penalties or reimbursement for unused travel arrangements;
- complete original unused transportation tickets and vouchers;
- reports from the police or local authorities documenting the cause of the missed connection;
- all receipts for the prepaid land arrangements as detailed in *Your* travel documents or itinerary prior to departure;
- all receipts for subsistence allowance expenses as approved by *Our Administrator*,
- original passenger receipts for new tickets;
- detailed invoices and/or receipts from the service provider(s);
- any receipts for or proof of refund already obtained from travel suppliers or tour operators;
- the *Insured Person* will also be required to provide evidence of their actual or planned *Departure Date* from their province or territory of residence;
- where the claim relates to a Medical Condition, a signed "Release of Medical Information" authorization to allow Us to obtain any further

	Changes to your Certificate of Insurar	nce, as of March 24, 2022
Benefit	Before	After
Benefit		After information required to complete the claim review. Note: If <i>Our Administrator</i> makes an advance payment for expenses that are later discovered to be ineligible under this <i>Certificate</i> , the <i>Insured</i> <i>Person</i> must reimburse <i>Us</i> . If You Report the Claim Immediately If <i>Our Administrator</i> guarantees or pays eligible expenses on behalf of an <i>Insured Person</i> , then You and, if applicable, the <i>Insured Person</i> must sign an authorization form allowing <i>Our</i> <i>Administrator</i> to recover those expenses: • from any health plan or other insurance; and • through rights You may have against other insurers or other parties (see Section 10 – "General Conditions", under "Right of Subrogation"). If <i>Our Administrator</i> pays eligible expenses that are covered under other insurance or another plan, You and the <i>Insured Person</i> (if applicable) must help <i>Our Administrator</i> to seek reimbursement as required. The <i>Insured Person</i> must also provide evidence of the actual departure date from their province or territory of residence. If requested, an <i>Insured</i> <i>Person</i> must confirm any return dates to their province or territory of residence, including any return dates related to an interruption in a <i>Covered Trip.</i> Note: If <i>Our Administrator</i> makes an advance payment for expenses that are later discovered to be ineligible under this <i>Certificate</i> , the <i>Insured</i> <i>Person</i> must reimburse <i>Us.</i> If You Do Not Report the Claim Immediately It is important to cancel or interrupt Your <i>Covered Trip</i> immediately, but no later than 24 hours following the Covered Cause for Cancellation or interruption because the amount payable under this <i>Certificate</i> may be limited to any penalties imposed by Your travel provider(s) which are in effect on the date the Covered Cause for Cancellation and Trip Interruption Insurance Limitations and Exclusions". Refer to Section 9 – "How to Contact <i>Our Administrator</i> " for information on how to get a claim form. What Claimant Can Expect from Insurer Once <i>W</i>
Trip Cancellation /	SECTION 11 – HOW TO CONTACT	the claim denial reasons within 60 days after receipt of the required claim forms and written proof of loss. Section 9 – How to Contact <i>Our</i>
Trip Interruption Insurance	OUR ADMINISTRATOR 24 Hour Emergency Assistance Number To make arrangements with respect to Trip Interruption or Trip Cancellation, the Insured Person can call the Administrator twenty-four hours a day, seven days a Week at: From the U.S.A. or Canada 1-866-374-1129 From elsewhere, call collect (416) 977-4425 Customer Service: Phone number To enquire about these benefits, the Insured Person can call the Administrator at: 1- 866-374-1129 or at (416) 977-4425 Monday – Saturday 8 a.m. – 8 p.m. Eastern Time	Administrator 24-hour Emergency Assistance Number To enquire about these benefits, or to make arrangements with respect to Trip Cancellation and Trip Interruption Insurance, contact <i>Our</i> <i>Administrator</i> 24 hours a day, 7 days a week, at 1-866-374-1129 (toll-free) from Canada or the U.S., or +1-416-977-4425 (collect) from other countries. To request a claim form or for claims support,

Trip Cancellation /	SECTION 12 – GENERAL	Section 10 – General Co
Trip Interruption Insurance	CONDITIONS Unless this <i>Certificate</i> or the Group Policy states otherwise, the	Unless this <i>Certificate</i> or the states otherwise, the follow
Insulance	following conditions apply to Your	to Your coverage:
	coverage: Proof of Loss The appropriate	Access to Medical Care
	claims forms together with written proof	We and/or Our Administra
	of loss must be furnished as soon as	access care whenever po
	reasonably possible, but in all events	not be responsible for the
	within one (1) year from the date on which the loss occurred. 42 Review and	results of any medical <i>Tre</i> transport, or for the failure
	Medical Examination When a claim is	Person to obtain Treatme
	being processed, We will have the right	Benefit Payments
	and the opportunity, at Our own	This Certificate contains p
	expense, to review all medical records	restricting the right of the
	related to the claim and to examine the <i>Insured Person</i> medically when and as	designate persons to who money is to be payable. T
	often as may be reasonably required.	the Group Policy, neither
	Subrogation There may be	Person has the right to ch
	circumstances where another person or	a beneficiary who will rece
	entity should have paid You for a loss	payable under this Certific
	but instead <i>We</i> paid <i>You</i> for the loss. If this occurs, <i>You</i> agree to co-operate with	payable to You or, on You medical service provider.
	Us so We may demand payment from	Currency
	the person or entity who should have	All amounts shown are in
	paid You for the loss. This may include: •	Group Policy
	transferring to Us the debt or obligation	All benefits under this Cer
	owing to <i>You</i> from the other person or	every respect to the Group
	entity; • permitting <i>Us</i> to bring a lawsuit in <i>Your</i> name; • if <i>You</i> receive funds	constitutes the agreement will be provided. The princ
	from the other person or entity, You will	Group Policy affecting Ins
	hold it in trust for Us; • acting so as not	summarized in this Certific
	to prejudice any of Our rights to collect	is on file at the office of the
	payment from the other person or entity.	upon request, You are ent
	We will pay the costs for the actions We take. Other Insurance All of <i>Our</i> policies	examine a copy of the Gro Legal Action Limitation
	are excess insurance, meaning that any	Every action or proceeding
	other sources of recovery You have will	for the recovery of insurar
	pay first, and this insurance policy will be	under the contract is abso
	the last to pay. The total benefits	commenced within the tim
	payable under all <i>Your</i> insurance, including this <i>Certificate</i> , cannot be more	Insurance Act (for actions
	than the actual expenses for a claim. If	governed by the laws of A Columbia), <i>The Insurance</i>
	an <i>Insured Person</i> is also insured under	proceedings governed by
	any other insurance Certificate or policy,	the Limitations Act, 2002
	We will coordinate payment of benefits	proceedings governed by
	with the other insurer. Legal Action	or other applicable legisla
	Limitation Period Every action or proceeding against the insurer for the	proceedings governed by the prescriptive period is s
	recovery of insurance money payable	Code of Quebec.
	under the contract is absolutely barred	Other insurance
	unless commenced within the time set	All of Our coverages are e
	out in the Insurance Act (for actions or	meaning that any other so
	proceedings governed by the laws of Alberta or British Columbia), The	have will pay first, and this will be the last to pay. The
	Insurance Act (for actions or	under all Your insurance,
	proceedings governed by the laws of	Certificate, cannot be mor
	Manitoba), the Limitations Act, 2002 (for	expenses for a claim. If ar
	actions or proceedings governed by the	also insured under any otl
	laws of Ontario), the Civil Code of	certificate or policy, We w
	Quebec (for actions or proceedings governed by the laws of Quebec), or	of benefits with the other i Recovery
	other applicable legislation. False Claim	In the event that You are f
	If You or an Insured Person makes a	for coverage, or that a cla
	claim knowing it to be false or fraudulent	invalid, or benefits are red
	in any respect, neither You nor the	with any policy exclusion
	Insured Person will be entitled to the	We have the right to colle
	benefits of this coverage, nor to the payment of any claim under the Group	amount which We have pa service providers or other
	Policies. Group Policies All benefits	Relationship between U
	under this <i>Certificate</i> are subject in every	Policyholder
	respect to the Group Policies which	TD Life Insurance Compa
	alone constitute the agreements under	Auto Insurance Company
	which benefits will be provided. The	Toronto-Dominion Bank ("
	Group Policies are issued to The Toronto-Dominion <i>Bank</i> (the " <i>Bank</i> ").	Review and Medical Exa When a claim is being pro
	TOTOTILO-DOTTILITOTI DATIN (LITE DATIN).	i mich a claim is being pro
	The principal provisions of the Group	the right and the opportun

onditions

the Group Policy wing conditions apply

ator will assist You to ssible, however will availability, quality or eatment, care or e of any Insured ent.

provisions removing or Insured Person to om or for whose benefit This means that under You nor any Insured noose

eive any benefits cate. Benefits are ur behalf, to Your

Canadian currency.

rtificate are subject in p Policy, which alone t under which benefits cipal provisions of the sured Persons are icate. The Group Policy e Policyholder and titled to receive and oup Policy.

Period

ng against the Insurer nce money payable olutely barred unless ne set out in the s or proceedings Alberta or British e Act (for actions or the laws of Manitoba), (for actions or the laws of Ontario), ation. For actions or the laws of Quebec, set out in the Civil

excess insurance, ources of recovery You is insurance coverage e total benefits payable including this re than the actual n Insured Person is ther insurance vill coordinate payment insurer.

found to be ineligible aim is found to be duced in accordance or term or condition, ect from You any aid on Your behalf to

parties. Is and the Group

any and TD Home and are affiliated with The "TD Bank").

amination

ocessed, We will have hity, at *Our* own edical records related to

Changes to your Certificate of Insurance, as of March 24, 2022		nce, as of March 24, 2022
Benefit	Before	After
	summarized in this <i>Certificate</i> . The Group Policies are on file at the office of the <i>Bank</i> .	 the claim and to examine the <i>Insured Person</i> 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 <i>You</i> for a loss but instead <i>We</i> paid <i>You</i> for the loss. If this occurs, <i>You</i> agree to cooperate with <i>Us</i> so <i>We</i> may demand payment from the person or entity who should have paid <i>You</i> for the loss. This may include: transferring to <i>Us</i> the debt or obligation owing to <i>You</i> from the other person or entity; or permitting <i>Us</i> to bring a lawsuit in <i>Your</i> name; or if <i>You</i> receive funds from the other person or entity, <i>You</i> will hold it in trust for <i>Us</i>; or acting so as not to prejudice any of <i>Our</i> rights to collect payment from the other person or entity. <i>We</i> will pay the costs for the actions <i>We</i> take.
Common Carrier Travel Accident Insurance	Coverage under this <i>Certificate</i> is provided by: TD Life Insurance Company (Insurer) 320 Front Street <i>We</i> st, 3rd Floor, Toronto, ON M5V 3B6	Coverage under this Certificate is provided by: TD Life Insurance Company (Insurer) P.O. Box 1, TD Centre, Toronto, ON M5K 1A2
Common Carrier Travel Accident Insurance	Administration services are provided by: Allianz Global Assistance (<i>Administrator</i>) P.O. Box 277, Waterloo, ON N2J 4A4 Phone: 1-866-374-1129 or (416) 977- 4425	Claims administration and adjudication services are provided by: Global Excel Management Inc. ("Administrator") 73 Queen Street, Sherbrooke, QC J1M 0C9 Phone: 1-866-374-1129 or +1-416-977-4425
Common Carrier Travel Accident Insurance	The Certificate of Insurance below applies to the TD Aeroplan Visa Infinite Privilege Card which will be referred to as a "TD Credit Card" throughout the Certificate: Certificate of Insurance TD Life Insurance Company ("TD Life") provides the insurance for this Certificate under Master Policy #TGV009 (the "Policy") issued to The Toronto Dominion Bank. This Insurance is administered by Allianz Global Assistance ("Allianz") through the Operations Centre. Allianz administers the insurance on behalf of TD Life, and provides claims assistance, claims payment and administrative services under the Policy. This Certificate contains a clause which may limit the amount payable. Words in italics in this Certificate are defined in section 1.	Section 1 – Introduction Certificate of Insurance Claims administration and adjudication services are provided by Global Excel Management Inc. The <i>Certificate</i> applies to the TD Aeroplan Visa Infinite Privilege Card, which will be referred to as a "TD Credit Card" throughout the <i>Certificate</i> . TD Life Insurance Company ("TD Life") provides the insurance for this Certificate under Master Policy #TGV009 (the "Policy") issued to The Toronto-Dominion Bank. This <i>Certificate</i> contains a clause which may limit the amount payable.

Commerce Oraci	Continue 4 Definitions	Continue 2. Definitions
Common Carrier	Section 1 – Definitions ACCIDENTAL BODILY INJURY(IES)	Section 3 – Definitions
Travel Accident Insurance	means bodily injury which is accidental,	In this <i>Certificate</i> , the following words and phrases shown in italics and capitalized have
inouranoo	is the direct source of a Loss, is	the meanings shown below. As You read
	independent of disease, illness or other	through the Certificate, You may need to refer to
	cause and occurs while this Policy is in	this Section to ensure You have a full
	force. ACCOUNT means Your TD Credit	understanding of Your coverage, limitations and
	Card Account accessed Using Your TD	exclusions.
	Credit Card or TD Visa Cheque. ACCOUNT HOLDER means the Primary	Accidental Bodily Injury means bodily injury, which is accidental, is the direct source of a
	<i>Cardholder</i> to whom the monthly	Loss, is independent of disease, illness or other
	Account statement is issued, and who is	cause and occurs while this Policy is in force.
	a resident of Canada and any Additional	Account means the Primary Cardholder's TD
	Cardholder who is a resident of Canada.	Credit Card Account that the Bank maintains.
	The Account Holder may be referred to	Account Holder means the Primary Cardholder
	herein Using "You" and "Your" ADDITIONAL CARDHOLDER means a	to whom the monthly <i>Account</i> statement is issued, and who is a resident of Canada and
	person to whom a TD Credit Card has	any Additional Cardholder who is a resident of
	been issued at the authorization of the	Canada. The Account Holder may be referred to
	Primary Cardholder.	herein using "You" and "Your".
	COMA means a profound state of	Additional Cardholder means a person to
	unconsciousness from which the Insured	whom a TD Credit Card has been issued at the
	Person cannot be aroused to	authorization of the <i>Primary Cardholder</i> .
	conscio <i>us</i> ness even by po <i>we</i> rful stimulation, as determined by a	Aeroplan Points mean the points awarded through the Aeroplan program which can be
	<i>Physician</i> . (Note: <i>Coma</i> benefits are	redeemed for rewards. <i>Aeroplan Points</i> have no
	available only to Dependent Children.)	monetary value.
	COMMON CARRIER means any	Certificate means this Certificate of Insurance.
	licensed land, water or air conveyance	Bank means the Toronto-Dominion Bank.
	operated by those whose occupation or	Coma means a profound state of
	business is transportation of persons or things without discrimination for hire.	unconsciousness from which the <i>Insured</i> <i>Person</i> cannot be aroused to consciousness
	Should a <i>Common Carrier</i> be delayed or	even by powerful stimulation, as determined by
	rerouted, such that the carrier is required	a physician. (Note: Coma benefits are available
	to arrange alternate transportation for its	only to Dependent Children.)
	passengers, the definition of Common	Common Carrier means any licensed land,
	Carrier will extend to whatever	water or air conveyance operated by those
	conveyance is <i>Us</i> ed for this purpose. Such alternate transportation need not	whose occupation or business is transportation of persons or things without discrimination for
	be charged to Your Account for	hire. <i>Common Carrier</i> is extended to include
	coverage to be in effect. Common	any airline having a Charter Air Carrier's
	Carrier is extended to include any Airline	Licence or its equivalent, provided it maintains
	having a Charter Air Carrier's License or	regularly scheduled flights and publishes
	its equivalent, provided it maintains regularly scheduled flights and publishes	timetables and fares consistent with scheduled airline practices and provided the aircraft is
	timetables and fares consistent with	limited to fixed-wing turbo-prop or jet aircraft.
	Scheduled Airline practices and provided	Rafts, amusement park rides, jet skis, balloons,
	the aircraft is limited to fixed-wing turbo-	ski lifts and hang-gliders are not considered to
	prop or jet Aircraft. Rafts, amusement	be a Common Carrier.
	park rides, jet skis, balloons, ski lifts and	Covered Trip means travel on a <i>Common</i>
	hang-gliders are not considered to be a Common Carrier.	<i>Carrier</i> , the fare for which is <u>fully</u> charged to <i>Your Account</i> , or paid for either in full or partially
	COVERED TRIP means travel on a	using Your Aeroplan Points. If Your Aeroplan
	Common Carrier, the fare for which is	Points have only partially paid for Your Common
	fully charged to Your Account, or paid for	Carrier fare, the balance of that fare must be
	either in full or partially Using Your	fully charged to Your Account.
	Aeroplan Points. If Your Aeroplan Points	Dependent Child(ren) mean(s) <i>Your</i> natural,
	have only partially paid for <i>Your</i> <i>Common Carrier</i> fare, the balance of that	 adopted, or stepchildren who are: unmarried; and
	fare must be fully charged to Your	 dependent on You for financial maintenance
	Account.	and support; and
	DEPENDENT CHILD(REN) means	 under 21 years of age; or
	those children residing with the Account	under 25 years of age and attending an
	Holder, under the age of twenty-one (21)	institution of higher learning, full time, in
	and unmarried, who are primarily dependent upon the <i>Account Holder</i> for	Canada; or
	maintenance and support. Dependent	Good Standing means:
	<i>Children</i> also means children beyond the	• the <i>Primary Cardholder</i> has applied for the
	age of twenty-one (21) and unmarried,	Account,
	who are permanently, mentally and	• the Bank has approved and opened the
	physically challenged and incapable of	Account,
	self-support. Also included in the definition of <i>Dependent Children</i> are the	 the Primary Cardholder has not advised the Bank to close the Account; and
		Darin to close the Account, and
		 the Bank has not suspended or revoked
	Account Holder's Dependent Children under the age of twenty-five (25) and	 the Bank has not suspended or revoked credit privileges or otherwise closed the
	Account Holder's Dependent Children	

	Changes to your Certificate of Insurar	nce, as of March 24, 2022
Benefit	Before	After
Common Carrier Travel Accident Insurance	Section 2 – Common Carrier Accident Coverage Benefits will be paid as specified in the Schedule of Benefits below if an Insured Person suffers a Loss arising from and occurring on a <i>Covered Trip</i> while the Insured Person is: 45 1) riding as a passenger in or entering or exiting any Common Carrier; or 2) at the airport, terminal or station, at the beginning or end of the Covered Trip. If the purchase of the Common <i>Carrier</i> passage fare is not made prior to the Insured Person's arrival at the airport, terminal or station, coverage begins at the time the entire Common <i>Carrier</i> passage fare is charged to the Insured Person's Account. Coverage includes circumstances arising from and occurring on a Covered Trip while the Insured Person is riding as a passenger in, entering or exiting any Common Carrier, while travelling directly to or from the airport, terminal, or station; 1) immediately preceding the departure of the scheduled Common Carrier conveyance on which the Insured Person has purchased passage; and 2) immediately following the arrival of the scheduled Common Carrier conveyance on which the Insured Person was a passenger.	 Section 4 – Common Carrier Accident Coverage Benefits will be paid as specified in the Schedule of Benefits below if an <i>Insured Person</i> suffers a <i>Loss</i> arising from and occurring on a <i>Covered Trip</i> while the <i>Insured Person</i> is: 1. riding as a passenger in or entering or exiting any <i>Common Carrier</i>, or 2. at the airport, terminal or station, at the beginning or end of the <i>Covered Trip</i>. If the purchase of the <i>Common Carrier</i> passage fare is not made prior to the <i>Insured Person's</i> arrival at the airport, terminal or station, coverage begins at the time the entire <i>Common Carrier</i> passage fare is charged to the <i>Insured</i> <i>Person's Account</i>. Coverage includes circumstances arising from and occurring on a <i>Covered Trip</i> while the <i>Insured Person</i> is riding as a passenger in, entering or exiting any <i>Common Carrier</i>, while travelling directly to or from the airport, terminal, or station: 1. immediately preceding the departure of the scheduled <i>Common Carrier</i> conveyance on which the <i>Insured Person</i> has purchased passage; and 2. immediately following the arrival of the scheduled <i>Common Carrier</i> conveyance on which the <i>Insured Person</i> was a passenger.
Common Carrier Travel Accident Insurance	Section 3 – Rental Car Accident Coverage Benefits will be paid as specified in the Schedule of Benefits below if an <i>Insured Person</i> suffers a Loss while operating or riding as a passenger in, or boarding or alighting from any Rental Car provided that: (a) the cost of the Rental Car was fully charged to <i>Your</i> <i>Account</i> ; or paid either in full or partially <i>Using Your Aeroplan Points</i> . If <i>Your</i> <i>Aeroplan Points</i> have only partially paid for the cost of <i>Your</i> Rental Car, the balance of that cost must be fully charged to <i>Your Account</i> ; and (b) there has been no violation of the rental agreement by the <i>Account</i> Holder; and (c) the driver of the rented automobile is not legally intoxicated nor under influence of any narcotic unless prescribed by a licensed <i>Physician</i> . The maximum benefit payable for any one Rental Car Accident is \$2,000,000 in total	Section 5 – Rental Car Accident Coverage No change

Common Carrier Travel Accident	Section 4 – Schedule of Benefits and Important Conditions If an <i>Insured</i>	Section 6 – Schedule of Benefits and Important Conditions
Insurance	Person has multiple Losses as the	
	result of one accident, only the single	No change
	largest benefit amount applicable to the Loss suffered is payable. The following	
	benefits are provided if the Loss occurs	
	as a result of an accident within one	
	year from the date of the accident: A. Accidental Death or Dismemberment,	
	Loss of Sight, Speech or Hearing and	
	Paralysis Benefits Accidental Loss of	
	Benefit Amount Life \$500,000 Speech	
	and Hearing \$500,000 Both Hands or Both Feet or Sight of Both Eyes or a	
	Combination \$500,000 of a Hand, a	
	Foot or Sight of One Eye One Arm or	
	One Leg \$375,000 One Hand or One Foot or Sight of One Eye \$333,350	
	Speech or Hearing \$333,350 Thumb	
	and Index Finger of the same Hand	
	\$166,650 46 Paralysis Quadriplegia (complete paralysis of both upper and	
	lower limbs) \$500,000 Paraplegia	
	(complete paralysis of both lower limbs)	
	\$500,000 Hemiplegia (complete	
	paralysis of upper and lo <i>we</i> r limbs of \$500,000 one side of body) "Loss" with	
	reference to hand or foot means	
	complete severance through or above	
	the knuckle joint of at least <i>four</i> fingers of the same hand or three fingers and a	
	thumb of the same hand or the ankle	
	joint; with reference to arm or leg	
	means complete severance through or	
	above the elbow or knee joint; with reference to sight of an eye means the	
	permanent loss of vision in one eye;	
	and with reference to thumb and index	
	finger means complete severance through or above the knuckle joints of	
	the thumb and index finger. "Loss" with	
	reference to speech means the	
	permanent and irrecoverable loss of the capability of speech without the aid of	
	mechanical devices; with reference to	
	hearing means the permanent and	
	irrecoverable loss of hearing in both ears. "Paralysis" means complete and	
	irreversible loss of all motion of all	
	practical Use of an arm or leg provided	
	the loss is continuo <i>us</i> for t <i>we</i> lve (12)	
	consecutive months. B. <i>Permanent</i> Total Disability and Coma Benefits	
	Loss Benefit Amount Permanent Total	
	Disability \$500,000 Coma \$500,000 (i)	
	Permanent Total Disability benefits are available only to You and Your Spouse	
	. Benefit amount (less any amount paid	
	under sections 4(A) and (B) is payable	
	if an <i>Insured Person</i> s <i>us</i> tains <i>Permanent Total Disability</i> within three	
	hundred and sixty-five (365) days after	
	the date of the accident and the	
	Permanent Total Disability continues	
	for twelve (12) consecutive months. (ii) Coma benefits are available only to	
	Your Dependent Child(ren). An	
	elimination period of thirty-one (31)	
	days applies, which commences on the date the <i>Dependent Child(ren</i>) enter	
	into a Coma. Coma benefits are not	
	payable, nor do they accrue, during an	
	elimination period. The <i>Coma</i> benefit	
	amount is payable monthly at a rate of 1% of the benefit amount shown above	
	until the earliest of: 1) the date the	

Changes to your Certificate of Insurance, as of March 24, 2022		
Benefit	Before	After
	Dependent Child dies; 2) the date the Dependent Child is no longer in a <i>Coma</i> ; or 3) total payments equal the <i>Coma</i> benefit amount shown above. If the Dependent Child dies as a result of the accident during the period for which this <i>Coma</i> benefit is payable, <i>We</i> will pay a lump sum equal to the Dependent Child's loss of life benefit amount, less <i>Coma</i> benefit amounts already paid. C. Exposure and Disappearance (i) When by reason of an accident described in section 2, the <i>Insured Person</i> is unavoidably exposed to the elements and as a result of such exposure suffers a Loss, the amount set out in the Schedule of Benefits shall be paid. (ii) If the <i>Insured Person</i> has not been found within one (1) year of the disappearance, stranding, sinking, wrecking or breakdown of a <i>Common</i> <i>Carrier</i> in which the <i>Insured Person</i> has suffered a loss of life.	

	Changes to your Certificate of Insurar	nce, as of March 24, 2022
Benefit	Before	After
Common Carrier	Section 5 – Special Benefits A. Family	Section 7 – Special Benefits
Travel Accident	Transportation Benefit (i) When an Insured Person is confined as an in-	No obongo
Insurance	patient in a <i>Hospital</i> due to Accidental	No change
	Bodily Injuries that result in a Loss, TD	
	Life will pay for the expenses incurred to	
	transport an Immediate Family Member	
	of the Insured Person to the Hospital.	
	Such personal attendance must be	
	recommended by an attending <i>Physician</i> , and such transportation m <i>us</i> t	
	be via <i>Common Carrier</i> on the most	
	direct route available. (ii) When an	
	Insured Person's loss of life results in a	
	loss of life benefit amount being payable,	
	TD Life will pay for the expenses	
	incurred by an <i>Immediate Family</i> <i>Member</i> of the <i>Insured Person</i> for	
	transportation to the place where the	
	Insured Person's body is located for the	
	purpose of identifying the Insured	
	Person's body. Such transportation must	
	be via Common Carrier on the most	
	direct route available. The maximum	
	Family Transportation Benefit payable is \$5,000 per <i>Insured Person</i> who is	
	Hospitalized as described above. B.	
	Repatriation Benefit When Accidental	
	Bodily Injuries result in a loss of life	
	benefit amount being payable, and the	
	loss of life occurs at least 100 kilometers from the <i>Insured Person's</i> permanent	
	city of residence, TD Life will pay for the	
	cost of preparation and transportation of	
	Insured Person's body to such place of	
	residence. The maximum Repatriation	
	Benefit payable is \$10,000 per loss of	
	life. C. Rehabilitation Benefit When Accidental Bodily Injury results in a	
	Loss, an additional amount will be paid	
	for covered Rehabilitation expenses.	
	Covered expenses are the reasonable	
	and necessary expenses actually	
	incurred up to a maximum of \$10,000 for	
	Treatment by a therapist or confinement	
	in an institution of an <i>Insured Person</i> provided: (i) such <i>Treatment</i> is required	
	in order to retrain the <i>Insured Person</i> for	
	work in any gainful occupation, including	
	the Insured Person's regular occupation;	
	and (ii) expenses are incurred within two	
	(2) years from th	

	Changes to your Certificate of Insurar	nce, as of March 24, 2022
Benefit	Before	After
Common Carrier Travel Accident Insurance	Section 6 – Payment of Benefits The loss of life benefit of an Account Holder will be paid to the designated beneficiary. This choice must be in writing and filed with Allianz. All other benefit amounts for Losses suffered by the Account Holder are paid to the Account Holder. The loss of life benefit of a Spouse or Dependent Child will be paid to the Account Holder, if living, otherwise to the designated beneficiary. This choice must be in writing and filed with Allianz. All other benefit amounts for Losses suffered by the Spouse or Dependent Child are paid to the Spouse or Dependent Child, except that any amount payable for Losses sustained by a minor will be paid to the minor's legal guardian. If the Insured Person has not chosen a beneficiary, or if there is no beneficiary alive when the Insured Person dies, TD Life will pay the benefit amount to the Account Holder's estate.	Section 8 – Payment of Benefits The Loss of life benefit of an Account Holder will be paid to the designated beneficiary. This choice must be in writing and filed with Our Administrator. All other benefit amounts for Losses suffered by the Account Holder are paid to the Account Holder. The Loss of life benefit of a Spouse or Dependent Child will be paid to the Account Holder, if living, otherwise to the designated beneficiary. This choice must be in writing and filed with Our Administrator. All other benefit amounts for Losses suffered by the Spouse or Dependent Child are paid to the Spouse or Dependent Child, except that any amount payable for Losses sustained by a minor will be paid to the minor's legal guardian. If the Insured Person has not chosen a beneficiary, or if there is no beneficiary alive when the Insured Person dies, TD Life will pay the benefit amount to the Account Holder's estate.
Common Carrier Travel Accident Insurance	Section 7 – Excl <i>us</i> ions This Policy does not cover Loss ca <i>us</i> ed by or resulting from any of the following: a) Loss occurring while the employee is in, entering or exiting any aircraft while acting or training as a pilot or crew member. 48 b) Loss resulting from suicide, attempted suicide or loss that is intentionally self-inflicted. c) Loss ca <i>us</i> ed by or resulting from a declared or undeclared war, but war does not include acts of terrorism. d) Loss ca <i>us</i> ed by bacterial infection except bacterial infection of an Accidental Bodily Injury, or if death results from the accidental ingestion of a substance contaminated by bacteria.	 Section 9 - Exclusions This Policy does not cover Loss caused by or resulting from any of the following: a) Loss occurring while the employee is in, entering or exiting any aircraft while acting or training as a pilot or crew member. b) Loss resulting from suicide, attempted suicide or Loss that is intentionally self-inflicted. c) Loss caused by bacterial infection except bacterial infection of an Accidental Bodily Injury, or if death results from the accidental ingestion of a substance contaminated by bacteria. d) Loss caused by or resulting from: 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 insurrection; or any service in the armed forces while on duty.

	Changes to your Certificate of Insurance, as of March 24, 2022		
Benefit	Before	After	
Common Carrier Travel Accident Insurance	Section 8 – Making a Claim Written Notice of Claim must be given to Allianz, P.O. Box 277, Waterloo, Ontario, N2J 4A4 within thirty (30) days after the occurrence or commencement of any Loss covered by this Policy or as soon as reasonably possible. Notice must include enough information to identify the <i>Insured Person</i> and <i>Account</i> . Failure to give Notice of Claim within thirty (30) days will not invalidate or reduce any claim if notice is given as soon as reasonably possible. Written Proof of Loss must be given to Allianz within ninety (90) days after the date of Loss, or as soon as reasonably possible. At the time of a claim, Allianz is available to assist <i>You</i> or <i>Your</i> representative in obtaining and completing the necessary claim forms. Call 1-866-374-1129.	 Section 10 – How to Submit a Claim IMPORTANT NOTE: You must report Your claim to Our Administrator within 30 days after the date of the occurrence of commencement of any Loss covered by this Certificate or as soon as reasonably possible. You must provide completed claim form with required supporting documentation to Our Administrator as soon as possible, but no later than 90 days after the date of Loss. Who to Contact to Submit a Claim To submit a claim, please contact Our Administrator at 1-866-374-1129 (toll-free) from Canada or the U.S., or +1-416-977-4425 (collect) from other countries. Complete the Required Form 1) Request the Form: To request a claim form, call Our Administrator at 1-866-374-1129 (toll-free) from 8 a.m. to 8 p.m. ET, Monday to Friday. 2) Time limit from date of event: If You are making a claim, You must report Your claim to Our Administrator within 30 days after the date of Loss. 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, but no later than 90 days after the date of Loss. Failure to provide the applicable documentation may invalidate Your claim. 	
Common Carrier Travel Accident Insurance	Section 9 – Individual Termination of Insurance The insurance coverage of any <i>Insured</i> <i>Person</i> shall terminate on the earliest of the following: a) the date the Policy is terminated b) the expiration of the Policy term for which premium has been paid c) the date the <i>Account</i> Holder's <i>Account</i> is cancelled or his or her <i>Account</i> privileges are terminated	Section 11 – When Your Coverage Terminates The insurance coverage of any <i>Insured Person</i> shall terminate on the earliest of the following: a) the date the Policy is terminated; b) the expiration of the Policy term for which premium has been paid; c) the date the <i>Account Holder's Account</i> is cancelled or their <i>Account</i> privileges are terminated.	

	Changes to your Certificate of Insurar	nce, as of March 24, 2022
Benefit	Before	After
Common Carrier Travel Accident Insurance	Section 10 – General Conditions LEGAL ACTION LIMITATION PERIOD: Every action or proceeding against the insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act (for actions or proceedings governed by the laws of Alberta or 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), the Civil Code of Quebec (for actions or proceedings governed by the laws of Quebec), or other applicable legislation. CONFORMANCE WITH STATUTES: Any terms of this Policy which are in conflict with the applicable statutes, laws or regulations of the province or territory in which this Policy is issued are amended to conform to such statutes. PHYSICAL EXAMINATION AND AUTOPSY: Allianz has the right to have the <i>Insured Person</i> examined by a <i>Physician</i> approved by Allianz, as often as reasonably necessary while a claim is pending. Allianz may also have an autopsy done, unless prohibited by law. Any examinations or autopsies that <i>We</i> require will be done at Allianz's expense and by a <i>Physician</i> . MASTER POLICY: This <i>Certificate</i> is a description of coverage provided by Policy #TGV009 issued to The Toronto-Dominion <i>Bank</i> . All terms and conditions of the Policy govern. In no event does possession of multiple <i>Certificates</i> or TD Credit Cards entitle an <i>Insured Person</i> to benefits in excess of those described herein for any Loss sustained.	AtterSection 12 – General Conditions Conformance with StatutesAny terms of this Policy which are in conflict with the applicable statutes, laws or regulations of the province or territory in which this Policy is issued are amended to conform to such statutes.Group PolicyThis Certificate is a description of coverage provided by Policy #TGV009 issued to The Toronto-Dominion Bank. All terms and conditions of the Policy govern. In no event does possession of multiple certificates or TD Credit Cards entitle an Insured Person to benefits in excess of those described herein for any Loss sustained.Legal Action Limitation PeriodEvery action or proceeding against the Insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act (for actions or proceedings governed by the laws of Alberta or British Columbia), The Insurance Act (for actions or proceedings governed by the laws of Ontario), or other applicable legislation. For actions or proceedings governed by the laws of Ontario), or other applicable legislation. For actions or proceedings governed by the laws of Quebec, the prescriptive period is set out in the Civil Code of Quebec.Physical Examination and Autopsy Our Administrator has the right to have the Insured Person examined by a physician approved by Our Administrator, as often as reasonably necessary while a claim is pending. Our Administrator may also have an autopsy done, unless prohibited by law. Any examinations or autopsies that we require will be done at Our Administrator's expense and by a physician.
Delayed and Lost Baggage Insurance	Coverage under this <i>Certificate</i> is provided by: TD Home and Auto Insurance Company (Insurer) 320 Front Street <i>West</i> , 3rd Floor, Toronto, ON M5V 3B6	Coverage under this Certificate is provided by: TD Home and Auto Insurance Company ("Insurer") P.O. Box 1, TD Centre, Toronto, ON M5K 1A2
Delayed and Lost Baggage Insurance	Administration services are provided by: Allianz Global Assistance (<i>Administrator</i>) P.O. Box 277, Waterloo, ON N2J 4A4 Phone: 1-866-374-1129 or (416) 977- 4425	Claims administration and adjudication services are provided by: Global Excel Management Inc. ("Administrator") 73 Queen Street, Sherbrooke, QC J1M 0C9 Phone: 1-866-374-1129 or +1-416-977-4425
Delayed and Lost Baggage Insurance	The Certificate of Insurance below applies to the TD Aeroplan Visa Infinite Privilege Card which will be referred to as a "TD Credit Card" or "Card" throughout the Certificate: This Certificate contains a clause which may limit the amount payable. Certificate of Insurance The terms of the Delayed and Lost Baggage Group Policy #TDVB112008 (the Master Policy) issued by TD Home and Auto Insurance Company (Insurer) to The Toronto- Dominion Bank are described in this Certificate. Our Administrator administers the insurance on behalf of TD Home and Auto Insurance Company, and provides claims assistance, claims payment and administrative services under the Group Policy. Words in italics in this Certificate are defined in section 1.	Section 1 – Introduction Certificate of Insurance Claims administration and adjudication services are provided by Global Excel Management Inc. The Certificate applies to the TD Aeroplan Visa Infinite Privilege Card, which will be referred to as a "TD Credit Card" or "Card" throughout the Certificate. TD Home and Auto Insurance Company ("TDH&A") provides the insurance for this Certificate under Master Policy #TDVB112008 (the "Policy") issued to The Toronto-Dominion Bank. This Certificate contains a clause which may limit the amount payable.

Delayed and Lost	Section 1 – Definitions ACCOUNT(S)	Section 4 – Definitions
Baggage	means Your TD Credit Card Account	In this Certificate, the following words and
Insurance	accessed Using Your TD Credit Card or	phrases shown in italics and capitalized have
	TD Visa Cheque. ACCOUNT HOLDER means the Primary Cardholder to whom	the meanings shown below. As You read through the Certificate, You may need to refer to
	the monthly <i>Account</i> statement is issued	this Section to ensure You have a full
	and who is a resident of Canada, and	understanding of Your coverage, limitations and
	any Additional Cardholder who is a	exclusions.
	resident of Canada. The Account Holder may be referred herein as "You" or	Account means the <i>Primary Cardholder</i> 's TD Credit Card Account that the <i>Bank</i> maintains.
	"Your". ADDITIONAL CARDHOLDER	Account Holder means the <i>Primary Cardholder</i>
	means a person to whom a TD Credit	to whom the monthly <i>Account</i> statement is
	Card has been issued at the	issued and who is a resident of Canada, and
	authorization of the Primary Cardholder.	any Additional Cardholder who is a resident of
	ADMINISTRATOR means the service provider arranged by the Insurer to	Canada. The <i>Account Holder</i> may be referred herein as " <i>You</i> " or " <i>You</i> ".
	provide claims payment and	Additional Cardholder means a person to
	administrative services under the Policy.	whom a TD Credit Card has been issued at the
	BAGGAGE DELAY means a Covered	authorization of the Primary Cardholder.
	Person's <i>Checked Baggage</i> is delayed	Aeroplan Points mean the points awarded
	by more than f <i>Our</i> (4) h <i>our</i> s from the Covered Person's time of arrival at the	through the Aeroplan program which can be redeemed for rewards. <i>Aeroplan Points</i> have no
	Final Destination. CHECKED BAGGAGE	monetary value.
	means suitcases or other containers	Baggage Delay means a Covered Person's
	specifically designated for carrying	Checked Baggage is delayed by more than 4
	personal belongings, for which a	hours from the Covered Person's time of arrival
	baggage claim check has been issued to the <i>Covered Person</i> by a Common	at the <i>Final Destination</i> . Bank means The Toronto-Dominion Bank.
	Carrier. COMMON CARRIER means	Certificate means this Certificate of Insurance.
	any land, air, or water conveyance which	Checked Baggage means suitcases or other
	is licensed to carry passengers for	containers specifically designated for carrying
	compensation and which undertakes to carry all persons indifferently who may	personal belongings, for which a baggage claim check has been issued to the <i>Covered Person</i>
	apply for passage, so long as there is	by a Common Carrier.
	room, and there is no legal excuse for	Common Carrier means any land, air, or water
	refusal. COVERED PERSON means the	conveyance, which is licensed to carry
	Account Holder, Spouse or Dependent	passengers for compensation and which
	<i>Children</i> whose name is on the <i>Ticket</i> , or, if no name is on the <i>Ticket</i> , for whom	undertakes to carry all persons indifferently who may apply for passage, so long as there is
	a <i>Ticket</i> has been purchased.	room, and there is no legal excuse for refusal.
	DEPENDENT CHILDREN means any	Covered Person means the Account Holder,
	natural child (legitimate or illegitimate),	Account Holder's Spouse or Dependent
	any legally adopted child, any step-child or any child dependent upon the	<i>Children</i> whose name is on the <i>Ticket</i> , or, if no name is on the <i>Ticket</i> , for whom a <i>Ticket</i> has
	Account Holder in a "parent-child"	been purchased.
	relationship for maintenance and support	Dependent Child(ren) mean(s) Your natural,
	who is: 50 (i.) under the age of twenty-	adopted, or stepchildren who are:
	one (21) years and unmarried, or (ii.) under the age of twenty-five (25) years,	 unmarried; and dependent on You for financial maintenance
	unmarried and in full time attendance at	and support; and
	an institution of higher learning, or (iii.)by	• under 21 years of age; or
	reason of mental or physical infirmity,	 under 25 years of age and attending an
	incapable of self-sustaining employment	institution of higher learning, full time, in
	and totally dependent upon the <i>Account</i> <i>Holder</i> for support within the terms of the	Canada; or • permanently, mentally and physically
	Income Tax Act. ESSENTIAL ITEMS	challenged and incapable of self-support.
	means essential clothing and toiletries	Essential Items mean essential clothing and
	that the Covered Person was carrying in	toiletries that the Covered Person was carrying
	the baggage, which the <i>Covered Person</i> must replace during the period of	in the baggage, which the <i>Covered Person</i> must replace during the period of <i>Baggage Delay</i> .
	Baggage Delay. FINAL DESTINATION	Final Destination means the away-from-home
	means the away-from-home Ticketed	ticketed destination for any particular day of
	destination for any particular day of	travel, as shown on Your Ticket.
	travel, as shown on <i>Your Ticket</i> . <i>PRIMARY CARDHOLDER</i> means a	Good Standing: An Account is in Good
	person who applied for a TD Credit	Standing if: • the Primary Cardholder has applied for the
	Card, whose name is on the Account	Account,
	and to whom a TD Credit Card has been	• the Bank has approved and opened the
	issued. SPOUSE means the person	Account,
	who is (i) lawfully married to the <i>Account</i> <i>Holder</i> or (ii) the person who has been	• the <i>Primary Cardholde</i> r has not advised the <i>Bank</i> to close the <i>Account</i> , and
	living with the Account Holder for a	• the <i>Bank</i> has not suspended or revoked credit
	continuo <i>us</i> period of at least one year	privileges or otherwise closed the Account.
	and who is publicly represented as the	Primary Cardholder means a person who
	Account Holder's Spouse . TICKET means evidence of the fare paid for	applied for a TD Credit Card, whose name is on the Account and to whom a TD Credit Card has
	means evidence of the falle paid for	The Account and to whom a TD Credit Gald has

	Changes to your Certificate of Insurar	nce, as of March 24, 2022
Benefit	Before	After
	travel on a <i>Common Carrier</i> and at least 75% of the cost paid,	 been issued. A <i>Primary Cardholder</i> does not include an <i>Additional Cardholder</i>. Spouse means: the person who the <i>Account Holder</i> is legally married to; or the person the <i>Account Holder</i> has lived with for at least 1 continuous year in the same household and publicly refers to as their partner. Ticket means evidence of the fare paid for travel on a <i>Common Carrier</i> and at least 75% of the cost paid (1) by charge to <i>Your Account</i>, (2) by redemption of <i>Aeroplan Points</i>, or (3) by a combination of (1) and (2). Our means TD Life Insurance Company.
Delayed and Lost Baggage Insurance	Section 2 – Who is covered The Account Holder, the Account Holder's Spouse, and the Account Holder's Dependent Children whose name is on a Ticket, or if no name is on a Ticket, for whom the Ticket has been purchased.	Section 3 – Eligibility Covered Person as defined provided that: • Your Account privileges have not been terminated or suspended; and • Your Account is not more than ninety (90) days past due; and • Your TD Credit Card must be in Good Standing.
Delayed and Lost Baggage Insurance	Section 3 – What are the Coverages A. Delayed Baggage In the event of Baggage Delay, <i>You</i> will be reimbursed for the cost to replace <i>Essential Items</i> provided those purchases are made before the baggage is returned to the <i>Covered Person</i> but in no event more than ninety-six (96) hours after arriving at the Final Destination. The total benefit payable in respect of sub-section A is subject to a maximum of \$1,000 per <i>Covered Person</i> per Trip. B. Lost Baggage In the event the <i>Common Carrier</i> never locates the Covered Person's Checked Baggage, <i>You</i> will be reimbursed for the portion of the replacement cost of lost personal property that is not paid by the <i>Common Carrier</i> or other insurance. The total benefit payable in respect of sub-section and B is subject to a maximum of \$2,500 per <i>Covered</i> <i>Person</i> per Trip. To activate coverage, use Your Card to pay at least 75% of the Ticket cost. Coverage will be in force while baggage is in the <i>cus</i> tody of the <i>Common Carrier</i> .	Section 5 – Description of Insurance Coverage A. Delayed Baggage In the event of <i>Baggage Delay</i> , the <i>Account</i> <i>Holder</i> will be reimbursed for the cost to replace <i>Essential Items</i> provided those purchases are made before the baggage is returned to the <i>Covered Person</i> but in no event more than ninety-six (96) hours after arriving at the <i>Final</i> <i>Destination</i> . The total benefit payable in respect of sub- section A is subject to a maximum of \$1,000 per <i>Covered Person</i> per Trip. B. Lost Baggage In the event the <i>Common Carrier</i> never locates the <i>Covered Person's Checked Baggage</i> , the <i>Covered Person</i> will be reimbursed for the portion of the replacement cost of lost personal property that is not paid by the <i>Common Carrier</i> or other insurance. The total benefits payable in respect of sub-section B is subject to a maximum of \$2,500 per <i>Covered Person</i> per Trip. To activate coverage, <i>Use Your</i> TD Credit Card to pay at least 75% of the <i>Ticket</i> cost. Coverage will be in force while baggage is in the <i>cus</i> tody of the <i>Common Carrier</i> .
Delayed and Lost Baggage Insurance	Section 4 – Termination of Coverage Coverage terminates on the earliest of the following: 1) When Your Account is closed; 2) When Your Account is ninety (90) or more days past due, but coverage is automatically reinstated when the Account is returned to Good Standing; 3) When the Policy is cancelled except that the Insurer will remain liable for the claim if the event giving rise to the claim occurred prior to the effective termination date and the claim is otherwise valid.	Section 7 – Termination of Coverage No change.

	Changes to your Certificate of Insurance, as of March 24, 2022		
Benefit	Before	After	
Delayed and Lost Baggage Insurance	Section 5 – Excl <i>us</i> ion and Limitations No coverage is provided for: Losses occurring when the <i>Checked Baggage</i> is delayed on a Covered Person's return home to their province or residence; expenses incurred more than ninety-six (96) hours after arriving at the <i>Final</i> <i>Destination</i> shown on the <i>Ticket</i> , expenses incurred after the <i>Checked</i> <i>Baggage</i> is returned to the Covered Person; losses caused by or resulting from any criminal act by the Covered Person; baggage not checked; baggage held, seized, quarantined or destroyed by <i>cus</i> toms or government agency; money; securities; credit cards and other negotiable instruments; <i>Ticket</i> s and documents.	Section 6 – Limitations and Excl <i>us</i> ions No change.	

	Changes to your Certificate of Insurar	nce, as of March 24, 2022
Benefit	Before	After
Benefit Delayed and Lost Baggage Insurance	Section 6 – Claims The Account Holder must furnish the Insurer with proof of claim. This shall include a signed loss report. (A) Initial Notification If You have incurred a claim covered under the Delayed/Lost Baggage Plan, You must give notice by contacting the Administrator within forty-five (45) days from the date of the occurrence of the delay. Call toll-free between 8:00 a.m. and 8:00 p.m. Eastern Time, Monday to Saturday: 1-866-374-1129 or (416) 977-4425. The Covered Person will be asked to provide or, if writing, should provide: • name, address, and telephone number; • Account number; • the date, time and place of the occurrence of the delay or loss; and • the amount of the claim. (B) Written Proof In the event of a claim covered under the Delayed/Lost Baggage Plan, a loss report will be mailed by the Administrator to the Covered Person. You should complete it in full and return it within ninety (90) days from the date of occurrence of the delay or loss. The loss report shall include but may not be limited to: • a copy of the <i>Ticket</i> ; • a copy of the baggage claim <i>Ticket</i> ; • a copy of the baggage claim <i>Ticket</i> ; • a copy of the baggage claim Ticket; • a copy of the Account charge receipt or TD Credit Card statement for the cost of the <i>Ticket</i> and/or proof of redemption; • a copy of a statement from Your homeowner's or tenant's insurance carrier indicating the extent to which You have been reimbursed for any items permanently lost with Your baggage; • itemized receipts for actual expenses incurred for essential clothing and toiletries; • written statement from the Common Carrier confirming all of the following specifics: • date and time of delay or loss; • date and time that baggage was returned, or if not reasonably required by the Insurer.	 Section 8 - How to Submit a Claim The Account Holder must furnish the Insurer with proof of claim. This shall include a signed Loss report. Who to Contact to Submit a Claim a) Initial Notification – If You have incurred a claim covered under the Delayed/Lost Baggage Plan, You must give notice by contacting Our Administrator within 45 days from the date of the occurrence of the delay. Call 1-866-374-1129 (toll-free) from Canada or the U.S., or +1-416-977-4425 (collect) from other countries between 8:00 a.m. and 8:00 p.m. ET, Monday to Friday. The Covered Person will be asked to provide or, if writing, should provide: the name, address, and telephone number; the date, time and place of the occurrence of the delay or Loss; and the adate, time and place of the occurrence of the delay or Loss; and the adate, time and place of the occurrence of the delay or Loss; and the adate, time and place of the occurrence of the delay or Loss; and the adate, time and place of the occurrence of the delay. to the date, time and place of the occurrence of the delay or Loss; and 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) as soon as possible. In every case, You must submit Your completed claim form with required documentation within 90 days from the date of occurrence of the delay or Loss. Failure to provide the applicable documentation may invalidate Your claim. Provide the information requested The Loss report shall include but may not be limited to: a copy of the Account charge receipt or TD Credit Card statement from Your homeowner's or tenant's insurance carrier indicating the extent to which You have been reimbursed for any items permanently lost with Your baggage; itemized receipts for actual expenses incurre

Changes to your Certificate of Insurance, as of March 24, 2022		
Benefit	Before	After
Benefit Delayed and Lost Baggage Insurance		
Emergency Travel Assistance Services	benefits in excess of this stated herein for any one loss s <i>us</i> tained. Emergency Travel Assistance Services under this <i>Certificate</i> is provided by: Allianz Global Assistance (<i>Administrator</i>) P.O. Box 277, Waterloo, ON N2J 4A4	Emergency Travel Assistance Services is provided by: Global Excel Management Inc. ("Administrator") 73 Queen Street, Sherbrooke, QC J1M 0C9
	Phone: 1-866-374-1129 or (416) 977- 4425	Phone: 1-800-871-8334 or +1-416-977-8297

	Changes to your Certificate of Insurar	nce, as of March 24, 2022
Benefit	Before	After
Emergency Travel Assistance Services	Provided by <i>Our Administrator</i> under a service agreement with TD Life Insurance Company. This is not an insurance benefit but assistance services only. The Coverage <i>Certificate</i> below applies to the TD Aeroplan Visa Infinite Privilege Card which will be referred to as a "TD Credit Card" throughout the <i>Certificate</i> : Important Note The following describes assistance services only, not insurance benefits. Any payments made by our Administrator will be charged to your TD Credit Card, subject to credit availability, unless you make other arrangements to reimburse our Administrator.	Provided by <i>Our Administrator</i> under a service agreement with TD Life Insurance Company ("TD Life"). This is not an insurance benefit but assistance services only. This is a service provided by <i>Our Administrator</i> . The Emergency Travel Assistance Services below applies to the TD Aeroplan Visa Platinum Card, which will be referred to as a "TD Credit Card" throughout.
Emergency Travel Assistance Services	Multilingual Assistance Coordinators are on call 24 hours a day. Our Administrator Assistance Coordinators are supported by a network of medical professionals including <i>Physician</i> s experienced in emergency medical assistance. For Emergency Assistance 24 Hours A Day: In Canada and U.S.A., Call 1-866-374- 1129 In Other Countries, Call Collect (416) 977-4425	Description of Emergency Travel Assistance Services Multilingual Assistance Coordinators are on call 24 hours a day. <i>Our Administrator's</i> Assistance Coordinators are supported by a network of medical professionals, including physicians experienced in emergency medical assistance. For Emergency Assistance 24 hours a day, call <i>Our Administrator</i> at 1-800-871-8334 (toll-free) from Canada or the U.S., or +1-416-977-8297 (collect) from other countries.
Emergency Travel Assistance Services	1 – Medical Assistance Services Medical Referrals If a <i>Medical Emergency</i> arises while travelling, <i>You</i> can contact <i>Our</i> <i>Administrator</i> Emergency Assistance Centre and <i>You</i> will be referred to the nearest designated <i>Physician</i> or medical facility. Medical Consultation and Monitoring <i>Our Administrator's</i> network of medical professionals is available 24 hours a day, 365 days a year, to consult with <i>Your</i> attending <i>Physician</i> to ensure that <i>Your</i> medical needs are being met. <i>Our Administrator's</i> network of medical professionals is experienced in working with <i>Physicians</i> outside of Canada to determine the adequacy of care being received and the need for further assistance. Medical Transportation When <i>Our Administrator</i> , in consultation with its network of medical professionals and in conjunction with <i>Your</i> attending <i>Physician</i> , determine that transfer to another medical facility is necessary, <i>Our Administrator</i> will coordinate all aspects of the transport to and from the <i>Hospital</i> and airport, at the point of departure and arrival. <i>Our Administrator</i> Assistance Coordinators will arrange for qualified medical accompaniment, if necessary. Neither The Toronto- Dominion <i>Bank</i> , TD Life Insurance Company or any other insurer, nor <i>Our</i> <i>Administrator</i> is responsible for the availability, quality or results of any medical <i>Treatment You</i> receive or fail to receive for any reason	Section 2 – Medical Assistance Services No change.
Emergency Travel Assistance Services	2 – Payment Assistance <i>Our</i> <i>Administrator</i> can assist <i>You</i> in arranging or coordinating payment (over \$200) to emergency medical or <i>Hospital</i> service providers. Full liability for payment of these services will, however, rest with <i>You</i> .	Section 3 – Payment Assistance Our Administrator can assist You in arranging or coordinating payment to emergency medical or hospital service providers. Full liability for payment of these services will rest with You.

	Changes to your Certificate of Insurar	nce, as of March 24, 2022
Benefit	Before	After
Emergency Travel Assistance Services	 3 – Travel Assistance Services Legal Assistance <i>Our Administrator</i> can assist You to post bail and pay legal fees, if necessary. Emergency Cash Transfer In the event of theft, loss or emergency, <i>Our Administrator</i> can assist You to obtain cash which will be charged to <i>Your</i> TD Credit Card. Lost Document and <i>Ticket</i> Replacement In the event of theft or loss, <i>Our</i> <i>Administrator</i> can assist You to replace the necessary travel documents or <i>Tickets</i>. Lost Luggage Assistance In the event of theft or loss, <i>Our</i> <i>Administrator</i> can assist You to locate or replace luggage and personal effects. TD Aeroplan Visa Infinite Privilege Cardholders are also eligible for Delayed and Lost Baggage Insurance; however, this coverage is entirely separate (see <i>Your</i> Coverage <i>Certificate</i> in this Document for details). Translation Services <i>Our Administrator</i> can provide immediate translation services in an emergency situation. <i>Our Administrator</i> will make a good faith effort to provide these services, however, it has no liability to You if local laws, insurrection, epidemic, unavailability of health care providers, strikes, severe Weather, geographic inaccessibility or other factors beyond their control delay, interfere or prevent 	 Section 4 – Travel Assistance Services You are fully liable for repaying the following services that are charged to Your TD Credit Card. Legal Assistance Our Administrator can assist You to post bail and pay legal fees, if necessary. Emergency Cash Transfer In the event of theft, loss or emergency, Our Administrator can assist You to obtain cash which will be charged to Your TD Credit Card. Lost Document and Ticket Replacement In the event of theft or loss, Our Administrator can assist You to replace the necessary travel documents or tickets. Lost Luggage Assistance In the event of theft or loss, Our Administrator can assist You to locate or replace luggage and personal effects. Account Holders are also eligible for Delayed and Lost Baggage certificate of insurance). Translation Services Our Administrator can provide immediate translation services in an emergency situation. Our Administrator will make a good faith effort to provide these services, however, it has no liability to You if local laws, insurrection, epidemic, unavailability of health care providers, strikes, severe weather, geographic inaccessibility or other factors beyond their control delay, interfere or prevent the provision of these services.
Auto Rental	the provision of these services. Coverage under this <i>Certificate</i> is	Coverage under this Certificate is provided
Collision/Loss Damage Insurance	provided by: TD Home and Auto Insurance Company (Insurer) 320 Front Street <i>West</i> , 3rd Floor, Toronto, ON M5V 3B6	by : TD Home and Auto Insurance Company ("Insurer") P.O. Box 1, TD Centre, Toronto, ON M5K 1A2
Auto Rental Collision/Loss Damage Insurance	Administration services are provided by: Allianz Global Assistance (<i>Administrator</i>) P.O. Box 277, Waterloo, ON N2J 4A4 Phone: 1-866-374-1129 or (416) 977- 4425	Claims administration and adjudication services are provided by: Global Excel Management Inc. ("Administrator") 73 Queen Street, Sherbrooke, QC J1M 0C9 Phone: 1-866-374-1129 or +1-416-977-4425

Changes to your Certificate of Insurance, as of March 24, 2022		
Benefit	Before	After
Auto Rental Collision/Loss Damage Insurance	The <i>Certificate</i> of Insurance below applies to the TD Aeroplan Visa Infinite Privilege Card which will be referred to as a "TD Credit Card" throughout the <i>Certificate</i> . This <i>Certificate</i> contains a clause which may limit the amount payable. Please note that in Alberta and British Columbia, Statutory Conditions are deemed to be part of every contract that include insurance against loss or damage to property and said Statutory Conditions are included in the Policy. <i>Certificate</i> of Insurance Please read this <i>Certificate</i> carefully. It outlines what Collision/Loss Damage Insurance is and what is covered along with the conditions under which a payment will be made when <i>You</i> rent and operate a rental vehicle but do not accept the Collision Damage Waiver (CDW) or its equivalent offered by the Rental Agency. It also provides instructions on how to make a claim. This <i>Certificate</i> should be kept in a safe place and carried with <i>You</i> when <i>You</i> travel. TD Home and Auto Insurance Company (referred to in this <i>Certificate</i> as the "Company") provides the insurance for this <i>Certificate</i> under Policy TDV092010 (referred to in this <i>Certificate</i> as the "Policy"). <i>Our</i> <i>Administrator</i> administers the insurance on behalf of TD Home and Auto Insurance Company, and provides claims assistance, claims payment and administrative services under the Group Policy. This <i>Certificate</i> is not a contract of insurance. It contains only a summary of the principal provisions of the Policy. All benefits are subject in every respect to the Policy which alone constitutes the Agreement under which payments are made. This coverage may be cancelled, changed or modified at the option of the card issuer or the Company with at least 30 days written notice to the Primary Cardholder.	Section 1 – Introduction Certificate of Insurance The Certificate below applies to the TD Aeroplan Visa Infinite Privilege Card, which will be referred to as a "TD Credit Card" throughout the Certificate. Please read this Certificate carefully. It outlines what Collision/Loss Damage Insurance is and what is covered along with the conditions under which a payment will be made when You rent and operate a rental vehicle but do not accept the Collision Damage Waiver ("CDW") or its equivalent offered by the <i>Rental Agency</i> . It also provides instructions on how to make a claim. This Certificate should be kept in a safe place and carried with You when You travel. TD Home and Auto Insurance Company (referred to in this Certificate as the "Insurer"), provides the insurance for this Certificate under Policy #TDV092010 (referred to in this Certificate as the "Policy"). Our Administrator administers the insurance company, and provides claims assistance, claims payment and administrative services under the Group Policy. This Certificate is not a contract of insurance. It contains only a summary of the principal provisions of the Policy. All benefits are subject in every respect to the Policy which alone constitutes the Agreement under which payments are made. This Certificate contains a clause which may limit the amount payable. This coverage may be cancelled, changed or modified at the option of the card issuer or the Insurer Company with at least 30 days written notice to the Primary Cardholder. How to contact US You may contact our Administrator by calling: 1-866-374-1129 (toll-free) from Canada or the U.S., or +1-416-977-4425 (collect) from other countries.

Auto Rental	To help You understand this document,	Section 3 – Definitions
Collision/Loss	some key words have been defined	In this <i>Certificate</i> , the following words and
Damage Insurance	below: ACCOUNT means Your TD	phrases shown in italics and capitalized have
	Credit Card Account accessed Using	the meanings shown below. As You read
	Your TD Credit Card or TD Visa Cheque	through the Certificate, You may need to refer to
	ACCOUNT HOLDER means the Primary	this Section to ensure You have a full
	Cardholder to whom the monthly Account statement is issued and who is	understanding of <i>Your</i> coverage, limitations and exclusions.
	a resident of Canada, and any Additional	Account means the Primary Cardholder's TD
	Cardholder who is a resident of Canada.	Credit Card Account that the <i>Bank</i> maintains.
	The Account Holder may be referred	Account Holder means the Primary Cardholder
	herein as "You" or "Your". ADDITIONAL	to whom the monthly Account statement is
	CARDHOLDER means a person to	issued and who is a resident of Canada, and
	whom a TD Credit Card has been issued	any Additional Cardholder who is a resident of
	at the authorization of the Primary Cardholder. ADMINISTRATOR means	Canada. The <i>Account Holder</i> may be referred herein as " <i>You</i> " or " <i>You</i> ".
	the service provider arranged by the	Additional Cardholder means a person to
	Company to provide claims payment and	whom a TD Credit Card has been issued at the
	administrative services under the Policy.	authorization of the Primary Cardholder.
	CAR SHARING means a car rental club	Aeroplan Points mean the points awarded
	which gives its members 24 hour access	through the Aeroplan program which can be
	to a fleet of cars parked in a convenient	redeemed for rewards. Aeroplan Points have no
	location. CARDHOLDER means the Primary Cardholder and any Additional	monetary value. Bank means The Toronto-Dominion Bank.
	Cardholder in accordance with the	Car Sharing means a car rental club, which
	Cardholder Agreement. INSURED	gives its members 24-hour access to a fleet of
	PERSON means (1) You the	cars parked in a convenient location.
	Cardholder, who presents himself	Certificate means this Certificate of Insurance.
	(herself) in person at the Rental Agency,	Good Standing means:
	signs the rental contract, declines the <i>Rental Agency's CDW</i> or its equivalent	 the Primary Cardholder has applied for the Account;
	and takes possession of the rental	 the Bank has approved and opened the
	vehicle and who complies with the terms	Account,
	of this Policy. (2) Any other person who	• the Primary Cardholder has not advised the
	drives the same rental vehicle with Your	Bank to close the Account, and
	permission whether or not such person has been listed on the rental vehicle	• the <i>Bank</i> has not suspended or revoked credit
	contract or has been identified to the	privileges or otherwise closed the Account. Insured Person means:
	Rental Agency at the time of making the	1. You the Account Holder who presents
	rental, however, You and all drivers must	themselves in person at the Rental Agency,
	otherwise qualify under and follow the	signs the rental contract, declines the Rental
	terms of the rental contract and must be	Agency's Collision Damage Waiver (CDW) or its
	legally licensed and permitted to drive the rental vehicle under the laws of the	equivalent and takes possession of the rental vehicle and who complies with the terms of this
	jurisdiction in which the rental vehicle	Policy.
	shall be Used. Important: Check with	2. Any other person who drives the same rental
	Your personal automobile insurer and	vehicle with Your permission whether or not
	the Rental Agency to ensure that You	such person has been listed on the rental
	and all other drivers have adequate third	vehicle contract or has been identified to the
	party liability, personal injury and damage to property coverage. This	<i>Rental Agency</i> at the time of making the rental; however, <i>You</i> and all drivers must otherwise
	policy only covers loss or damage to the	qualify under and follow the terms of the rental
	rental vehicle as stipulated herein. LOSS	contract and must be legally licensed and
	OF USE means the amount paid to a	permitted to drive the rental vehicle under the
	Rental Agency to compensate it when a	laws of the jurisdiction in which the rental
	rental vehicle is unavailable for rental	vehicle shall be used.
	while undergoing repairs for damage incurred during the rental period.	Important: Check with <i>Your</i> personal automobile insurer and the <i>Rental Agency</i> to ensure that
	PRIMARY CARDHOLDER means a	You and all other drivers have adequate
	person who has applied for a TD Credit	third-party liability, personal injury and damage
	Card, whose name is on the Account	to property coverage. This policy only covers
	and to whom a TD Credit Card has been	loss or damage to the rental vehicle as
	issued. RENTAL AGENCY means an	stipulated herein.
	auto <i>Rental Agency</i> licensed to rent vehicles and which provides a rental	Loss of Use means the amount paid to a <i>Rental Agency</i> to compensate it when a rental
	agreement. For greater certainty,	vehicle is unavailable for rental while
	throughout this Certificate of insurance	undergoing repairs for damage incurred during
	the terms 'rental company' and 'rental	the rental period.
	agency' refer to both traditional auto rental agencies and <i>Car Sharing</i>	Primary Cardholder means a person who has
	Programs. RENTAL AGENCY'S CDW	applied for a TD Credit Card, whose name is on the <i>Account</i> and to whom a TD Credit Card has
	means an optional Collision Damage	been issued.
	Waiver (CDW) or similar coverage	Rental Agency means an auto Rental Agency
	offered by car rental companies that	licensed to rent vehicles and which provides a
	relieves renters of financial responsibility if the car is damaged or stolen while	rental agreement. Throughout this Certificate the terms "rental company" and "rental agency"
	under rental contract. Rental Agency's	and territe remain company and remainagency
	· · · · · · · · · · · · · · · · · · ·	

Changes to your Certificate of Insurance, as of March 24, 2022		
Benefit	Before	After
	<i>CDW</i> is not insurance. TAX-FREE CAR means a tax-free car package that provides tourists with a short-term (17 days to 6 months), tax-free vehicle lease agreement with a guaranteed buyback. The Collision/Loss Damage Insurance program will not provide coverage for Tax-free cars. <i>YOU/YOUR</i> means a TD Credit Card Cardholder whose name is embossed on the TD Credit Card or who is authorized to <i>Use</i> the TD Credit Card in accordance with the Cardholder Agreement.	refer to both traditional auto rental agencies and <i>Car Sharing</i> Programs. Rental Agency's CDW means an optional Collision Damage Waiver ("CDW") or similar coverage offered by car rental companies that relieves renters of financial responsibility if the car is damaged or stolen while under rental contract. <i>Rental Agency's CDW</i> is not insurance. Tax-free Car means a tax-free car package that provides tourists with a short-term (17 days to 6 months), tax-free vehicle lease agreement with a guaranteed buyback. The Collision/Loss Damage Insurance program will not provide coverage for <i>Tax-free Cars</i> .

 Contrantational and the second of the control of the	Auto Rental	A Collision/Loss Damage Insurance et a	Section 4 - Description of Insurance
 collision damage waiver (CDW) or an 68 converage applies only to the insured Person's personal and business Use of the rental vehicle · Your TD Credit Card the rental vehicle · Your TD Credit Card the consecutive days in the TD Credit Cardholder must be in Good the consecutive days in the there is more the same period there is more the same period there is more there is more the consecutive days. Which follow one immediately after the other. In order to there is the consecutive days. the consecutive days. Which follow one immediately after the other. In order to the rental vehicle at a time, ite. if the rental vehicle at a vehicle at a time, ite. if the rental vehicle at a time, ite. if the renal vehicle at a time, ite. if the rental vehicle a	Collision/Loss	vehicle and decline the Rental Agency's	
 Point the Cardholder may rent a vehicle and converge offering. This coverage applies only to the Insured Person's personal and business Use of the rental vehicle. Point D Credit Card to activate coverage of the rental vehicle. Point D Credit Card to activate coverage of the rental vehicle. Point D Credit Card to activate coverage. <l< th=""><th></th><th></th><th></th></l<>			
 Person's personal and business use of the rental vehicle. Person's personal and business use of the rental vehicle. Pour TD Credit Card the Insure Person's personal and business use of the rental vehicle. Your TD Credit Card the Insure Person's personal and business use of the rental vehicle. Your TD Credit Card the rental must be in Good Standing. Your TD Credit Card the rental must be in Good Standing. Your TD Credit Card the rental must be in Good Standing. Your TD Credit Card the rental must be in Good Standing. Your TD Credit Card the rental must be in Good Standing. Your TD Credit Card the rental must be in Good Standing. Your TD Credit Card the rental must be in Good Standing. Your TD Credit Card the rental must be in Good Standing. Your TD Credit Card the rental must be in Good Standing. Your TD Credit Card the rental must be in Good Standing. Your TD Credit Card the rental must be in Good Standing. Your TD Credit Card the rental must be in Good Standing. Your TD Credit Card the rental weighted the rental vehicle. Your TD Credit Card the rental vehicle and the rental vehicle card the rental vehicle card the rental vehicle and the rental vehicle card the rental vehicle carend standit card the rental vehicle card the rental vehicle ca			
 the rental vehicle. • Your TD Credit Card naplies only to the <i>Insure Person's</i> personal applies only to the <i>Insure Person's</i> personal and business use of the rental vehicle. • Your TD Credit Card nurst be in Good Standing. • Your TD Credit Card nurst be in Good standard to complete the entire rental transaction with the same TD Credit Card. • Your TD Credit Card to activate coverage. • Coverage is limited to one rental vehicle art to the rental must be charged to to activate coverage. • Coverage is limited to one rental vehicle art to the the same vehicle rented to the entited to the rental vehicle art to the vehicle rented by the Cardholder, only the first rental will be eligible for the sense vehicle or the same vehicle rented by the Cardholder, only the first rental will be eligible to one rental vehicles are used to the rental rental vehicle art to the consecutive days coverage will not be provided from the first day onwards, i.e. coverage will not be provided from the first day onwards, i.e. coverage will not be provided from the first day onwards, i.e. coverage will not be provided from the first day onwards, e.g. coverage will not be provided from the first day onwards, e.g. coverage will not be provided from the first day onwards, e.g. coverage will not be provided from the first day onwards, e.g. coverage will not be provided from the first day onwards, e.g. coverage will not be provided from the first day onwards, e.g. coverage will not be provided from the first day onwards, e.g. coverage will not be provided from the first day onwards, e.g. coverage will not be provided from the first day onwards, e.g. coverage will not be provided from the first day onwards, e.g. coverage will not be provided from the first day onwards, e.g. coverage will not be provided from the first day onwards, e.g. coverage will not be provided from the first day onwards, e.g. coverage will not be provided from the first day onwards, e.g. coverage will not be provided fro			a ,
 must be in <i>Good Standing</i> - You must have a complete the entire rental transaction with the same TD Credit Card to the rental vehicle. Your TD Credit Card to the field card must be in <i>Good Standing</i>. Your TD Credit Card to the rental must be charged to Your TD Credit Card to activate coverage. Your TD Credit Card to the rental must be charged to Your TD Credit Card to activate coverage. Chard TD Credit Card to activate with the same vehicle are the transaction with the same vehicle are the same vehicle coverage. Chard TD Credit Card to activate the transaction with the same vehicle are the consecutive days. Chard TD Credit Card to activate the transaction with the same vehicle are vehicle. The length of time Your ent the same vehicle transactive days or the transactive days or renew with the same valid to activate the same vehicle are vehicle. The length of time Your ent the same vehicle are vehicle. The length of time Your ent the same vehicle are vehicle. The length of the same vehicle are vehicle. Cheard the care coverage			
 Initiate and complete the entit entral transaction with the same TD Credit Card and the same TD Credit Card to activate coverage - Coverage is limited to one rental vehicle at a time, i.e., if during the same period there is more than entit and the same vehicle error another vehicle Coverage will not the provided from the first day onwards, i.e. coverage will not the error another vehicle Coverage will not the error another vehicle Coverage will not the error another vehicle - Coverage is limited to loss/damage to, or the first day onwards, i.e. coverage will not the error whice error another vehicle Coverage is limited to loss/damage to, or the first day onwards, i.e. coverage will not the error whice error another vehicle - Coverage is limited to loss/damage to, or the first day onwards, i.e. coverage will not the error whice error another vehicle - Coverage is limited to loss/damage to, or the first day onwards, i.e. coverage will not the error whice error another vehicle a reatil vehicle wehicle error whice error another vehicle - Coverage is limited to loss/damage to, or the first day onwards, i.e. coverage will not the error whice error whice error whice error another vehicle error another vehicle error whice error error another vehi			
 It renasction with the same TD Credit Cardi-The Full cost of the rental must be charged to Your TD Credit Card to accord there is more than one vehicle at a time, i.e. if during the same period there is more than one vehicle at the carditate of the rental must be charged to Your TD Credit Card to activate coverage. Coverage is limited to one rental vehicle at a time, i.e. if during the same period there is more than one vehicle are the vehicle at a time, i.e. if during the same period there is carditated as must not exceed forty-eight (48) consecutive days, which follow one mimediately after the break the consecutive days, coverage will not be provided from the there is a 48 diverse in the same vehicle or onother wehicle. Coverage is limited to the same vehicle days, coverage will not be provided from the thirst day onwards, i.e. coverage will not be provided from the there is a 48 diverse is the same vehicle or another vehicle. Coverage is limited to loss/damage to, or theft of a rental vehicle only up to the rental vehicle only u			
 Card. • The full cost of the rental must be charged to Your TD Credit Card to activate coverage. • Coverage is limited to one rental vehicle at time, i.e., if during the same period there is more than one vehicle rented by the Cardholder, only the first rental will be aligible for these benefits. • The length of time is an evenicle end by the Cardholder, only the first rental will be aligible to these other of the r. In order to the set is same vehicle end to break the consecutive day, coverage will not be provided for either the first 48 consecutive day, coverage will not be provided for wehicle. The full cost of the rental period scoeeds forty-eight (48) consecutive days, coverage will not be provided for wehicle and the forty eight (48) dors by the rental agreement with the same or another Rental Agency for the same wehicle or another vehicle. Coverage is limited to loss/damage to, or theft of a rental vehicle only up to the rental vehicle and up the Rental Agency for the Cardmal vehicle sactual cash value plus valid Loss of Variability of the Card and the Car Shoring Program Wilh Restal Agency for the Card and the Car Shoring Program K Collision/Loss Damage Insurance. The couverage is available accept when You Use Your TD Credit Card and the Car Shoring Provides rowerage is available accept when You Use Your TD Credit Card to any for a rental vehicle and define the CDW (for an endivehicle to Card bagency for the Cardma card the Card and the Car Shoring Provides rowerage (CID) Insuranc			
 activate coverage • Coverage is limited to one rential vehicle at a time, i.e., if during the same period there is more than one vehicle errented by the Cardholder, only the first rental will be eligible for these benefits. • The length of time; i.e., if during the same period there is more than one vehicle errented by the Cardholder, only the first rental will be eligible for these to the first. • The length of time 'You rent the same vehicle or vehicles must not exceed 48 consecutive days, such to follow one immediately after the other. In order to the stath the consecutive days, coverage will not be provided for either the first 48 consecutive days or any subsequent days. Coverage is minited to not determine the provided for either the first 48 consecutive days or any subsequent days. Coverage is limited to loss/damage to, or theft of a rental vehicle. Coverage is limited to ensure that vehicle and the loss/damage to, or theft of a rental vehicle. Coverage is limited to loss/damage to, or theft of a rental vehicle. Coverage is limited to loss/damage to, or theft of a rental vehicle. Coverage is limited to loss/damage to, or theft of a rental vehicle. Coverage is limited to loss/damage to, or theft of a rental vehicle. Coverage is limited to loss/damage to, or theft of a rental vehicle. Coverage is limited to loss/damage to, or theft of a rental vehicle. Coverage is limited to loss/damage to, or theft of a rental vehicle. Coverage is limited to loss/damage to, or theft of a rental vehicle and vehicle and vehicle and vehicle. Coverage is limited to loss/damage to, or theft of a rental vehicle. Coverage is limited to loss/damage to, or theft of a rental vehicle. Coverage is limited to loss/damage to, or theft of a rental vehicle. Coverage is limited to loss/damage to, or theft of a rental vehicle and vehicle. Coverage i			0
 The full cost of the rental must be charged to Your DCredit Card to activate coverage. The full cost of the rental must be charged to Your DCredit Card to activate coverage is fimited to one rental vehicle at a time; i.e. if during the same period there is more than one vehicle are the consecutive days, which follow one immediately after the other. In order to break the consecutive days, coverage will not be provided from the first day onwards, i.e. coverage will not be provided from the first day onwards, i.e. coverage will not be provided from the first day onwards, i.e. coverage will not be provided from the first day onwards, i.e. coverage will not be provided from the first day onwards, i.e. coverage will not be provided from the first day onwards, i.e. coverage will not be provided from the first day onwards, i.e. coverage will not be provided from the first day onwards, i.e. coverage will not be provided from the first day onwards, i.e. coverage will not be extended for more than forty-eight (48) days by the first day consecutive days, or any subsequent days. Coverage will not be extended for more than forty-eight (48) days by the proving will not be provided from the first day onwards, i.e. coverage will not be extended for more than forty-eight (48) days by the consecutive days or any subsequent days. charges - The Cardholder must decline on the tental contract the CDW option. Cass Damage Insurance coverage does not pay for the premium charged by the Rental Agency. (The Callision/Loss Damage Insurance is declined - Coverage is available except where prohibited by law. • Claims must be reported within forty-eight (48) more reported within forty-eight (48) more prohibited by law. • Claims must be reported within forty-eight (41) syr7.4425. PLEASE READ THE FOLLOWING COVERAGE DESCRIPTION CAREFULLY FOR MGR DESCRIPTION CAREFULLY FOR MG		-	
 Your TD Credit Card to activate overage. Your State overage to the seare overage. Your State overage.			
 char one vehicle rented by the Cardback on the thirs tental and the eligible for these benefits. consecutive days, which follow one immediately after the other. In order to break the consecutive day cycle, a full calendar day must exist between rental periods. If the rental period exceeds days, coverage will not be provided for other the first day onwards, i.e. coverage will not be provided for other the first day onwards, i.e. coverage will not be provided for either the first day onwards, i.e. coverage will not be provided for either the first day onwards; e.g., coverage will not be extended for more than forty-eight (48) consecutive days, coverage will not be extended for more than forty-eight (48) days by renewing or taking out a new rental agreement with the same or another <i>Rental Agency</i> for the same vehicle or another vehicle. • <i>Coverage</i> is limited to loss/damage to, or theff of a rental vehicle only up to the rental vehicle or another vehicle. • <i>Coverage</i> is limited to loss/damage to, or theff or a rental vehicle only up to the rental vehicle or coverage is limited to loss/damage to, or theff or a rental vehicle only up to the rental vehicle or coverage is limited to loss/damage to, or theff or a rental vehicle only up to the rental vehicle or coverage is limited to loss/damage to, or theff or a rental vehicle only up to the rental vehicle only up to the rental vehicle or the CDW offered by the Rental Agency. (The COllision/Loss Damage Insurance coverage to cardholder must decline on the rental vehicle on the rental vehicle or the CDW offered by the Rental Agency.) Most the Policy, (A list of vehicles are coverage to cardholder swhen the full cost of a rental vehicle ontory the clius cost of a rental Agency.) Most the Cliu Sing Your TD Credit Card to pay for the liu cost of a rental Agency. (The CDW infered by the Rental Agency.) Most the Policy, (A list of vehicles are covererage to cardholder must collines ont the rental vehicle onth			
Cardholder, only the first rental will be eligible for these benefits The length of time You rent the same vehicle or vehicles must not exceed forty-eight (48) consecutive days, which follow one immediately after the other. In order to break the consecutive day cycle, a full calendar day must stib tetween net periods. If the rental period exceeds forty-eight (48) consecutive days, which follow one immediately after the consecutive days cave and will not be provided for either the first 48 consecutive days or any subsequent days. Coverage will not be provided form the first 48 consecutive days or any subsequent days. Coverage will not be provided form the first day onwards; e. g., coverage will not be provided from the first day onwards; e. g., coverage will not be provided from the first day onwards; e. g., coverage will not be provided from the same or another enewing or taking out a new rental agreement with the same or another another vehicle Coverage is limited to how yo the same vehicle or another vehicle Coverage is limited to his catual cash value plus valid Loss of Use charges The Cardholder must decine to the rental contract the CDW option or its equivalent offered by the Rental Agency. (The CollisionLoss Damage Insurance coverage to Cardholders with the full cast of each from this coverage is low index to the Same for another rental of a vehicle pro Use and mitesge here and the Card Starging Program will provide coverage to Cardholders with the full cast of each from this coverage is low of the damage/cos coverage will not be form this coverage is nusurance is declined. + Coverage is insurance is calined. + Coverage is nusurance is calined. + Coverage is nusurance is calined + Coverage is nusulated or the full cast of a vehicle provides coverage of the day for a rental vehicle and valic Rental Agency or the the covera			
 eligible for these benefits The length of time Yourent the same vehicle muterial will be eligible for these benefits. consecutive days, which follow one immediately after the order. In order to break the consecutive day cycle, a full cleandar day must exist between rental periods. If the rental period exceeds 48 consecutive days, such to fullow one immediately after the first 44 consecutive days. Coverage will not be provided form the first day onwards; i.e. coverage will not be provided form the first day onwards; i.e. coverage will not be provided form the first day onwards; e.g., coverage may not be extended for more than forty-eight (49) doys by renewing or taking out a new rental agreement with the same or another vehicle Coverage is limited to loss/damage to, or theft of a rental vehicle only up to the rental vehicle for another vehicle. coverage is limited to loss/damage to, or theft of a rental vehicle only up to the rental vehicle only up to the rental vehicle on the rental vehicle only up to the rental vehicle on the rental vehicle only up to the rental vehicle on the rental vehicle only up to the rental vehicle on the rental vehicle on the rental vehicle only up to the rental vehicle on the vehicle secured by the Rental Agency. (The COllision/Loss Damage Insurance to verage to the rendice vehicles excuered by the Rental Agency (The COW offer on the cowerage is another vehicles actual cash value plus valid Loss of Use the rental vehicles covered?) - The Collision/Loss Damage (CLD) Insurance. The overage of the the Use of the rental Agency (The COW offer on the cowerage is another vehicles actual cash value of the rental vehicle on the rental Agency (The COW offer on the COW offer on the COW offer on the COW offer on the cowerage is another vehicles actual cash value of the rental vehicle on the rental Agency (The COW offer on the cowerage is unitine			
 time Yournet the same vehicle or - vehicles must not exceed fory-eight (48) consecutive days, which follow one immediately after the other. In order to break the consecutive day core, a full calendar day must exits between the other. In order to break the consecutive day core, a full calendar day must exits between the consecutive day, which follow one immediately after the first day onwards, i.e. coverage will not be provided for either the first day converage will not be provided for either the first day converage will not be provided for either the first day converage will not be provided for either the first day converage will not be provided for either the first day converage will not be provided for either the first day converage will not be provided for either the first day converage will not be provided for either the first day converage will not be provided for either the first day converage will not be provided for either the first day converage will not be provided for either the first day converage will not be provided for either the first day converage will not be provided for either the first day converage will not be provided for either the first day converage will not be provided for either the first day converage will not be provided for either the first day converage will a provide day the same vehicle or another vehicle. coverage is must day be vehicle's actual cash value plus valid Loss of Use charges. The Cardholder must decline on the rental ovehicle only up to the rental Agency for the Re			
 The length of time You rent the same vehicle income to exceed 48 consecutive days, which follow one immediately after the same vehicle days, which follow one immediately after the vehicles income to exceed 48 consecutive days, which follow one immediately after the first day onwards, i.e. coverage will not be provided for either the first 48 consecutive days, coverage will not be provided for either the first 48 consecutive days, or any subsequent days. Coverage may not be extended for more than forty-eight (48) days by renewing or taking out a new rental agreement with the same or another vehicle. Coverage is any not be extended for more than forty-eight (48) days by renewing or taking out a new rental agreement with the same or another vehicle. Coverage is limited to loss/damage to, or theft of a rental vehicles. Coverage is limited to loss/damage to, or theft or a rental vehicle. Coverage is limited to loss/damage to, or theft or a rental vehicle. Coverage limited to loss/damage to, or theft or more than 6000000000000000000000000000000000000			
 immediately after the other. In order to break the consecutive day coverage will not be provided from the first day onwards; i.e. coverage will not be provided for either the first 48 consecutive days coverage will not be provided for either the first 48 consecutive days coverage will not be provided for the first day onwards; e.g., coverage may not be extended for more than forty-eight (48) days coverage is limited to loss/damage to, or theft of a rental vehicle only up to the rental vehicle's actual cash value plus valid Loss of Use charges. charges - The Cardholder must decline on the rental vehicle's actual cash value plus valid Loss of Use charges. charges, - The Cardholder must decline on the rental vehicle's actual cash value plus valid Loss of Use charges. charges - The Cardholder must decline on the rental vehicle's actual cash value plus valid Loss of Use charges. charges - The Cardholder must decline on the rental vehicle's actual cash value plus valid Loss of Use charges. charges - The Cardholder must decline on the rental vehicle's actual cash value plus valid Loss of Use charges. charges - The Cardholder must decline on the rental vehicle actual cash value plus valid Loss of Use charges. charges - The Cardholder must decline on the rental vehicle actual cash value plus valid Loss of Use charges. charges - The Cardholder must decline on the rental vehicle actual cash value plus valid Loss of Use charges. charges - The Cardholder must decline on the rental vehicle's actual cash value plus valid Loss of Use charges. charges - The Cardholder must decline on the rental vehicle's actual cash value plus valid Loss of Use charges. charges - The Cardholder must decline on the rental vehicle on the rental vehicle			
 break the consecutive day cycle, a full calendar day must exist between terms of the consecutive days coverage will not be provided for either the first day onwards, i.e. coverage will not be provided for either the first day consecutive days coverage will not be provided for either the first day consecutive days coverage will not be provided for either the first days. Coverage may not be extended for more than forty-eight (48) days by renewing or taking out a new rental agreement with the same or another whicle. Coverage is limited to loss/damage to, or theft of a rental vehicle only up to the rental or hor either of a rental vehicle. Coverage is limited to loss/damage to, or theft of a rental contract the CDW option or its equivalent offered by the Rental Agency. (The Collision/Loss Damage Insurance coverage to by the Rental Agency.) The Collision/Loss Damage Insurance coverage to by the Rental Agency. (The Collision/Loss Damage Insurance coverage to by the Rental Agency.) The Collision/Loss Damage Insurance coverage to by the Rental Agency. (The Collision/Loss Damage Insurance coverage to by the Rental Agency.) The Collision/Loss Damage Insurance coverage to by the Rental Agency. The Collision/Loss Damage Insurance coverage to by the Rental Agency. The Collision/Loss Damage Insurance coverage to by the Rental Agency. The Collision/Loss Damage Insurance coverage to by the Rental Agency. The Collision/Loss Damage Insurance is declined. • Coverage is available except when the full cost of each the CDW offered by the Rental Agency. There is no additional charge for the Coll Soles Coverage is oralisable except when the full cost of each addecline the CDW offered by the Rental Agency. There is no additional charge for the Coll Soles Coverage is full cost of the Contage of the restal Agency. Charge Soles Coverage is for addited cost of the Coll Soles Coverage is paid to the Coverage is additional charge for the full cost of each addition the agency. There is no additional char			
 calendar day must exist between rental periods. If the rental period exceeds 48 consecutive days, coverage will not be provided from the first day onwards, i.e. coverage will not be provided for either the first 48 consecutive days, coverage will not be provided for either the first 48 consecutive days, coverage will not be provided for either the first 48 consecutive days to extended for more than forty-eight (48) days for a rental period exceeds 48 consecutive days to ensure the first 48 consecutive days to ensure the first 48 consecutive days to ensure the first 48 consecutive days or any subsequent days. Coverage is limited to loss/damage to, or theft of a rental vehicle's actual cash value plus valid Loss of Use charges. charges - The Cardholder must do coverage is limited to loss/damage to, or theft of a rental vehicle's actual cash value plus valid Loss of Use charges. charges - The Cardholder must decline on the rental on the rental contract the CDW option or its equivalent offered by the Rental Agency. (The Collision/Loss Damage Insurance coverage to contract the CDW option or the coverage is outlind on the form the full cost of each from the Call biner full cost of each from the full cost of eac			
 periods. If the rental period exceeds forty-eight (48) consecutive days coverage will not be provided from the first day converage, will not be provided from the first day converage will not be provided for either the first 48 consecutive days or any subsequent days. Coverage way not be extended for more than forty-eight (48) days by renewing or taking out a new rental agreement with the same or another <i>Rental Agency</i> for the same vehicle or another vehicle. Coverage is limited to loss/damage to, or theft of a rental vehicle on the rental vehicle or the for a rental vehicle on the rental vehicle or another vehicle. Coverage is limited to loss/damage to, or theft of a rental vehicle on the rental vehicle on the rental contract the CDW option or its equivalent offered by the Rental Agency. (The Callision/Loss Damage Insurance coverage does not pay for the premium charged by the Rental Agency.) Mest vehicles are coverage is outlined in the section "Types of Vehicles Caverage is low the for Using Your D Credit Card and the Car Sharing Program sCollision/Loss Damage Insurance towerage is available except where prohibited by law. • Claims must be reported within to rowrage is available except where prohibited by law. • Claims must be reported within to rowrage is available except where prohibited by law. • Claims must be reported within to rowrage is available except where prohibited by law. • Claims must be reported within to rowrage is available except where prohibited by law. • Claims must be reported within to rowrage is paid for Using Your D Credit Card to the CAP Sharing Program Scillison/Loss Damage Insurance Coverage Ware To Coverage is paid for Using Your D Credit Card to pay for the fall cash value of the rental vehicle and vehicle for the CDI Insurance. The coverage of the to by the Rental Agency to loss contrage wither Yo			
 forty-eight (48) consecutive days, coverage will not be provided from the first day onwards, i.e. coverage will not be provided from the first day onwards; e.g., coverage will not be provided for either the first days. Coverage insuitable accellence of the same or another Rental Agency for the same vehicle or another vehicle. Coverage is limited to loss/damage to, or theft of a rental vehicle only up to the rental vehicle's actual cash value plus valid Loss of Use charges. The Cardholder must decline on the rental contract the CDW option or its equivalent offered by the Rental Agency. (The Collision/Loss Damage Insurance coverage is outlined in the section "Types of Vehicles Covered".) The Callision/Loss Damage Insurance Program will provide coverage is available except where prohibited by itaw. • Claims must be reported within forty-eight (48) hours of the damagetos, orcurring by calling 1-86-374-1129 (when in Ganada or the United States) or, call collect (L18) 977-4425. PLEASE READ THE FOLLOWING COVERAGE DESCRIPTION CAREFULLY POR MORE DETAILED INFORMATION ON CONDITIONS AND EXCLUSIONS. Collision/Loss Damage (LD) Insurance provides coverage when You Use Your TD Credit Card and the Car Sharing Program's Collision/Loss Damage Insurance is declined. • Coverage is available except where prohibited by taw. • Claims must be reported within forty-eight (48) hours of the damagetoss occurring by calling 1-866-374-1129 (when in Ganada or the United States) or, call collect (1416) 977-4425. PLEASE READ THE FOLLOWING COVERAGE DESCRIPTION CAREFULLY FOR MORE DETAILED INFORMATION ON CONDITIONS AND EXCLUSIONS. Collision/Loss Damage when You Use Your TD Credit Card to pay for the Rental Agency. There is no additional charge for the CLD Insurance. The coverage of the CDW (or an equivalent coverage) offered by the Rental Agency There is no additional charge for the CD Insurance is primary insurance (except for losses that may be waived or assumed by the Partial Agency or their insurer, and in s			
 coverage will not be provided from the first day onwards; e.g., coverage will not be provided for either the first 48 consecutive days or any subsequent days. Coverage will not be provided for either the first 48 consecutive days or any subsequent days. Coverage may not be extended for more than forty-eight (44) days by renewing or taking out a new rental agreement with the same or another <i>Rental Agency</i> for the same vehicle or another vehicle. Coverage is limited to loss/damage to, or theft of a rental vehicle only up to the rental vehicle's actual cash value plus valid Loss of Use charges. Charges The Cardholder must decline on the rental contract the CDW option or its equivalent offered by the Rental Agency. (The Collision/Loss Damage Insurance coverage does not pay for the CDW offered by the Rental Agency.) Mest vehicles are covered by the Rental Agency. (The Collision/Loss Damage Insurance coverage to Cardholders when the full cost of each rental or vehicles (for Usa and the car Sharing Program will provide coverage to Cardholder scorered to the action "Types of Vehicles Covered".) Cleardholders when the full cost of each rental a decline the Car Sharing Program scollision/Loss Damage Insurance for Coverage to Cardholder scorer by the Rental Agency. (Creat Card to targe for the CLD Insurance Program scollision/Loss Damage Insurance is declined.) Coverage is available except where prohibited by law. Clains must be reported within forty-eight (48) hours of the damage/loss occurring by calling 1-866-374-1129 (when in Canada or the Unices Your Coverage is available except where prohibited by law. Clains must be reported within 48 hours of the damage/loss occurring by calling 1-866-374-1129 (When in Canada or the Unices Your Coverage is available except where your Nou cardio or the coverage of the CDW form cardada or the Unices area to the coverage of the Coverage is available except where yourible data R			
be provided for either the first 48 consecutive days or any subsequent days. Coverage may not be extended for more than forty-eight (48) days by renewing or taking out a new rental agreement with the same or another Rental Agency for the same vehicle or another vehicle. • Coverage is limited to loss/damage to, or theft of a rental vehicle only up to the rental vehicle's actual cash value plus valid Loss of Use charges. • The Cardholder must decline on the rental contract the CDW option or its equivalent offered by the Rental Agency. (The Collision/Loss Damage Insurance coverage to souther in the section "Types of Vehicles accovered by the Policy. (A list of vehicles excluded from this coverage is outlined in the section "Types of Vehicles Covered"). The Collision/Loss Damage Insurance Program will provide coverage to Cardholders when the full cost of each rental of a vehicle (per Use and mileage charges) is paid for Using Your TD Credit Card and the Car Sharing Program's Collision/Loss Damage Insurance is declined. • Coverage is available except where prohibited by law. • Claims must be reported within forty-eight (48) hours of the damage/loss occurring by calling 1-866-374-1129 (when in Canada or the United States) or, call collect (L10) VINE COVERAGE BESCRIPTION CAREFULLY FOR MORE DETAILED INFORMATION ON CONDITIONS AND EXCLUSIONS. Collision/Loss Damage (CLD) Insurance provides coverage when You We Your TD Credit Card on to py for a rental Agency. The card to py to rearental States or coverage offered by the Rental Agency. The re is no additional charge for the CLD Insurance. The coverage is available except where prohibited by law. Claims must be repoled within 48 hours of the damage/loss occurring by calling 1-866-374-1129 (tol-Iree) Inform Aread or the Differed by the Rental Agency. The re is no additional charge for the Cultison/Loss Damage (CLD) Insurance. Provides coverage when You We Your TD Credit Card to pay for a rental vehicle and valid Rental Agency for loss/damages up to the actual cash value of		coverage will not be provided from the	consecutive days, coverage will not be
 Insurance is described by the Rental Agency. (The Cardholder must decline to CbW option or its equivalent offered by the Rental Agency. (The Cardholder must decline) is aquivalent offered by the Rental Agency. (The Cardholder must decline) is equivalent offered by the Rental Agency. (The Collision/Loss Damage Insurance coverage does not pay for the premium charged by the Rental Agency. (The Collision/Loss Damage Insurance coverage to Cardholders while for the CbW offered by the Rental Agency.) The Collision/Loss Damage Insurance provides coverage to Cardholder of Using Your TD Credit Card and the Car Sharing Program S Collision/Loss Damage Insurance is declined. • Coverage is available except where prohibited by law. • Claims must be reported within forty-eight (48) hours of the damage/loss occurring by calling 1-866-374-1129 (When in Canada or the United States) or, call collect (AID) NFT4425, PLEASE READ THE FOLLOWING COVERAGE READ THE FOLLOWING CONDITIONS AND EXCLUSIONS. Collision/Loss Damage (CLD) Insurance is realivation of the rental dagency for coss/damages up to the actual cash value plus valid be except where prohibited by law. • Claims must be reported within forty-eight (48) hours of the damage/loss occurring by calling 1-866-374-1129 (Collect) from the Conditional charge for the CDU OVING Conditional charge for the CDU OVING Conditional charge for the CDU OVING Conditional charge for the CDU Con			
 days: Coverage may not be extended for more than forty-eight (48) days by renewing or taking out a new rental agreement with the same or another <i>Rental Agency</i> for the same vehicle or another vehicle. days: Coverage may not be extended for more than 48 days by renewing or taking out a new rental agreement with the same or another <i>Rental Agency</i> for the same vehicle or another vehicle. coverage is limited to loss/damage to, or thef or a rental vehicle only up to the rental vehicle only up to the rental vehicle's actual cash value plus valid Loss of <i>Use</i> charges. The Cardholder must decline on the rental contract the CDW option or its equivalent offered by the <i>Rental</i> <i>Agency</i>. (The Collision/Loss Damage Insurance coverage to for the Policy. (A list of vehicles are covered by the Policy. (A list of vehicles are covered by the Policy. (A list of vehicles coverage to Cardholders when the full cost of each rental of a vehicle (per <i>Use</i> and mileage charges) is paid for <i>Using Your</i> TD Credit Card and the <i>Car Sharing</i> Program's Collision/Loss Damage Insurance Program will provide coverage to cocurring by calling 1-866-374-1129 (when in Canada or the United States) or, call collect (416) 977-4425, PLEASE READ THE FOLLOWING COVERAGE DESCRIPTION CAREFULLY FOR MORE DETAILED INFORMATION ON CONDITIONS AND EXCLUSONS. Collision/Loss Damage (CLD) Insurance provides coverage when You Use Your TD Credit Card on to the CDW (or an equivalent coverage) offered by the Rental Agency. Chains must be reported within 48 hours of the damage/loss occurring by calling 1-866-374-1129 (toll-free) Information on countries. PLEASE READ THE FOLLOWING CONDITIONS AND EXCLUSONS. Collision/Loss Damage for the CUD Insurance. The coverage Coverage is available except where prohibited by law. Clains must be reported within 48 hours of the damage/loss occurring by calling 1-866-374-1129 (toll-free) Information on coverage) offered by the Rental Agency. Chains must be reported			
 more than forly-eight (48) days by renewing or taking out a new rental agreement with the same or another <i>Rental Agency</i> for the same vehicle or another vehicle. another vehicle. Coverage is limited to loss/damage to, or theft of a rental wehicle only up to the rental contract the CDW option or its equivalent offered by the Rental Agency. (The Collision/Loss Damage Insurance coverage does not pay for the premium charged by the Rental Agency.) The Collision/Loss Damage Insurance coverage to Cardholder sexcluded from this coverage is outlined in the section "Types of Vehicles covered".) Nest vehicle and vehicle (per Use and mileage charges) is paid for Using Your TD Credit Card and the Car Sharing Program S Collision/Loss Damage Insurance is declined. • Coverage is outlined in the subsection "Types of Vehicles Covered".) Collision/Loss Damage Insurance provides coverage to Cardholders what be reported within forty-eight (48) hours of the damageloss occurring by calling 1-866-374-1129 (otheres) provides coverage when the CLD Wing Coverage is available except where prohibited by law. • Claims must be reported within 48 hours of the damageloss occurring by calling 1-866-374-1129 (otheres) rom Canada or the United States) or, call collect (416) 977-4425. PLEASE PLEASE READ THE FOLLOWING COVERAGE READ THE FOLLOWING COVERAGE READ THE FOLLOWING COVERAGE DESCRIPTION CAREFULLY FOR MORE DETAILED INFORMATION ON CONDITIONS AND EXCLUSIONS. Collision/Loss Damage (CLD) Insurance is primary insurance (except for Descent there to DW or an equivalent coverage offered by the Rental Agency. There is no additional charge for the CLD Insurance. The coverage for the CLD Wing Coverage to savailable except where prohibited by law. Claims must be reported within 48 hours of the damageloss occurring by calling 1-866-374-1129 (collect) from other countries. Coverage is paviable except where prohibited by law. Claims must be reported within 48 hours of			
 renewing or taking out a new rental agreement with the same or another <i>Rental Agency</i> for the same vehicle or another <i>Rental Agency</i> for the same vehicle or another <i>Rental Agency</i> for the same vehicle or another vehicle. Coverage is limited to loss/damage to, or thef to santhar vehicle only up to the rental vehicle or another vehicle. Coverage is limited to loss/damage to, or thef to santhar vehicle only up to the rental vehicle only up the vehicle only up to the rental vehicle only up vehice vehicles excluded from this coverage to the vehicles excluded from this coverage to the rental vehicle only on a vehicle (per Use and mileage charges) is paid for Using Your TD Credit Card to pay for the up to vehicle sextered vehice the cDU (oran equivalent forty-eight (48) hours of the damage/loss occur			
 Rental Agency for the same vehicle or another vehicle. Coverage is limited to loss/damage to, or thef to a rental vehicle only up to the rental vehicle's actual cash value plus valid Loss of Use charges. Charges. The Cardholder must decline to the rental contract the CDW option or its equivalent offered by the Rental Agency. (The Collision/Loss Damage Insurance coverage does not pay for the premium charged by the Rental Agency for the CDW offered by the Rental Agency.) Most vehicles are covered by the Policy. (A list of vehicles excluded from this coverage is outlined in the section "Types of Vehicles Covered".) The Collision/Loss Damage Insurance provides coverage to Cardholders when the full cost of each rental of a vehicle (per Use and mileage charges) is paid for Using Your TD Credit Card and the Car Sharing Program will provide coverage to available except where prohibited by law. Claims must be reported within an the conditional charge for the CDU for the CDW (or an equivalent coverage) offered by the Rental Agency. There is no additional charge for the CDU forange is available except where prohibited by law. Call collect (416) 977-4425. PLEASE READ THE FOLLOWING COVERAGE DESCRIPTION CAREFULLY FOR MORE DETAILED INFORMATION ON CONDITIONS AND EXCLUSIONS. Collision/Loss Damage (CLD) Insurance provides coverage when You Use You or a Rental Agency to loss of the canage loss occurring by calling 1-866-374-1129 (collerce) from Canad or the Us., or 1+416-977-4425 (collect) from other countries. Case READ THE FOLLOWING COVERAGE DESCRIPTION CAREFULLY FOR MORE DETAILED INFORMATION ON CONDITIONS AND EXCLUSIONS. Collision/Loss Damage (CLD) Insurance provides coverage when You Use You TD Credit Card to pay for a rental vehicle and decline the CDW (or an equivalent coverage) offered by the Rental Agency or the insure, and in such 			
 another vehicle. • Coverage is limited to loss/damage to, or theft of a rental vehicle only up to the rental vehicle's actual cash value plus valid Loss of Use charges. • The Cardholder must decline on the rental offered by the Rental Agency. (The Collision/Loss Damage Insurance coverage does not pay for the premium charged by the Rental Agency.) • Most vehicles are covered by the Policy. (A list of vehicles excluded from this coverage is outlined in the section "Types of Vehicles Coverage".) • The Collision/Loss Damage Insurance Program will provide coverage to Cardholders when the full cost of each rental of a vehicle (per Use and mileage charges) is paid for Using Your TD Credit Card and the Car-Sharing Program's Collision/Loss Damage Insurance is declined. • Coverage is available except where prohibited by law. • Claims must be reported within forty-eight (48) hours of the damage/loss occurring by calling 1-866-374-1129 (when in Canada or the United States) or, call collect (14fi) 977-4425. PLEASE READ THE FOLLOWING COVERAGE DESCRIPTION CAREFULLY FOR MORE DETAILED INFORMATION NON CONDITIONS AND EXCLUSIONS. Collision/Loss Damage (CLD) Insurance the courting by calling 1-866-374-1129 (when in Canada or the United States) or, call collect (14fi) 977-4425. PLEASE READ THE FOLLOWING COVERAGE DESCRIPTION CAREFULLY FOR MORE DETAILED INFORMATION NON CONDITIONS AND EXCLUSIONS. Collision/Loss Damage (CLD) Insurance, Previded within 48 hours of the countries. PLEASE READ THE FOLLOWING COVERAGE DESCRIPTION CAREFULLY FOR MORE DETAILED INFORMATION NON CONDITIONS AND EXCLUSIONS. Collison/Loss Damage (CLD) Insurance is primary insurance (except for losses that may be waived or assumed by the Rental Agency or their insurer, and in such 			
 Ioss/damage to, or theft of a rental vehicle's actual cash value plus valid Loss of Use charges. • The Cardholder must decline on the rental contract the CDW option or its equivalent offered by the Rental Agency. (The Collision/Loss Damage Insurance coverage does not pay for the premium charged by the Rental Agency, in the Solver vehicles are covered by the Rental Agency for the CDW offered by the Rental Agency for the CDW offered by the Rental Agency for the CDW offered by the Rental Agency in the Solver vehicles are covered by the Policy. (A list of vehicles excluded from this coverage is outlined in the section "Types of Vehicles Covered".) Most vehicles are covered by the Rental Agency for the CDW offered by the Rental Agency for the CDW offered by the Rental Agency. The Collision/Loss Damage Insurance is docline the CDW offered by the Rental Agency. The collision/Loss Damage Insurance is docline the Cardholders when the full cost of each rental of a vehicle Coverage to Cardholders when the full cost of each rental agency. The collision/Loss Damage Insurance is docline the Card and the Car Sharing Program is Collision/Loss Damage Insurance is docline the CDW (or an equivalent forty-eight (48) hours of the damage/loss occurring by calling 1-866-374-1129 (when in Canada or the United States) or, call collect (416) 977-4425. PLEASE READ THE FOLLOWING COVERAGE DESCRIPTION CAREFULLY FOR MORE DETAILED INFORMATION ON CONDITIONS AND EXCLUSIONS. Collision/Loss Damage (CLD) Insurance: Proceerage is available except where prohibited by law. • Claims must be reported within 48 hours of the damage/loss coverage when You Use Your TD Credit Card to pay for a rental vehicle and decline the CDW (or an equivalent coverage) offered by the Rental Agency. Chaims must be reported within 48 hours of the damage/loss coverage when You Use Your TD Credit Card to pay for a rental vehicle and decline the CDW (or an equivalent coverage) offered by the Rental Agency. Claims must be rep			
 vehicle's actual cash value plus valid Loss of Use charges. vehicle's actual cash value plus valid Loss of Use charges. The Cardholder must decline on the rental contract the CDW option or its equivalent offered by the Rental Agency. (The Collision/Loss Damage Insurance coverage does not pay for the premium charged by the Rental Agency.) Mest vehicles actuded from this coverage is outlined in the section "Types of Vehicles covered".) Most vehicles are covered by the Policy. (A list of vehicles excluded from this coverage is outlined in the subsection "Types of Vehicles covered".) Cardholders when the full cost of each rental of a vehicle (per Use and mileage charges) is paid for Using Your TD Credit Card and the Car Sharing Program's Collision/Loss Damage (I Card to pay for the full cost of a rental Agency. There is no additional charge for the CLD Insurance. The coverage is anailable except where prohibited by a wielid Rescrited Agency for loss/damages up to the actual cash value of the rented vehicle and valid Rental Agency for Ioss/damages up to the actual cash value of the rented vehicle and valid Rental Agency. There is no additional charge for the CLD Insurance. The coverage is available except where prohibited by law. Claims must be reported within forty-eight (48) hours of the damage/loss ocurring by calling 1-866-374-1129 (toll-free) from Canada or the ULS, or +1-416-977-4425 (collect) from Canada or the U.S., or +1-416-977-4425 (collect) from Canada or the U.S., or +1-416-977-4425 (collect) from Canada or the CDW or an equivalent coverage) offered by the Rental Agency. There is no additional charge for the Cours of the canade/loss coverage when You Use Your TD Credit Card to pay for a rental vehicle and decline the CDW (or an equivalent coverage) offered by the Rental Agency or their insurance (except for loss that may be waived or assumed by the Rental Agency or the in such) 			
 actual cash value plus valid Loss of Use charges. • The Cardholder must decline on the rental contract the CDW option or its equivalent offered by the Rental Agency. (The Collision/Loss Damage Insurance coverage does not pay for the premium charged by the Rental Agency.) • Most vehicles are covered by the Policy. (A list of vehicles are covered by the Policy. (A list of vehicles covered'.) • The Collision/Loss Damage Insurance Program will provide coverage to Cardholders when the full cost of each rental of a vehicle (per Use and mileage charges) is paid for Using Your TD Credit Card and the <i>Car Sharing</i> Program's Collision/Loss Damage Insurance is declined. • Coverage is available except where prohibited by law. • Claims must be reported within forty-eight (48) hours of the damage/loss occurring by calling 1-866-374-1129 (when in Canada or the United States) or, call collect (416) 977-4425. PLEASE READ THE FOLLOWING COVERAGE DESCRIPTION CAREFULLY FOR MORE DETAILED INFORMATION ON CONDITIONS AND EXCL USIONS. Collision/Loss Damage (LD) Insurance provides coverage when You Use Your TD Credit Card to pay for a rental vehicle and valid <i>Rental Agency</i> for loss/damages up to the actual cash value of the rented vehicle and valid <i>Rental Agency</i> for loss/damages up to the actual cash value of the rented vehicle and valid <i>Rental Agency</i> for loss/damages up to the actual cash value of the rented vehicle and valid <i>Rental Agency</i> for loss/damages up to the actual cash value of the rented vehicle and valid Rental Agency to fuel y the Rental Agency. There is no additional charge for the U.S., or +1-416-977-4425 (collect) from other countries. Clains must be reported within 48 hours of the damage/loss occurring by calling 1-866-374-1129 (toll-free) from Canada or the U.S., or +1-416-977-4425 (collect) from other countries. Clains must be reported within 48 hours of the damage/loss occurring by calling 1-866-374-1129 (toll-free) from Canada or the U.S., or +1-416-977-4425 (collect) fro			
 on the rental contract the CDW option or its equivalent offered by the Rental Agency. (The Collision/Loss Damage Insurance coverage does not pay for the premium charged by the Rental Agency.) for the CDW offered by the Rental Agency for the the CDW offered by the Rental Agency.) Most vehicles are covered by the Policy. (A list of vehicles are covered by the Policy. (A list of vehicles coverage). The Collision/Loss Damage Insurance Program will provide coverage to Cardholders when the full cost of each rental of a vehicle (per Use and mileage charges) is paid for Using Your TD Credit Card and the <i>Car Sharing</i> Program's Collision/Loss Damage Insurance is declined. • Coverage is available except where prohibited by law. • Claims must be reported within forty-eight (48) hours of the damage/loss occurring by calling 1-866-374-1129 (when in Canada or the United States) or, call collect (416) 977-4425. PLEASE READ THE FOLLOWING COVERAGE DESCRIPTION CAREFULLY FOR MORE DETAILED INFORMATION ON CONDITIONS AND EXCLUSIONS. Collision/Loss Damage (CLD) Insurance provides coverage when You Use Your TD Credit Card to pay for a rental vehicle and valid Renital Agency for loss/damages up to the actual cash value of the rented vehicle damage/loss occurring by calling 1-866-374-1129 (toll-free) from Canada or the U.S., or +1-416-977-4425 (collect) from other countries. Collision/Loss Damage (CLD) Insurance provides coverage when You Use Your TD Credit Card to pay for a rental vehicle of COW (or an equivalent coverage) offered by the Rental Agency. Claims must be reported within 48 hours of the damage/loss occurring by calling 1-866-374-1129 (toll-free) from Canada or the U.S., or +1-416-977-4425 (collect) from other countries. Coverage is available except where prohibited by law. Claims must be reported within 48 hours of the damage/loss occurring by calling 1-866-374-1129 (tol			•
 its equivalent offered by the Rental Agency. (The Collision/Loss Damage Insurance coverage does not pay for the premium charged by the Rental Agency.) • Most vehicles are covered by the Policy. (A list of vehicles are covered by the Policy. (A list of vehicles covered".) • The Collision/Loss Damage Insurance section "Types of Vehicles Covered".) • The Collision/Loss Damage Insurance Program will provide coverage to Cardholders when the full cost of each rental of a vehicle (per Use and mileage charges) is paid for Using Your TD Credit Card and the Card Sharing Program's Collision/Loss Damage Insurance is declined. • Coverage is available except where prohibited by calling 1-866-374-1129 (when in Canada or the United States) or, call collect (416) 977-4425. PLEASE READ THE FOLLOWING COVERAGE READ THE FOLLOWING COVERAGE DESCRIPTION CAREFULLY FOR MORE DETAILED INFORMATION ON CONDITIONS AND EXCLUSIONS. COLISION-LOSS DATES AND EXCLUSIONS. COVERAGE DESCRIPTION CAREFULLY FOR MORE DETAILED INFORMATION ON CONDITIONS AND EXCLUSIONS. C			
 Agency. (The Collision/Loss Damage Insurance coverage does not pay for the premium charged by the Rental Agency for the CDW offered by the Rental Agency for the CDW offered by the Rental Agency.) Most vehicles are covered by the Policy. (A list of vehicles covered'). Most vehicles are coverage is outlined in the section "Types of Vehicles Covered"). Most vehicles are coverage to Cardholders when the full cost of each rental of a vehicle (per Use and mileage charges) is paid for Using Your TD Credit Card and the Car Sharing Program's Collision/Loss Damage Insurance is declined Coverage is available except where prohibited by law. Claims must be reported within forty-eight (48) hours of the damage/loss occurring by calling 1-866-374-1129 (when in Canada or the United States) or, call collect (416) 977-4425. PLEASE READ THE FOLLOWING COVERAGE DESCRIPTION CAREFULLY FOR MORE DETAILED INFORMATION ON CONDITIONS AND EXCLUSIONS. Collision/Loss Damage (CLD) Insurance provides coverage when You Use Your TD Credit Card to pay for a rental vehicle and valid Rental Agency for 10ss/damages up to the actual cash value of the rented vehicle and valid Rental Agency Loss of Use charges when the conditions described below are met. Coverage is available except where prohibited by law. Claims must be reported within forty-eight (48) hours of the damage/loss occurring by calling 1-866-374-1129 (when in Card to pay for a rental vehicle and decline the CDW (or an equivalent coverage) offered by the Rental Agency the conditions described below are met. Coverage is available except where prohibited by law. Claims must be reported within 48 hours of the damage/loss occurring by calling 1-866-374-1129 (toll-free) from Canada or the U.S., or 1+14-6-977-4425 (collect) from other countries. PLEASE READ THE FOLLOWING COVERAGE DESCRIPTION CAREFULLY FOR MORE DETAILED INFORMATION ON CONDITIONS AND EXCLUSIONS.			
 Insurance coverage does not pay for the premium charged by the Pental Agency. Insurance is deciment of the premium charged by the Pental Agency for the CDW offered by the Pental Agency. Agency.) • Most vehicles are covered by the Policy. (A list of vehicles excluded from this coverage is outlined in the subsection "Types of Vehicles Covered".) • The Collision/Loss Damage Insurance Program will provide coverage to Cardholders when the full cost of each rental of a vehicle (per Use and mileage charges) is paid for Using Your TD Credit Card and the <i>Car Sharing</i> Program's Collision/Loss Damage Insurance is declined. • Coverage is available except where prohibited by law. • Claims must be reported within forty-eight (48) hours of the damage/loss occurring by calling 1-866-374-1129 (when in Canada or the United States) or, call collect (416) 977-4425. PLEASE READ THE FOLLOWING COVERAGE DESCRIPTION CAREFULLY FOR MORE DETAILED INFORMATION ON CONDITIONS AND EXCLUSIONS. Collision/Loss Damage (CLD) Insurance provides coverage when Yau Use Your TD Credit Card to pay for a rental vehicle and decline the CDW (or an equivalent coverage) offered by the Rental Agency Loss of Use charges when the conditions described below are met. • Coverage is available except where prohibited by law. • Callision/Loss Damage (CLD) Insurance. The coverage is available except where prohibited by law. • Callision/Loss Damage (CLD) Insurance provides coverage when Yau Use Your TD Credit Card to pay for a rental vehicle and decline the CDW (or an equivalent coverage) offered by the Rental Agency. • Collision/Loss Damage (CLD) Insurance. • Collision/Loss Damage (CLD) Insurance. • Collision/Loss Damage (CLD) Insurance is primary insurance (scept for losses that may be waived or assumed by the Rental Agency or their insurer, and in such 			
 premium charged by the Rental Agency for the CDW offered by the Rental Agency.) • Most vehicles are covered by the Policy. (A list of vehicles excluded from this coverage is outlined in the section "Types of Vehicles Covered".) • The Collision/Loss Damage Insurance Program will provide coverage to Cardholders when the full cost of each rental of a vehicle (per Use and mileage charges) is paid for Using Your TD Credit Card and the Car Sharing Program's Collision/Loss Damage Insurance is declined. • Coverage is available except where prohibited by law. • Claims must be reported within forty-eight (48) hours of the damage/loss occurring by calling 1-866-374-1129 (when in Canada or the United States) or, call collect (416) 977-4425. PLEASE READ THE FOLLOWING COVERAGE DESCRIPTION CAREFULLY FOR MORE DETAILED INFORMATION ON CONDITIONS AND EXCLUSIONS. Collision/Loss Damage (CLD) Insurance provides coverage when You Use Your TD Credit Card to pay for a rental vehicle and valid Rental Agency for loss/damages up to the actual cash value of the rented vehicle and valid Rental Agency for loss/damages up to the actual cash value of the rented vehicle and valid Rental Agency for loss/damages up to the actual cash value of the rented vehicle and valid Rental Agency for loss/damages up to the actual cash value of the rented vehicle and valid Rental Agency for Coreage is available except where prohibited by law. Claims must be reported within 48 hours of the damage/loss occurring by calling 1-866-374-1129 (toll-free) from Canada or the U.S., or +1-416-977-4425 (collect) from other countries. PLEASE READ THE FOLLOWING COVERAGE DESCRIPTION CAREFULLY For MORE DETAILED INFORMATION ON CONDITIONS AND EXCLUSIONS. CLD Insurance. The coverage 			
 Agency.) • Most vehicles are covered by the Policy. (A list of vehicles excluded from this coverage is outlined in the subsection "Types of Vehicles Covered".) • The Collision/Loss Damage Insurance Program will provide coverage to Cardholders when the full cost of each rental of a vehicle (per <i>Use</i> and mileage charges) is paid for <i>Using Your</i> TD Credit Card to pay for the full cost of a rental vehicle and decline the CDW (or an equivalent coverage) offered by the <i>Rental Agency tore</i> of loss/damages up to the actual cash value of the rented vehicle and valiable except where prohibited by law. • Claims must be reported within forty-eight (48) hours of the damage/loss occurring by calling 1-866-374-1129 (when in Canada or the United States) or, call collect (416) 977-4425. PLEASE READ THE FOLLOWING COVERAGE DESCRIPTION CAREFULLY FOR MORE DETAILED INFORMATION ON CONDITIONS AND EXCLUSIONS. Collision/Loss Damage (CLD) Insurance provides coverage when You Use Your TD Credit Card to pay for a rental vehicle and decline the CDW (or an equivalent coverage) offered by the Rental Agency. There is no additional charge for the CD Insurance. The coverage compensates You or a Rental Agency Loss of Use charges when the conditions described below are met. Coverage is available except where prohibited by law. Claims must be reported within 48 hours of the damage/loss occurring by calling 1-866-374-1129 (toll-free) from Canada or the U.S., or +1-129 (toll-free) from Can			
 the Policy. (A list of vehicles excluded from this coverage is outlined in the subsection "Types of Vehicles Coverage".) The Collision/Loss Damage Insurance Program will provide coverage to Cardholders when the full cost of each rental of a vehicle (per <i>Use</i> and mileage charges) is paid for <i>Using Your</i> TD Credit Card and the <i>Car Sharing</i> Program's Collision/Loss Damage Insurance is declined. • Coverage is available except where prohibited by law. • Claims must be reported within forty-eight (48) hours of the damage/loss occurring by calling 1-866-374-1129 (when in Canada or the United States) or, call collect (416) 977-4425. PLEASE READ THE FOLLOWING COVERAGE DESCRIPTION CAREFULLY FOR MORE DETAILED INFORMATION ON CONDITIONS AND EXCL<i>US</i>IONS. Collision/Loss Damage (CLD) Insurance provides coverage when <i>You Use Your</i> TD Credit Card to pay for a rental vehicle and decline the CDW (or an equivalent coverage) offered by the Rental Agency. There is no additional charge for the CLD Insurance. The coverage Claims must be reported within forty-eight (48) hours of the damage/loss occurring by calling 1-866-374-1129 (toll-free) from Canada or the U.S., or +1-416-977-4425 (collect) from other countries. Claims must be reported within 48 hours of the U.S., or +1-416-977-4425 (collect) from other countries. Claims must be reported within 48 hours of the U.S., or +1-416-977-4425 (collect) from other countries. Porcetit Card to pay for a rental vehicle and decline the CDW (or an equivalent coverage) offered by the Rental Agency. There is no additional charge for the CLD Insurance. The coverage 		-	
 from this coverage is outlined in the section "Types of Vehicles Covered".) The Collision/Loss Damage Insurance Program will provide coverage to Cardholders when the full cost of each rental of a vehicle (per <i>Use</i> and mileage charges) is paid for <i>Using Your</i> TD Credit Card and the <i>Car Sharing</i> Program's Collision/Loss Damage Insurance is declined. • Coverage is available except where prohibited by law. • Claims must be reported within forty-eight (48) hours of the damage/loss occurring by calling 1-866-374-1129 (when in Canada or the United States) or, call collect (416) 977-4425. PLEASE READ THE FOLLOWING COVERAGE DESCRIPTION CAREFULLY FOR MORE DETAILED INFORMATION ON CONDITIONS AND EXCLUSIONS. Collision/Loss Damage (CLD) Insurance provides coverage when <i>You Use Your</i> TD Credit Card to pay for a rental vehicle and decline the CDW (or an equivalent coverage) offered by the Rental Agency. There is no additional charge for the CLD Insurance. The coverage 			
 section "Types of Vehicles Covered".)• The Collision/Loss Damage Insurance Program will provide coverage to Cardholders when the full cost of each rental of a vehicle (per Use and mileage charges) is paid for Using Your TD Credit Card and the Car Sharing Program's Collision/Loss Damage Insurance is declined. • Coverage is available except where prohibited by law. • Claims must be reported within forty-eight (48) hours of the damage/loss occurring by calling 1-866-374-1129 (when in Canada or the United States) or, call collect (416) 977-4425. PLEASE READ THE FOLLOWING COVERAGE DESCRIPTION CAREFULLY FOR MORE DETAILED INFORMATION ON CONDITIONS AND EXCLUSIONS. Collision/Loss Damage (CLD) Insurance provides coverage when You Use Your TD Credit Card to pay for a rental vehicle and decline the CDW (or an equivalent coverage) offered by the Rental Agency for loss/damages up to the actual cash value of the rented vehicle and valid <i>Rental Agency Loss of Use</i> charges when the conditions described below are met. Coverage is available except where prohibited by law. Claims must be reported within 48 hours of the damage/loss occurring by calling 1-866-374-1129 (toll-free) from Canada or the U.S., or +1-416-977-4425 (collect) from other countries. PLEASE READ THE FOLLOWING COVERAGE DESCRIPTION CAREFULLY FOR MORE DETAILED INFORMATION ON conditional charge for the CLD Insurance. The coverage 			0
 Collision/Loss Damage Insurance Program will provide coverage to Cardholders when the full cost of each rental of a vehicle (per Use and mileage charges) is paid for Using Your TD Credit Card and the Car Sharing Program's Collision/Loss Damage Insurance is declined. • Coverage is available except where prohibited by law. • Claims must be reported within forty-eight (48) hours of the damage/loss occurring by calling 1-866-374-1129 (when in Canada or the United States) or, call collect (416) 977-4425. PLEASE READ THE FOLLOWING COVERAGE DESCRIPTION CAREFULLY FOR MORE DETAILED INFORMATION ON CONDITIONS AND EXCLUSIONS. Collision/Loss Damage (CLD) Insurance provides coverage when You Use Your Claims must be reported within 48 hours of the damage/loss occurring by calling 1-866-374-1129 (toll-free) from Canada or the U.S., or +1-416-977-4425 (collect) from other countries. PLEASE READ THE FOLLOWING COVERAGE DESCRIPTION CAREFULLY FOR MORE DETAILED INFORMATION ON CONDITIONS AND EXCLUSIONS. Collision/Loss Damage (CLD) Insurance provides coverage when You Use Your TD Credit Card to pay for a rental vehicle and decline the CDW (or an equivalent coverage) offered by the Rental Agency. PLEASE READ THE FOLLOWING COVERAGE DESCRIPTION CAREFULLY FOR MORE DETAILED INFORMATION ON CONDITIONS AND EXCLUSIONS. Collision/Loss Damage (CLD) Insurance provides coverage when You Use Your TD Credit Card to pay for a rental vehicle and decline the CDW (or an equivalent coverage) offered by the Rental Agency. CLD Insurance. The coverage 			
Cardholders when the full cost of each rental of a vehicle (per Use and mileage charges) is paid for Using Your TD Credit Card and the Car Sharing Program's Collision/Loss Damage Insurance is declined. • Coverage is available except where prohibited by law. • Claims must be reported within forty-eight (48) hours of the damage/loss occurring by calling 1-866-374-1129 (when in Canada or the United States) or, call collect (416) 977-4425. PLEASE READ THE FOLLOWING COVERAGE DESCRIPTION CAREFULLY FOR MORE DETAILED INFORMATION ON CONDITIONS AND EXCLUSIONS. Collision/Loss Damage (CLD) Insurance provides coverage when You Use Your TD Credit Card to pay for a rental vehicle and decline the CDU (or an equivalent coverage) offered by the Rental Agency. There is no additional charge for the CLD Insurance. The coverage is available except where prohibited by law. • Claims must be reported within 48 hours of the damage/loss occurring by calling 1-866-374-1129 (toll-free) from Canada or the U.S., or +1-416-977-4425 (collect) from other countries. PLEASE READ THE FOLLOWING COVERAGE DESCRIPTION CAREFULLY FOR MORE DETAILED INFORMATION ON CONDITIONS AND EXCLUSIONS. Collision/Loss Damage (CLD) Insurance provides coverage when You Use Your TD credit Card to pay for a rental vehicle and decline the CDW (or an equivalent coverage) offered by the Rental Agency. There is no additional charge for the CLD Insurance. The coverage			
 rental of a vehicle (per <i>Us</i>e and mileage charges) is paid for <i>Using Your</i> TD Credit Card and the <i>Car Sharing</i> Program's Collision/Loss Damage Insurance is declined. • Coverage is available except where prohibited by law. • Claims must be reported within forty-eight (48) hours of the damage/loss occurring by calling 1-866-374-1129 (when in Canada or the United States) or, call collect (416) 977-4425. PLEASE READ THE FOLLOWING COVERAGE DESCRIPTION CAREFULLY FOR MORE DETAILED INFORMATION ON CONDITIONS AND EXCLUSIONS. Collision/Loss Damage (CLD) Insurance provides coverage when <i>You Use Your</i> TD Credit Card to pay for a rental vehicle and decline the CDW (or an equivalent coverage) offered by the Rental Agency. There is no additional charge for the CLD Insurance. The coverage 			
 charges) is paid for Using Your TD Credit Card and the Car Sharing Program's Collision/Loss Damage Insurance is declined. • Coverage is available except where prohibited by law. • Claims must be reported within forty-eight (48) hours of the damage/loss occurring by calling 1-866-374-1129 (when in Canada or the United States) or, call collect (416) 977-4425. PLEASE READ THE FOLLOWING COVERAGE DESCRIPTION CAREFULLY FOR MORE DETAILED INFORMATION ON CONDITIONS AND EXCLUSIONS. Collision/Loss Damage (CLD) Insurance provides coverage when You Use Your TD Credit Card to pay for a rental vehicle and decline the CDW (or an equivalent coverage) offered by the Rental Agency. Claims must be reported within 48 hours of the damage/loss occurring by calling 1-866-374-1129 (toll-free) from Canada or the U.S., or +1-416-977-4425 (collect) from other countries. PLEASE READ THE FOLLOWING COVERAGE DESCRIPTION CAREFULLY FOR MORE DETAILED INFORMATION ON conditional charge for the CLD Insurance. The coverage 			
Credit Card and the <i>Car Sharing</i> Program's Collision/Loss Damage Insurance is declined. • Coverage is available except where prohibited by law. • Claims must be reported within forty-eight (48) hours of the damage/loss occurring by calling 1-866-374-1129 (when in Canada or the United States) or, call collect (416) 977-4425. PLEASE READ THE FOLLOWING COVERAGE DESCRIPTION CAREFULLY FOR MORE DETAILED INFORMATION ON CONDITIONS AND EXCLUSIONS. Collision/Loss Damage (CLD) Insurance provides coverage when You Use Your TD Credit Card to pay for a rental vehicle and decline the CDW (or an equivalent coverage) offered by the Rental Agency. There is no additional charge for the CLD Insurance. The coverage			
 Program's Collision/Loss Damage Insurance is declined. • Coverage is available except where prohibited by law. • Claims must be reported within forty-eight (48) hours of the damage/loss occurring by calling 1-866-374-1129 (when in Canada or the United States) or, call collect (416) 977-4425. PLEASE READ THE FOLLOWING COVERAGE DESCRIPTION CAREFULLY FOR MORE DETAILED INFORMATION ON CONDITIONS AND EXCLUSIONS. Collision/Loss Damage (CLD) Insurance provides coverage when You Use Your TD Credit Card to pay for a rental vehicle and decline the CDW (or an equivalent coverage) offered by the Rental Agency. There is no additional charge for the CLD Insurance. The coverage 			
 available except where prohibited by law. • Claims must be reported within forty-eight (48) hours of the damage/loss occurring by calling 1-866-374-1129 (when in Canada or the United States) or, call collect (416) 977-4425. PLEASE READ THE FOLLOWING COVERAGE DESCRIPTION CAREFULLY FOR MORE DETAILED INFORMATION ON CONDITIONS AND EXCLUSIONS. Collision/Loss Damage (CLD) Insurance provides coverage when You Use Your TD Credit Card to pay for a rental vehicle and decline the CDW (or an equivalent coverage) offered by the Rental Agency. There is no additional charge for the CLD Insurance. The coverage to the actual cash value of the rented vehicle and valid <i>Rental Agency Loss of Use</i> charges when the conditions described below are met. Coverage is available except where prohibited by law. Claims must be reported within 48 hours of the damage/loss occurring by calling 1-866-374-1129 (toll-free) from Canada or the U.S., or +1-416-977-4425 (collect) from other countries. PLEASE READ THE FOLLOWING COVERAGE DESCRIPTION CAREFULLY FOR MORE DETAILED INFORMATION ON CONDITIONS AND EXCLUSIONS. CLD Insurance. The coverage 		Program's Collision/Loss Damage	CLD Insurance. The coverage compensates
 law. • Claims must be reported within forty-eight (48) hours of the damage/loss occurring by calling 1-866-374-1129 (when in Canada or the United States) or, call collect (416) 977-4425. PLEASE READ THE FOLLOWING COVERAGE DESCRIPTION CAREFULLY FOR MORE DETAILED INFORMATION ON CONDITIONS AND EXCLUSIONS. Collision/Loss Damage (CLD) Insurance provides coverage when You Use Your TD Credit Card to pay for a rental vehicle and decline the CDW (or an equivalent coverage) offered by the Rental Agency. There is no additional charge for the CLD Insurance. The coverage law. • Claims must be reported within 48 hours of the damage/loss occurring by calling 1-866-374-1129 (toll-free) from Canada or the U.S., or +1-416-977-4425 (collect) from other countries. PLEASE READ THE FOLLOWING COVERAGE DESCRIPTION CAREFULLY FOR MORE DETAILED INFORMATION ON CONDITIONS AND EXCLUSIONS. CLD Insurance is primary insurance (except for losses that may be waived or assumed by the <i>Rental Agency</i> or their insurer, and in such 			
 forty-eight (48) hours of the damage/loss occurring by calling 1-866-374-1129 (when in Canada or the United States) or, call collect (416) 977-4425. PLEASE READ THE FOLLOWING COVERAGE DESCRIPTION CAREFULLY FOR MORE DETAILED INFORMATION ON CONDITIONS AND EXCLUSIONS. Collision/Loss Damage (CLD) Insurance provides coverage when You Use Your TD Credit Card to pay for a rental vehicle and decline the CDW (or an equivalent coverage) offered by the Rental Agency. There is no additional charge for the CLD Insurance. The coverage when the conditions described below are met. Coverage is available except where prohibited by law. Claims must be reported within 48 hours of the damage/loss occurring by calling 1-866-374-1129 (toll-free) from Canada or the U.S., or +1-416-977-4425 (collect) from other countries. PLEASE READ THE FOLLOWING COVERAGE DESCRIPTION CAREFULLY FOR MORE DETAILED INFORMATION ON CONDITIONS AND EXCLUSIONS. CLD Insurance. The coverage 			
 occurring by calling 1-866-374-1129 (when in Canada or the United States) or, call collect (416) 977-4425. PLEASE READ THE FOLLOWING COVERAGE DESCRIPTION CAREFULLY FOR MORE DETAILED INFORMATION ON CONDITIONS AND EXCLUSIONS. Collision/Loss Damage (CLD) Insurance provides coverage when You Use Your TD Credit Card to pay for a rental vehicle and decline the CDW (or an equivalent coverage) offered by the Rental Agency. There is no additional charge for the CLD Insurance. The coverage Coverage is available except where prohibited by law. Claims must be reported within 48 hours of the damage/loss occurring by calling 1-866-374-1129 (toll-free) from Canada or the U.S., or +1-416-977-4425 (collect) from other countries. PLEASE READ THE FOLLOWING COVERAGE DESCRIPTION CAREFULLY FOR MORE DETAILED INFORMATION ON CONDITIONS AND EXCLUSIONS. CLD Insurance. The coverage 			
 (when in Canada or the United States) or, call collect (416) 977-4425. PLEASE READ THE FOLLOWING COVERAGE DESCRIPTION CAREFULLY FOR MORE DETAILED INFORMATION ON CONDITIONS AND EXCLUSIONS. Collision/Loss Damage (CLD) Insurance provides coverage when You Use Your TD Credit Card to pay for a rental vehicle and decline the CDW (or an equivalent coverage) offered by the Rental Agency. There is no additional charge for the CLD Insurance. The coverage (when in Canada or the United States) or, call collect (416) 977-4425. PLEASE damage/loss occurring by calling 1-866-374-1129 (toll-free) from Canada or the U.S., or +1-416-977-4425 (collect) from other countries. PLEASE READ THE FOLLOWING COVERAGE DESCRIPTION CAREFULLY FOR MORE DETAILED INFORMATION ON CONDITIONS AND EXCLUSIONS. CLD Insurance. The coverage 			
READ THE FOLLOWING COVERAGE DESCRIPTION CAREFULLY FOR MORE DETAILED INFORMATION ON CONDITIONS AND EXCLUSIONS. Collision/Loss Damage (CLD) Insurance provides coverage when You Use Your TD Credit Card to pay for a rental vehicle and decline the CDW (or an equivalent coverage) offered by the Rental Agency. There is no additional charge for the CLD Insurance. The coveragedamage/loss occurring by calling 1-866-374-1129 (toll-free) from Canada or the U.S., or +1-416-977-4425 (collect) from other countries.PLEASE READ THE FOLLOWING COVERAGE DESCRIPTION CAREFULLY FOR MORE DETAILED INFORMATION ON CONDITIONS AND EXCLUSIONS. CLD Insurance is primary insurance (except for losses that may be waived or assumed by the <i>Rental Agency</i> or their insurer, and in such		(when in Canada or the United States)	by law.
DESCRIPTION CAREFULLY FOR MORE DETAILED INFORMATION ON CONDITIONS AND EXCLUSIONS. Collision/Loss Damage (CLD) Insurance provides coverage when You Use Your TD Credit Card to pay for a rental vehicle and decline the CDW (or an equivalent coverage) offered by the Rental Agency. There is no additional charge for the CLD Insurance. The coverage1-866-374-1129 (toll-free) from Canada or the U.S., or +1-416-977-4425 (collect) from other countries.1-866-374-1129 (toll-free) from Canada or the U.S., or +1-416-977-4425 (collect) from other countries.PLEASE READ THE FOLLOWING COVERAGE DESCRIPTION CAREFULLY FOR MORE DETAILED INFORMATION ON CONDITIONS AND EXCLUSIONS.CLD Insurance. The coverage			
MORE DETAILED INFORMATION ON CONDITIONS AND EXCLUSIONS. Collision/Loss Damage (CLD) Insurance provides coverage when You Use Your TD Credit Card to pay for a rental vehicle and decline the CDW (or an equivalent coverage) offered by the Rental Agency. There is no additional charge for the CLD Insurance. The coverageU.S., or +1-416-977-4425 (collect) from other countries.U.S., or +1-416-977-4425 (collect) from other countries.U.S., or +1-416-977-4425 (collect) from other countries.DescriptionCollision/Loss Damage (CLD) Insurance provides coverage when You Use Your TD Credit Card to pay for a rental vehicle and decline the CDW (or an equivalent coverage) offered by the Rental Agency. There is no additional charge for the CLD Insurance. The coverageU.S., or +1-416-977-4425 (collect) from other countries.DescriptionConstructionU.S., or +1-416-977-4425 (collect) from other countries.DescriptionConstructionCoverage DescriptionConstructionConstructionConstructionCoverageConstructionConstructionClubCoverageCLD Insurance (except for losses that may be waived or assumed by the <i>Rental Agency</i> or their insurer, and in such			
CONDITIONS AND EXCLUSIONS. Collision/Loss Damage (CLD) Insurance provides coverage when You Use Your TD Credit Card to pay for a rental vehicle and decline the CDW (or an equivalent coverage) offered by the Rental Agency. There is no additional charge for the CLD Insurance. The coverage			
provides coverage when You Use Your TD Credit Card to pay for a rental vehicle and decline the CDW (or an equivalent coverage) offered by the Rental Agency. There is no additional charge for the CLD Insurance. The coverageCOVERAGE DESCRIPTION CAREFULLY FOR MORE DETAILED INFORMATION ON CONDITIONS AND EXCLUSIONS. CLD Insurance is primary insurance (except for losses that may be waived or assumed by the <i>Rental Agency</i> or their insurer, and in such			
TD Credit Card to pay for a rental vehicle and decline the CDW (or an equivalent coverage) offered by the Rental Agency. There is no additional charge for the CLD Insurance. The coverage FOR MORE DETAILED INFORMATION ON CONDITIONS AND EXCLUSIONS. CLD Insurance is primary insurance (except for losses that may be waived or assumed by the <i>Rental Agency</i> or their insurer, and in such		3 ()	PLEASE READ THE FOLLOWING
and decline the CDW (or an equivalent coverage) offered by the Rental Agency. There is no additional charge for the CLD Insurance. The coverageCONDITIONS AND EXCLUSIONS. CLD Insurance is primary insurance (except for losses that may be waived or assumed by the <i>Rental Agency</i> or their insurer, and in such			
coverage) offered by the Rental Agency. There is no additional charge for the CLD Insurance. The coverageCLD Insurance is primary insurance (except for losses that may be waived or assumed by the <i>Rental Agency</i> or their insurer, and in such			
There is no additional charge for the CLD Insurance. The coverageIosses that may be waived or assumed by the <i>Rental Agency</i> or their insurer, and in such			
		There is no additional charge for the	losses that may be waived or assumed by the
compensates You or a Rental Agency circumstances where local government		0	
		compensates You or a Rental Agency	circumstances where local government

Changes to your Certificate of Insurance, as of March 24, 2022		
Benefit	Before	After
	for loss/damages up to the actual cash value of the rented vehicle and valid <i>Rental Agency</i> Loss of <i>Us</i> e charges when the conditions described below are met.	insurance legislation states otherwise) which pays the amount for which <i>You</i> are liable to the <i>Rental Agency</i> up to the actual cash value of the damaged or stolen rental vehicle as well as valid <i>Loss of Use</i> charges resulting from damage or theft occurring while <i>You</i> are the renter of the rental vehicle. The length of time <i>You</i> rent the same vehicle or vehicles must not exceed 48 consecutive days. If <i>You</i> rent the same vehicle or vehicles for more than 48 consecutive days, no coverage is provided for any part of your rental period.

Changes to your Certificate of Insurance, as of March 24, 2022		
Benefit	Before	After
Auto Rental	B. Collision/Loss Damage Covers CLD	Section 5 – Limitations and Exclusions
Collision/Loss Damage Insurance	Insurance is primary insurance (except for losses that may be waived or	Collision/Loss Damage (CLD) Insurance does NOT include loss arising directly or indirectly
Damage insurance	assumed by the <i>Rental Agency</i> or their	from:
	insurer, and in such circumstances	1. a replacement vehicle for which Your
	where local government insurance	personal automobile insurance is covering all or
	legislation states otherwise) which pays the amount for which You are liable to	part of the cost of the rental; 2. third-party liability;
	the <i>Rental Agency</i> up to the actual cash	3. personal injury or damage to property, except
	value of the damaged or stolen rental	the rental vehicle itself or its equipment;
	vehicle as Well as valid Loss of <i>Use</i> charges resulting from damage or theft	4. the operation of the rental vehicle at any time during which any <i>Insured Person</i> is driving while
	occurring while You are the renter of the	intoxicated or under the influence of any
	rental vehicle. The length of time You	narcotic;
	rent the same vehicle or vehicles must	5. any dishonest, fraudulent or criminal act
	not exceed forty-eight (48) consecutive days. If <i>You</i> rent the same vehicle or	committed by any <i>Insured Person</i> ; 6. wear and tear, gradual deterioration, or
	vehicles for more than forty-eight (48)	mechanical or electrical breakdown or failure,
	consecutive days, no coverage is	inherent vice or damage, insects or vermin;
	provided for any part of Your rental	7. operation of the rental vehicle in violation of
	period. This coverage does NOT include loss arising directly or indirectly from: 1.	the terms of the rental agreement except: a) <i>Insured Persons</i> as defined, may operate the
	a replacement vehicle for which Your	rental vehicle;
	personal automobile insurance is	b) the rental vehicle may be driven on publicly
	covering all or part of the cost of the rental; 2. third party liability; 3. personal	maintained gravel roads; c) the rental vehicle may be driven across
	injury or damage to property, except the	provincial and state boundaries in Canada
	rental vehicle itself or its equipment; 4.	and the U.S. and between Canada and the
	the operation of the rental vehicle at any	U.S.
	time during which any <i>Insured Person</i> is driving while intoxicated or under the	NOTE: It must be noted that loss/damage arising while the vehicle is being operated, as
	influence of any narcotic; 5. any	described in #7, is covered by this insurance.
	dishonest, fraudulent or criminal act	However, the Rental Agency's third-party
	committed by any <i>Insured Person</i> ; 6. wear and tear, gradual deterioration, or	insurance will not be in force and, as such, You must ensure that You are adequately insured
	mechanical or electrical breakdown or	privately for third-party liability.
	failure, inherent vice or damage, insects	8. seizure or destruction under a quarantine or
	or vermin; 7. operation of the rental vehicle in violation of the terms of the	customs regulations or confiscated by order of any government or public authority;
	rental agreement except: (a) <i>Insured</i>	9. transportation of contraband or illegal trade;
	Persons as defined, may operate the	10. war; or civil unrest; or an act of war, whether
	rental vehicle; (b) the rental vehicle may be driven on publicly maintained gravel	declared or undeclared; or hostile or warlike
	roads; (c) the rental vehicle may be	action in time of peace or war; or willing participation in a riot or civil unrest; or rebellion;
	driven across provincial and state	or revolution; or insurrection; or any service in
	boundaries in Canada and the U.S. and	the armed forces while on duty;
	between Canada and the U.S. N.B. It must be noted that loss/damage arising	 transportation of property or passengers for hire;
	while the vehicle is being operated under	12. nuclear reaction, nuclear radiation, or
	(a), (b) or (c) above is covered by this	radioactive contamination;
	insurance. However, the Rental	13. intentional damage to the rental vehicle by
	Agency's third party insurance will not be in force and, as such, You must ensure	an Insured Person.
	that You are adequately insured privately	
	for third party liability. 8. seizure or	
	destruction under a quarantine or customs regulations or confiscated by	
	order of any government or public	
	authority; 9. transportation of contraband	
	or illegal trade; 10. war, hostile or warlike action, insurrection, rebellion, revolution,	
	civil war, usurped power, or action taken	
	by government or public authority in	
	hindering, combatting or defending	
	against such action; 11. transportation of property or passengers for hire; 12.	
	nuclear reaction, nuclear radiation, or	
	radioactive contamination; 13. intentional	
	damage to the rental vehicle by an <i>Insured Person</i> .	

	Changes to your Certificate of Insurar	nce, as of March 24, 2022
Benefit	Before	After
Auto Rental Collision/Loss Damage Insurance	C. Who is Eligible for Coverage? <i>Insured</i> <i>Persons</i> as defined provided that: 1. <i>Your</i> Card <i>Account</i> privileges have not been terminated or suspended, and/or 2. <i>Your</i> Card <i>Account</i> is not more than ninety (90) days past due.	Section 2 – Eligibility Who is Eligible for Coverage? Insured Persons as defined provided that: 1. Your Card Account privileges have not been terminated or suspended; and 2. Your Card Account is not more than 90 days past due.
Auto Rental Collision/Loss Damage Insurance	 D. Coverage Activation For coverage to be in effect, You must: Use Your TD Credit Card to pay for the entire rental from a Rental Agency. Decline the Rental Agency's CDW option or similar coverage offered by the Rental Agency on the rental contract. If there is no space on the vehicle rental contract for You to indicate that You have declined the coverage, then indicate in writing on the contract "I decline CDW provided by this merchant". Rental vehicles which are part of prepaid travel packages are also covered if the total package was paid by Your TD Credit Card. You are covered if You receive a "free rentals and if each such previous rental was entirely paid for with Your TD Credit Card. You are covered if You receive a "free rentals and if each such previous rental was entirely paid for with Your TD Credit Card. You are covered if You receive a "free rental" day(s) as a result of the Aeroplan program for the number of days of free rental (or similar TD Credit Card program). If the free rental day(s) are combined with rental days for which You pay the negotiated rate, this entire balance must be paid by Your TD Credit Card. You are covered if Aeroplan points are used to obtain the rental. However, if only a partial payment is paid using Your Aeroplan points, the entire balance of that rental must be paid using Your TD Credit Card in order to be covered. 	 Coverage Activation For coverage to be in effect, You must: Use Your TD Credit Card to pay for the entire rental from a Rental Agency. Decline the Rental Agency's CDW option or similar coverage offered by the Rental Agency on the rental contract. If there is no space on the vehicle rental contract for You to indicate that You have declined the coverage, then indicate in writing on the contract "I decline CDW provided by this merchant". Rental vehicles which are part of prepaid travel packages are also covered if the total package was paid by Your TD Credit Card. You are covered if You receive a "free rental" as a result of a promotion where You have had to make previous vehicle rentals and if each such previous rental was entirely paid for with Your TD Credit Card. You are covered if You receive a "free rental" day(s) as a result of the Aeroplan program for the number of days of free rental (or similar TD Credit Card program). If the free rental day(s) are combined with rental days for which You pay the negotiated rate, this entire balance must be paid by Your TD Credit Card. You are covered if Aeroplan Points are used to obtain the rental. If partial payment is paid using Your Aeroplan Points, the remaining balance of that rental must be paid using Your TD Credit Card in order to be covered. Aeroplan Points or any other Frequent Flyer Plan Rewards Units Under no circumstances will any benefit be payable in connection with the value of Aeroplan Points or frequent flyer plan rewards units that have been lost or wasted.
Auto Rental Collision/Loss Damage Insurance	 E. Coverage Termination There is NO Coverage when: 1. The <i>Rental Agency</i> reassumes control of the rental vehicle. 2. This Policy is cancelled. 3. <i>Your</i> rental period is more than forty-eight (48) consecutive days, or <i>Your</i> rental period is extended for more than forty-eight (48) consecutive days by renewing or taking out a new rental agreement with the same or another <i>Rental Agency</i> for the same vehicle or other vehicles. 4. <i>Your</i> TD Credit Card is cancelled or Card privileges are otherwise terminated 	Section 6 – When Coverage Terminates No change.

	Changes to your Certificate of Insurar	nce, as of March 24, 2022
Benefit	Before	After
Auto Rental Collision/Loss Damage Insurance	F. Where Coverage is Available This coverage is available on a 24-hour basis unless precluded by law or the coverage is in violation of the terms of the rental contract in the jurisdiction in which it was formed (other than under section B, Part 7 (a) (b) or (c) above). (See the section on "Helpful Hints" for tips on locations where <i>Us</i> e of this coverage may be challenged and what to do when a <i>Rental Agency</i> makes the rental or return of a vehicle difficult.)	Section 4 – Description of Insurance Coverage Where Coverage is Available This coverage is available on a 24-hour basis unless precluded by law or the coverage is in violation of the terms of the rental contract in the jurisdiction in which it was formed (other than described in Section 5 – "Limitations and Exclusions", under #7). (See Section 9 – "Helpful Hints" for tips on locations where use of this coverage may be challenged and what to do when a <i>Rental Agency</i> makes the rental or return of a vehicle difficult.)
Auto Rental Collision/Loss Damage Insurance	G. Types of Vehicles Covered The types of rental vehicles covered include: All cars, sport utility vehicles, and Mini-Vans (defined as vans made by an automobile manufacturer and classified by the manufacturer or a government authority as Mini-Vans made to transport a maximum of eight (8) people including the driver and which are used excl <i>us</i> ively for the transportation of passengers and their luggage) except those excluded below.	Section 4 – Description of Insurance Coverage Types of Vehicles Covered No change.
Auto Rental Collision/Loss Damage Insurance	The following vehicles are NOT covered: 1. vans, cargo vans or mini cargo vans (other than Mini-Vans as described above); 2. trucks, pick-up trucks or any vehicle that can be spontaneously reconfigured into a pick-up truck; 3. limousines; 4. off-road vehicles – meaning any vehicle used on roads that are not publicly maintained roads unless used to ingress and egress private property; 5. motorcycles, mopeds or motor bikes; 6. trailers, campers, recreational vehicles or vehicles not licensed for road use; 7. vehicles towing or propelling trailers or any other object; 8. mini-buses or buses; 9. any vehicle with a Manufacturer's Suggested Retail Price (MSRP) excluding all taxes, over sixty-five thousand dollars (\$65,000) Canadian, at the time and place of loss. 10. exotic vehicles, meaning vehicles such as Aston Martin, Bentley, Bricklin, Daimler, DeLorean, Excalibur, Ferrari, Jensen, Lamborghini, Lotus, Maserati, Porsche, Rolls Royce; 11. any vehicle which is either wholly or in part hand made, hand finished or has a limited production of under 2,500 vehicles per year; 12.antique vehicles, meaning a vehicle over twenty (20) years old or which has not been manufactured for ten (10) years or more. 13. Tax-free cars. Luxury vehicles such as BMW, Cadillac, Lincoln and Mercedes Benz are covered as long as they meet the above requirements.	Section 5 – Limitations and Exclusions Vehicles that are NOT covered are: No change.

• · • · •		
Auto Rental	IN THE EVENT OF AN	Section 7 – In the Event of an Accident/Theft
Collision/Loss	ACCIDENT/THEFT • Within forty-eight	• Within 48 hours, call Our Administrator at
Damage Insurance	(48) hours, call the Administrator toll-free	1-866-374-1129 (toll-free) from Canada or
	1-866-374-1129 if <i>You</i> are in Canada or	the U.S., or +1-416-977-4425 (collect) from
	the United States or call collect (416) 977-4425. The <i>Administrator</i> 's	other countries. Our Administrator's
	representative will answer Your	representative will answer Your questions and send You a claim form.
	questions and send You a claim form.	Decide with the rental agent which one of
	Decide with the rental agent which one	You will make the claim.
	of <i>You</i> will make the claim. • If the rental	If the rental agent decides to settle the claim
	agent decides to settle the claim directly,	directly, complete the accident report claim form
	complete the accident report claim form	and assign the right for the <i>Rental Agency</i> to
	and assign the right for the Rental	make the claim on Your behalf on the claim
	Agency to make the claim on Your	form or other authorized forms. It is important to
	behalf on the claim form or other	note that You remain responsible for the
	authorized forms. It is important to note	damage/loss and that You may be contacted in
	that You remain responsible for the	the future to answer inquiries resulting from the
	damage/loss and that You may be	claims process. The rental agent may fax the
	contacted in the future to answer	required documentation to +1-819-569-2814
	inquiries resulting from the claims	(toll-free).
	process. The rental agent may fax the	Original documentation may also be required in
	required documentation toll-free if they	some instances. (If You have any questions, are
	are in Canada or the United States to 1-	having any difficulties, or would like the claims
	877-661-3566. When elsewhere the fax	Administrator to be involved immediately, call
	number is 1-519-742-9471. Original	the number provided above).
	documentation may also be required in	• If You will be making the claim, You must call the claims Administrator within 48 hours of
	some instances. (If <i>You</i> have any questions, are having any difficulties, or	the damage/theft having occurred. Your claim
	would like the claims <i>Administrator</i> to be	must be submitted with as much
	involved immediately, call the number	documentation, as requested by <i>Our</i>
	provided above). • If You will be making	Administrator below, within 45 days of
	the claim, You must call the claims	discovering the loss/damage. You will need to
	Administrator within forty-eight (48)	provide all documentation within 90 days of
	hours of the damage/theft having	the date of damage or theft to the claims
	occurred. Your claim must be submitted	Administrator.
	with as much documentation, requested	• The following claim documentation is required:
	below, as possible within forty-five (45)	 the claim form, completed and signed;
	days of discovering the loss/damage.	Your sales draft showing that the rental
	You will need to provide all	was paid in full with the TD Credit Card
	documentation within ninety (90) days of	and/or proof of redemption;
	the date of damage or theft to the claims	 the original copy of the vehicle rental
	Administrator. • The following claim documentation is required: – the claim	agreement;
	form, completed and signed – Your sales	 the accident or damage report, if available;
	draft showing that the rental was paid in	 the itemized repair bill, or if not available,
	full with the TD Credit Card and/or proof	a copy of the estimate;
	of redemption – the original copy of the	 the receipt for paid repairs;
	vehicle rental agreement - accident or	 the police report, when available;
	damage report, if available - the	 a copy of Your billing or pre-billing
	itemized repair bill, or if not available, a	statement if any repair charges were billed
	copy of the estimate – receipt for paid	to Your Account,
	repairs – police report, when available –	 Under normal circumstances, the claim will be
	copy of Your billing or pre-billing	paid within 15 days after the claims
	statement if any repair charges Were	Administrator has received all necessary
	billed to Your Account Under normal	documentation. If the claim cannot be assessed on the basis of the information that
	circumstances, the claim will be paid within fifteen (15) days after the claims	has been provided, it will be closed.
	Administrator has received all necessary	After Our Administrator has paid Your claim,
	documentation. If the claim cannot be	Your rights and recoveries will be transferred to
	assessed on the basis of the information	the Insurer to the extent of <i>Our Administrator's</i>
	that has been provided, it will be closed.	payment for the loss/damage incurred when the
	After the Company has paid Your claim,	rental vehicle was Your responsibility. This
	Your rights and recoveries will be	means the Insurer will then be entitled, at its
	transferred to the Company to the extent	own expense, to sue in Your name. If the
	of the Company's payment for the	Insurer chooses to sue another party in Your
	loss/damage incurred when the rental	name, You must give the Insurer all the
	vehicle was Your responsibility. This	assistance they may reasonably require to
	means the Company will then be	secure its rights and remedies. This may include
	entitled, at its own expense, to sue in	providing Your signature on all necessary
	Your name. If the Company chooses to	documents that enable the Insurer to sue in
	sue another party in <i>Your</i> name, <i>You</i> must give the Company all the	Your name.
	assistance the Company and the	Once You report damage, loss or theft, a claim file will be opened and will remain open for 6
	reasonably require to secure its rights	months from the date of the damage or theft.
	and remedies. This may include	Payment will only be made on a claim or any
	providing Your signature on all	part of a claim that is completely substantiated
	necessary documents that enable the	
	· ·	

	Changes to your Certificate of Insurance, as of March 24, 2022		
Benefit	Before	After	
	Company to sue in <i>Your</i> name. Once <i>You</i> report damage, loss or theft, a claim file will be opened and will remain open for six (6) months from the date of the damage or theft. Payment will only be made on a claim or any part of a claim that is completely substantiated as required by the claims <i>Administrator</i> within six (6) months of the date of loss/damage. <i>You</i> should <i>Use</i> due diligence and do all things necessary to avoid or reduce any loss or damage to property protected by this Collision/Loss Damage Insurance. If <i>You</i> make a claim knowing it to be false or fraudulent in any respect, <i>You</i> will not be entitled to the benefits of this protection, nor to the payment of any claim made under this Policy	as required by the claims <i>Administrator</i> within 6 months of the date of loss/damage. <i>You</i> should use due diligence and do all things necessary to avoid or reduce any loss or damage to property protected by this Collision/ Loss Damage Insurance. If <i>You</i> make a claim knowing it to be false or fraudulent in any respect, <i>You</i> will not be entitled to the benefits of this protection, nor to the payment of any claim made under this Policy.	
Auto Rental Collision/Loss Damage Insurance	H. LEGAL ACTION LIMITATION PERIOD Every action or proceeding against the insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act (for actions or proceedings governed by the laws of Alberta or 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), the Civil Code of Quebec (for actions or proceedings governed by the laws of Quebec), or other applicable legislation.	Section 8 – General Conditions Legal Action Limitation Period Every action or proceeding against the Insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the <i>Insurance Act</i> (for actions or proceedings governed by the laws of Alberta or British Columbia), <i>The Insurance Act</i> (for actions or proceedings governed by the laws of Manitoba), the <i>Limitations Act, 2002</i> (for actions or proceedings governed by the laws of Ontario), or other applicable legislation. For actions or proceedings governed by the laws of Quebec, the prescriptive period is set out in the <i>Civil</i> <i>Code of Quebec</i> .	

	Changes to your Certificate of Insurar	nce, as of March 24, 2022
Benefit	Before	After
Benefit Auto Rental Collision/Loss Damage Insurance		
	may make a claim on Your behalf to recover repair and Loss of Use charges by following the procedures outlined in the section "In the Event of an Accident/Theft".	
Purchase Security and Extended Warranty Protection	Coverage under this <i>Certificate</i> is provided by: TD Home and Auto Insurance Company (Insurer) 320 Front Street <i>We</i> st, 3rd Floor, Toronto, ON M5V 3B6	Coverage under this Certificate is provided by: TD Home and Auto Insurance Company ("Insurer")P.O. Box 1, TD Centre, Toronto, ON M5K 1A2
Purchase Security and Extended Warranty Protection	Administration services are provided by: Allianz Global Assistance (<i>Administrator</i>) P.O. Box 277, Waterloo, ON N2J 4A4 Phone: 1-866-374-1129 or (416) 977- 4425	Claims administration and adjudication services are provided by: Global Excel Management Inc. ("Administrator") 73 Queen Street, Sherbrooke, QC J1M 0C9 Phone: 1-866-374-1129 or +1-416-977-4425

	Changes to your Certificate of Insurar	nce, as of March 24, 2022
Benefit	Before	After
Purchase Security and Extended Warranty Protection	The <i>Certificate</i> of Insurance below applies to the TD Aeroplan Visa Infinite Privilege Card which will be referred to as a "TD Credit Card" throughout the <i>Certificate</i> : This <i>Certificate</i> contains a clause which may limit the amount payable. <i>Certificate</i> of Insurance The terms of the TD Credit Card Purchase Security and Extended Warranty Protection Group Policy #TDVP112008 (the Master Policy) issued by TD Home and Auto Insurance Company (Insurer) to The Toronto-Dominion <i>Bank</i> are described in this <i>Certificate</i> . Please note that in Alberta, Statutory Conditions are deemed to be part of every contract that include insurance against loss or damage to property and said Statutory Conditions are included in the Group Policy. <i>Our Administrator</i> administers the insurance on behalf of TD Home and Auto Insurance Company, and provides claims assistance, claims payment and administrative services under the Group Policy. Words in italics in this <i>Certificate</i> are defined in section 1.	Section 1 – Introduction Certificate of Insurance The Certificate of Insurance ("Certificate") below applies to the TD Aeroplan Visa Infinite Privilege Card, which will be referred to as a "TD Credit Card" throughout the Certificate. Note: This insurance is excess insurance, meaning that any other sources of recovery You have will pay first, and this insurance policy will be the last to pay. For example, if You're covered under home insurance, You will be eligible for the amount of the deductible under this Certificate. Claims administration and adjudication services are provided by Global Excel Management Inc. The terms of the TD Credit Card Purchase Security and Extended Warranty Protection Group Policy #TDVP112008 ("Group Policy") issued by TD Home and Auto Insurance Company ("Insurer") to The Toronto-Dominion Bank are described in this Certificate. Please note that in Alberta, Statutory Conditions are deemed to be part of every contract that includes insurance against loss or damage to property and said Statutory Conditions are included in the Group Policy.
Purchase Security and Extended Warranty Protection	Section 1 – Definitions ACCOUNT(S) means Your TD Credit Card Account accessed Using Your TD Credit Card or TD Visa Cheque. ACCOUNT HOLDER means the Primary Cardholder to whom the monthly Account statement is issued and who is a resident of Canada, and any Additional Cardholder who is a resident of Canada. The Account Holder may be referred herein as "You" or "Your". ADDITIONAL CARDHOLDER means a person to whom a TD Credit Card has been issued at the authorization of the Primary Cardholder. ADMINISTRATOR means the service provider arranged by the Insurer to provide claims payment and administrative services under the Policy. INSURED ITEM means a new item of personal property (a pair or set being one item) for personal Use for which at least 75% of the Purchase Price has been charged to the Account of the Account Holder. MANUFACTURER'S WARRANTY means an express written warranty issued by or on behalf of the manufacturer of the Insured Item at the point of sale at the time of purchase of an Insured Item. The Manufacturer's Warranty must be valid in Canada. 62 PRIMARY CARDHOLDER means a person who applied for a TD Credit Card, whose name is on the Account and to whom a TD Credit Card has been issued. PURCHASE PRICE means the actual cost to the Account Holder of the Insured Item, including any applicable sales tax. SPOUSE means: i) a person to whom the Account Holder for at least one year and is publicly represented as the Account Holder's Spouse .	 Section 2 – Definitions In this Certificate, the following words and phrases shown in italics and capitalized 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. Account means the Primary Cardholder's TD Credit Card Account that the Bank maintains. Account Means the Primary Cardholder's TD Credit Card Account that the Bank maintains. Account Holder means the Primary Cardholder to whom the monthly Account statement is issued and who is a resident of Canada, and any Additional Cardholder means a person to Canada. The Account Holder means a person to whom a TD Credit Card has been issued at the authorization of the Primary Cardholder. Insured Item means a new item of personal property (a pair or set being one item) for personal use for which at least 75% of the Purchase Price has been charged to the Account of the Account Holder. Manufacturer's Warranty means an express written warranty issued by or on behalf of the manufacturer of the Insured Item at the point of sale at the time of purchase of an Insured Item. The Manufacturer's Warranty must be valid in Canada. Primary Cardholder means a person who applied for a TD Credit Card, whose name is on the Account and to whom a TD Credit Card has been issued. A Primary Cardholder. Purchase Price means the actual cost to the Account Holder of the Insured Item, including any applicable sales tax. Spouse means: the person who the Account Holder has lived with for at least 1 continuous year in the same household and publicly refers to as their partner.

Changes to your Certificate of Insurance, as of March 24, 2022		
Benefit	Before	After
Benefit Purchase Security and Extended Warranty Protection	Before Section 2 – What are the Insurance Benefits (a) Purchase Security The Purchase Security Plan automatically protects most Insured Items purchased with the TD Credit Card for one hundred and <i>twenty</i> (120) days from purchase for all risk of direct physical loss or damage, except as herein provided, anywhere in the world, in excess of other applicable insurance. If the item is lost, stolen or damaged, it will be replaced or repaired, or the <i>Account Holder</i> will be reimbursed for the Purchase Price. This protection is provided at no additional cost and is in effect for purchases made on or after December 1, 2008. (b) Extended Warranty Protection Plan automatically provides extended warranty coverage for Insured Items, such coverage to commence immediately following the expiry of the applicable <i>Manufacturer's</i> <i>Warranty</i> for an additional period equal to two (2) times the period of the <i>Manufacturer's Warranty</i> coverage or two (2) years, whichever is the lesser on most items purchased with the TD Credit Card as long as there is a <i>Manufacturer's Warranty</i> valid in Canada (automatic coverage is limited to warranties five years or less.) Manufacturer's Warranty valid in Canada (automatic coverage is limited to warranties five years or less.) Manufacturer's Warranty valid in Canada (automatic coverage is limited to warranty Protection, the <i>Account Holder</i> must contact the <i>Administrator</i> and provide: • a copy of the sales receipt; • Credit Card record of charge or Credit Card statement; • serial number of the item, if available; • original <i>Manufacturer's Warranty</i> valid in Canada; and • description of the product. This protection is provided at no	
Purchase Security and Extended Warranty Protection	additional cost and is in effect for purchases made on or after December 1, 2008. Section 3 – Policy Limits There is a maximum aggregate lifetime benefit per <i>Account Holder</i> of \$60,000 for all TD Credit Cards of the <i>Account</i> Holder. The <i>Account Holder</i> will be entitled to receive no more than the full <i>Purchase Price</i> of the Insured Item as recorded on the <i>Account</i> receipt or <i>Account</i> statement. Claims for items belonging to a pair or set will be paid for at the <i>Purchase Price</i> of the pair or set provided the parts of the pair or set are un <i>us</i> able individually and cannot be replaced individually. The <i>Administrator</i> , at its sole option, may elect to: (a) Repair, rebuild or replace the item lost or damaged (whether wholly or in part), upon notifying the <i>Account</i> <i>Holder</i> of its intention to do so within forty-five (45) days following receipt of the required Loss Report; or (b) Pay cash for said item, not exceeding the full <i>Purchase Price</i> thereof paid <i>Us</i> ing the <i>Account</i> and subject to the excl <i>us</i> ions, terms and limits of liability as stated in this <i>Certificate</i> .	Section 4 – Policy Limits No change.

	1	
Purchase Security	Section 4 – Exclusions	Section 5 – Exclusions
and Extended	Any loss or damage of any aspect of any	Any loss or damage of any aspect of any
Warranty	product, device, or equipment to function	product, device, or equipment to function
Protection	properly as caused by any change in	properly as caused by any change in date will
	date will be excluded. This exclusion	be excluded. This exclusion applies to Purchase
	applies to Purchase Security and to	Security and to Extended Warranty Protection.
	Extended Warranty Protection.	Purchase Security
	Purchase Security	(a) Coverage is not extended to loss or damage
	(a) Coverage is not extended to loss or	to the following:
	damage to the following: (i) cash or its	1. cash or its equivalent, travellers cheques,
	equivalent, travelers cheques, Tickets	tickets and any negotiable instruments;
	and any negotiable instruments; (ii) art	2. art objects, bullion, rare or precious coins;
	objects, bullion, rare or precio <i>us</i> coins;	3. perishables, animals or living plants;
	(iii) perishables, animals or living plants;	4. jewellery and watches in baggage unless
	(iv) je <i>we</i> lry and watches in baggage	carried by hand and under the personal
	unless carried by hand and under the	supervision of the Account Holder or Account
	personal supervision of the Account	Holder's travelling companion previously known
	Holder or Account Holder's Travelling	to the Account Holder,
	Companion previously known to the	5. automobiles, motorboats, aircrafts,
	Account Holder; (v) automobiles,	motorcycles, drones, motor scooters and other
	motorboats, aircrafts, motorcycles,	motorized vehicles, parts and accessories
	drones, motor scooters and other	thereof;
	motorized vehicles, parts and	6. ancillary costs incurred in respect of an
	accessories thereof; (vi) ancillary costs	Insured Item and not forming part of the
	incurred in respect of an Insured Item	Purchase Price;
	and not forming part of the Purchase	7. parts and/or labour required as a result of
	Price; (vii)parts and/or labor required as	mechanical breakdown;
	a result of mechanical breakdown;	8. used and pre-owned items, including
	(viii) Used and pre-owned items including	antiques and demos;
	antiques and demos; (ix) any item	9. any item purchased by and/or used for a
	purchased by and/or Used for a	business or commercial purpose;
	<i>bus</i> iness or commercial purpose; (x)	10. items consumed in use; and
	items consumed in Use; and (xi)	11. services.
	services.	(b) Loss or damage resulting from the following
	(b) Loss or damage resulting from the	perils are excluded from coverage:
	following perils are excluded from	1. abuse or fraud;
	coverage: (i) ab <i>us</i> e or fraud; (ii) flood or	2. flood or earthquake;
	earthquake; (iii) war, invasion, hostilities,	3. war, invasion, hostilities, rebellion,
	rebellion, insurrection, terrorism,	insurrection, terrorism, confiscation by
	confiscation by authorities, contraband	authorities, contraband or illegal activity;
	or illegal activity; (iv) normal Wear and	4. normal wear and tear;
	tear; (v) mysterious disappearance	5. mysterious disappearance (used herein to
	(Used herein to mean disappearance in	mean disappearance in an unexplained manner
	an unexplained manner marked by an	marked by an absence of evidence of the
	absence of evidence of the wrongful act	wrongful act of another);
	•	6. radioactive contamination;
	of another); (vi) radioactive	
	contamination; (vii)inherent product	7. inherent product defects;
	defects; (viii)normal course of play; or	8. normal course of play;
	(ix) willful acts or omissions; and (x)	9. willful acts or omissions; and
	indirect, incidental or consequential	10. indirect, incidental or consequential
	damages, including bodily injury,	damages, including bodily injury, property
	property damage, economic loss,	damage, economic loss, punitive or exemplary
	punitive or exemplary damages and	damages and legal costs are not covered.
	legal costs are not covered.	, ,
	Extended Warranty Protection	Extended Warranty Protection
	In addition to any exclusions which may	In addition to any exclusions which may be set
	be set out in the Manufacturer's	out in the <i>Manufacturer's Warranty</i> , this
	Warranty, this <i>Certificate</i> does not cover:	<i>Certificate</i> does not cover:
	(i) wear and tear, gradual reduction in	1. wear and tear, gradual reduction in operating
	operating performance, negligence,	performance, negligence, misuse and abuse;
	mis <i>us</i> e and ab <i>us</i> e; (ii) automobiles,	2. automobiles, motor boats, aircraft,
	motor boats, aircraft, motorcycles,	motorcycles, drones, motor scooters and other
	drones, motor scooters and other	motorized vehicles and parts and accessories
	motorized vehicles and parts and	thereof;
	accessories thereof; (iii) willful acts or	3. willful acts or omissions and improper
	omissions and improper installation or	installation or alteration;
	alteration; 64 (iv) ancillary costs; (v) used	4. ancillary costs;
	or pre-owned items including demos; (vi)	5. used or pre-owned items, including demos;
	any item purchased by and/or used for a	6. any item purchased by and/or used for a
	business or commercial purpose; and	business or commercial purpose; and
	(vii) consequential damages, including	7. consequential damages, including bodily
	bodily injury, property damages,	injury, property damages, economic loss,
	economic loss, punitive or exemplary	punitive or exemplary damages and legal costs
	damages and legal costs are not	are not covered;
	covered; (viii)inherent product defects.	8. inherent product defects.

	Changes to your Certificate of Insurar	nce, as of March 24, 2022
Benefit	Before	After
Benefit Purchase Security and Extended Warranty Protection	Section 5 – Claims The Account Holder must furnish the Administrator with proof of loss. This shall include a signed Loss Report. (a)Initial Notification If You have incurred a loss covered under the Purchase Security or Extended Warranty Protection Plans, You must give notice by contacting the Administrator within forty-five (45) days from the date of loss or damage. Call toll-free between 8:00	Section 6 – How to Submit a Claim Who to Contact to Submit a Claim To submit a claim, please contact <i>Our</i> <i>Administrator</i> at 1-866-374-1129 (toll-free) or +1-416-977-4425 (collect) between 8:00 a.m. and 8:00 p.m. ET, Monday to Friday. Provide the Information requested: (a) Initial Notification If <i>You</i> have incurred a loss covered under the Purchase Security or Extended Warranty
	or damage. Call toll-free between 8:00 a.m. and 8:00 p.m. Eastern Time, Monday to Saturday: 1-866-374-1129 or (416) 977-4425 The Account Holder will be asked to provide or, if writing, should provide: • name, address and telephone number • Account number Used to purchase the Insured Item • description of the Insured Item and • date, place, amount and cause of the loss or damage. (b)Written Proof (i) Purchase Security In the event of a claim covered under the Purchase Security Plan, a Loss Report will be mailed by the Administrator. Complete in full and return within ninety (90) days from the date of loss or damage. The Loss Report shall include but may not be limited to: • copy of the Account charge receipt and/or Account statement • a copy of the store receipt • serial number of the Insured Item (where applicable) and • any other information reasonably required by the Administrator such as a police or insurance claim report. (ii) Extended Warranty Protection You must report the claim information as detailed above prior to proceeding with the repair or replacement. The Administrator will: 1. Authorize the repair, if appropriate; and 2. Ask the Account Holder to: • return the Insured Item to the manufacturer's service dealer as specified on the Manufacturer's Warranty; • have the authorized dealer contact the Insurer; and if repairable • pay for the repair and submit: – a copy of the Account charge receipt and/or Account statement; – a copy of the store receipt; – serial number of the Insured Item; and – a copy of the Manufacturer's Warranty. In the event that the damaged Insured Item is not repairable, submit all applicable information to the Administrator as outlined above. The Administrator is not repairable in expect of an Insured Item which is a gift, the claim may be	 Purchase Security or Extended Warranty Protection, You must give notice by contacting the Administrator within 45 days from the date of loss or damage. The Account Holder will be asked to provide or, if writing, should provide: the name, address and telephone number; the count number used to purchase the <i>Insured Item</i>; the description of the <i>Insured Item</i>; and the date, place, amount and cause of the loss or damage. (b) Written Proof (i) Purchase Security A Loss Report will be mailed by the Administrator. Complete in full, sign and return within 90 days from the date of loss or damage. The Loss Report shall include but may not be limited to: a copy of the Account charge receipt and/or Account statement; a copy of the store receipt; the serial number of the <i>Insured Item</i> (where applicable); and any other information reasonably required by the Administrator such as a police or insurance claim report. (ii) Extended Warranty Protection You must report the claim information as detailed above prior to proceeding with the repair or replacement. The Administrator will: Ask the Account Holder to: return the <i>Insured Item</i> to the manufacturer's service dealer as specified on the Manufacturer's Warranty; have the authorized dealer contact the Insure; and if repairable, pay for the repair and submit: a copy of the Account charge receipt; the serial number of the <i>Insured Item</i>; and
	made by the <i>Account Holder</i> or the recipient of the gift subject to compliance with the terms and conditions of the <i>Certificate</i> .	In the event that the damaged <i>Insured Item</i> is not repairable, submit all applicable information to the <i>Administrator</i> as outlined above. The <i>Administrator</i> may require the <i>Account Holder</i> , at the <i>Account Holder's</i> expense, to send the damaged <i>Insured Item</i> to an address designated by the <i>Administrator</i> . If the claim is made in respect of an <i>Insured</i> <i>Item</i> which is a gift, the claim may be made by the <i>Account Holder</i> or the recipient of the gift subject to compliance with the terms and conditions of the <i>Certificate</i> .

Changes to your Certificate of Insurance, as of March 24, 2022		
Benefit	Before	After
Purchase Security and Extended Warranty Protection	Section 6 – Termination of Insurance This coverage terminates on the earliest of the following: a) When Your Account is closed; b) When Your Account is ninety (90) or more days past due but coverage is automatically reinstated when the Account is returned to Good Standing; and c) When the Master Policy is cancelled except that the Insurer will remain liable for the claim if the event giving rise to the claim occurred prior to the effective termination date and the claim is otherwise valid.	 Section 7 – When Your Coverage Terminates This coverage terminates on the earliest of the following: a) When Your Account is closed; b) When Your Account is 90 or more days past due but coverage is automatically reinstated when the Account is returned to good standing; and c) The date the Group Policy terminates.

Purchase Security and Extended	Section 7 – General Conditions OTHER INSURANCE. All of <i>Our</i> policies are	Section 8 – General Conditions Benefits Account Holder Only
Warranty	excess insurance, meaning that any	This protection provided by the Purchase
Protection	other sources of recovery You have will	
FIOLECTION		Security and Extended Warranty Protection
	pay first, and this insurance policy will be	Plans shall inure to the benefit of the Account
	the last to pay. The total benefits	Holder. No other person or entity shall have an
	payable under all Your insurance,	right, remedy or claim, legal or equitable, to the
	including this <i>Certificate</i> , cannot be more	benefits.
	than the actual expenses for a claim. If	Currency
	an <i>Insured Person</i> is also insured under	All amounts shown are in Canadian currency.
	any other insurance <i>Certificate</i> or policy,	Due Diligence
	We will coordinate payment of benefits	The Account Holder shall use due diligence an
	with the other insurer. SUBROGATION.	do all things reasonable to avoid or diminish ar
	Following the Insurer's payment of an	loss of or damage to property protected by the
	Account Holder's claim or loss or	Master Policy. Where damage or loss is due to
	damage the Insurer shall be subrogated	a malicious act, burglary, robbery, theft or
	to the extent of the cost of such	attempt thereat, or is suspected to be so due,
	payment, to all rights and remedies of	the Account Holder shall give immediate notice
	the Account Holder against any party in	to the police or other authorities having
	respect of such loss or damage, and	jurisdiction. The Insurer will require evidence of
	shall be entitled at its own expense to	such notice with the Loss Report prior to
	sue in the name of the <i>Account</i> Holder.	settlement of a claim.
	The Account Holder shall give the	False Claim
	Insurer all such assistance as the Insurer	If an Account Holder makes any claim knowing
	may reasonably require to secure its	it to be false or fraudulent in any respect, such
	rights and remedies, including the	Account Holder shall no longer be entitled to the
	execution of all documents necessary to	benefits of this protection or to the payment of
	enable the Insurer to bring suit in the	any claim made under the Master Policy.
	name of the Account Holder. BENEFITS	Group Policy
	ACCOUNT HOLDER ONLY. This	All benefits under this Certificate are subject in
	protection provided by the Purchase	every respect to the Group Policy, which alone
	Security and Extended Warranty	constitutes the agreement under which benefit
	Protection Plans shall inure to the benefit	will be provided. This Group Policy is issued to
	of the Account Holder. No other person	the Bank. The principal provisions of the Group
	or entity shall have any right, remedy or	Policy affecting Account Holders are
	claim, legal or equitable, to the benefits.	summarized in this Certificate. The Group Police
	DUE DILIGENCE. The Account Holder	is on file at the office of the Bank.
	shall Use due diligence and do all things	Legal Action Limitation Period
	reasonable to avoid or diminish any loss	Every action or proceeding against the Insurer
	of or damage to property protected by	for the recovery of insurance money payable
	the Master Policy. Where damage or	under the contract is absolutely barred unless
	loss is due to a malicious act, burglary,	commenced within the time set out in the
	robbery, theft or attempt thereat, or is	Insurance Act (for actions or proceedings
	suspected to be so due, the Account	governed by the laws of Alberta or British
	Holder shall give immediate notice to the	Columbia), The Insurance Act (for actions or
	police or other authorities having	proceedings governed by the laws of Manitoba
	jurisdiction. The Insurer will require	the Limitations Act, 2002 (for actions or
	evidence of such notice with the Loss	proceedings governed by the laws of Ontario),
	Report prior to settlement of a claim.	or other applicable legislation. For actions or
	FALSE CLAIM. If an Account Holder	proceedings governed by the laws of Quebec,
	makes any claim knowing it to be false	the prescriptive period is set out in the Civil
	or fraudulent in any respect, such	Code of Quebec.
	Account Holder shall no longer be	Other insurance
	entitled to the benefits of this protection	All of Our coverages are excess insurance,
	or to the payment of any claim made	meaning that any other sources of recovery Ye
	under the Master Policy. LEGAL	have will pay first, and this insurance policy wi
	ACTION LIMITATION PERIOD. Every	be the last to pay. The total benefits payable
	action or proceeding against the insurer	under all Your insurance, including this
	for the recovery of insurance money	Certificate, cannot be more than the actual
	payable under the contract is absolutely	expenses for a claim. If an Account Holder is
	barred unless commenced within the	also insured under any other insurance
	time set out in the Insurance Act (for	certificate or policy, We will coordinate payment
	actions or proceedings governed by the	of benefits with the other insurer.
	laws of Alberta or British Columbia), The	Subrogation
	Insurance Act (for actions or 66	Following the Insurer's payment of an Account
	proceedings governed by the laws of	Holder's claim or loss or damage, the Insurer
	Manitoba), the Limitations Act, 2002 (for	shall be subrogated to the extent of the cost of
	actions or proceedings governed by the	such payment, to all rights and remedies of the
	laws of Ontario), the Civil Code of	Account Holder against any party in respect of
	Quebec (for actions or proceedings	such loss or damage, and shall be entitled at it
	governed by the laws of Quebec), or	own expense to sue in the name of the Accou
	other applicable legislation. MASTER	Holder. The Account Holder shall give the
	POLICY. This <i>Certificate</i> is not a Policy	Insurer all such assistance as the Insurer may
	of Insurance. In the event of any conflict	reasonably require to secure its rights and
	between this description of coverage and	remedies, including the execution of all
	the Master Policy, the terms and	documente nacesary to anoble the locurer to
	the Master Policy, the terms and conditions of the Master Policy will	documents necessary to enable the Insurer to bring suit in the name of the <i>Account Holder</i> .

	Changes to your Certificate of Insurar	nce, as of March 24, 2022
Benefit	Before	After
	govern. In no event does possession of multiple <i>Certificate</i> s	
Flight/Trip Delay Insurance	Coverage under this <i>Certificate</i> is provided by: TD Home and Auto Insurance Company (Insurer) 320 Front Street <i>West</i> , 3rd Floor, Toronto, ON M5V 3B6	Coverage under this Certificate is provided by: TD Home and Auto Insurance Company ("Insurer") P.O. Box 1, TD Centre, Toronto, ON M5K 1A2
Flight/Trip Delay Insurance	Administration services are provided by: Allianz Global Assistance (<i>Administrator</i>) P.O. Box 277, Waterloo, ON N2J 4A4 Phone: 1-866-374-1129 or (416) 977- 4425	Claims administration and adjudication services are provided by: Global Excel Management Inc. ("Administrator") 73 Queen Street, Sherbrooke, QC J1M 0C9 Phone: 1-866-374-1129 or +1-416-977-4425
Flight/Trip Delay Insurance	The Certificate of Insurance below applies to the TD Aeroplan Visa Infinite Privilege Card which will be referred to as a "TD Credit Card" throughout the Certificate: Certificate of Insurance TD Home and Auto Insurance Company ("TDH&A") provides the insurance for this Certificate under Master Policy #TGV010 (the "Policy") issued to The Toronto-Dominion Bank. This Insurance is administered by Allianz Global Assistance ("Allianz") through the Operations Centre. Allianz administers the insurance on behalf of TDH&A, and provides claims assistance, claims payment and administrative services under the Policy. This Certificate contains a clause which may limit the amount payable Words in italics in this Certificate are defined in section 1.	Section 1 – Introduction Certificate of Insurance Claims administration and adjudication services are provided by Global Excel Management Inc. The <i>Certificate</i> below applies to the TD Aeroplan Visa Infinite Privilege Card, which will be referred to as a "TD Credit Card" throughout the <i>Certificate</i> . TD Home and Auto Insurance Company ("TDH&A") provides the insurance for this <i>Certificate</i> under Master Policy #TGV010 (the "Policy") issued to The Toronto-Dominion Bank. This <i>Certificate</i> contains a clause which may limit the amount payable. How to contact Us: You may contact Our Administrator by calling: 1-866-374-1129 (toll-free) from Canada or the U.S. or +1-416-977-4425 (collect) from other countries.

Flight/Trip Delay Insurance	SECTION 1 – DEFINITIONS ACCOUNT means Your TD Credit Card Account accessed Using Your TD Credit Card or TD Visa Cheque. ACCOUNT HOLDER means the Primary Cardholder to whom the monthly Account statement is issued, and who is a resident of Canada and any Additional Cardholder who is resident of Canada. The Account Holder may be referred to herein Using "You" and "You". ADDITIONAL CARDHOLDER means a person to whom a TD Credit Card has been issued at the authorization of the Primary Cardholder. COMMON CARRIER means any licensed land, water or air conveyance operated by those whose occupation or business is transportation of persons or things without discrimination for hire. Common Carrier is extended to include any Airline having a Charter Air Carrier's License or its equivalent, provided it maintains regularly scheduled flights and publishes timetables and fares consistent with Scheduled Airline practices and provided the aircraft is limited to fixed-wing turbo-prop or jet Aircraft. Rafts, amusement park rides, jet skis, balloons, ski lifts and hang-gliders are not considered to be a Common Carrier. 67 COVERED TRIP means travel on a Common Carrier, the fare for which at least 75% has been charged to Your Account and/or Using Your Aeroplan Points. DEPENDENT CHILD(REN) means those children residing with the Account Holder, under the age of twenty-two (22) and unmarried, who are primarily dependent <i>Children</i> also means children beyond the age of twenty-two (22) and unmarried, who are permanently, mentally and physically challenged and incapable of self-support. Also included in the definition of Dependent Children are the Account Holder's Dependent Children under the age of twenty-six (26) and unmarried, who are classified as full-time students at an institution of higher learning. <i>INSURED PERSON</i> means the Account Holder's Dependent Children under the age of twenty six (26) and unmarried, who are classified as the Account Holder's Spouse and Dependent Children whose name is on a Common Carrier Ticket. PRIMARY CARD	 Section 4 - Definitions In this <i>Certificate</i>, the following words and phrases shown in italics and capitalized have the meanings shown below. As <i>You</i> read through the <i>Certificate</i>, <i>You</i> may need to refer to this Section to ensure <i>You</i> have a full understanding of <i>Your</i> coverage, limitations and exclusions. Account means the <i>Primary Cardholder's</i> TD Credit Card Account that the <i>Bank</i> maintains. Account Holder means the <i>Primary Cardholder</i> to whom the monthly <i>Account</i> statement is issued, and who is a resident of Canada and any <i>Additional Cardholder</i> means a person to whom a TD Credit Card has been issued at the authorization of the <i>Primary Cardholder</i>. Additional Cardholder means a person to whom a TD Credit Card has been issued at the authorization of the <i>Primary Cardholder</i>. Aeroplan Points mean the points awarded through the Aeroplan program which can be redeemed for rewards. <i>Aeroplan Points</i> have no monetary value Bank means The Toronto-Dominion Bank. Certificate means this Certificate of Insurance. Common Carrier means any licensed land, water or air conveyance operated by those whose occupation or business is transportation of persons or things without discrimination for hire. <i>Common Carrier</i> is extended to include airline practices and provided the aircraft. Rafts, amusement park rides, jet skis, balloons, ski lifts and hang-gliders are not considered to be a <i>Common Carrier</i>. Dependent Children mean <i>Your</i> natural, adopted, or stepchildren who are:

	Changes to your Certificate of Insurar	nce, as of March 24, 2022
Benefit	Before	After
		 the person who the Account Holder is legally married to; or the person the Account Holder has lived with for at least 1 continuous year in the same household and publicly refers to as their partner. We, Us and Our mean TD Home and Auto Insurance Company and/or Our Administrator.
Flight/Trip Delay Insurance	SECTION 2 – \$1,000 FLIGHT/TRIP DELAY COVERAGE In the event that a departure of a <i>Common Carrier</i> on a <i>Covered Trip</i> on which the <i>Insured Person</i> had arranged to travel is delayed for four (4) hours from the time specified in the itinerary supplied to the <i>Insured Person</i> , We will pay up to \$1,000 for reasonable expenses for meals and accommodation while delayed and reasonable additional ground transportation expenses. Benefits payable are subject to the following: 1) Delay of a <i>Common Carrier</i> is caused by inclement <i>Weather</i> which means any severe <i>Weather</i> condition that delays the scheduled arrival or departure of a Common Carrier; or 2) Delay caused by equipment failure of a Common Carrier, which means any sudden, unforeseen breakdown in the Common Carrier; or 3) Delay due to an unforeseen strike or other job action by employees of a Common Carrier, which means any labor disagreement that delays the scheduled arrival or departure of a Common Carrier. This coverage for Flight/Trip Delay does not include any loss caused directly and/or indirectly due to: 1) An event which was made public or known to the <i>Insured Person</i> prior to the date the trip was booked; 2) Laws, regulations or orders issued or made by any government or Public Authority; 3) Strikes or labor disputes that existed or of which advanced warning had been given prior to the date the <i>Covered Trip</i> was booked; 4) Cancellation due to the withdrawal from service temporarily or permanently of any <i>Common Carrier</i> on the orders or recommendations of any Port Authority or the Aviation Agency of any similar body in any country; or 5) A bomb search or bomb threat. The Flight/Trip Delay benefit is excess over any other insurance or indemnity (including any reimbursements by the <i>Common Carrier</i>) available to the <i>Insured Person</i> .	Section 5 – Description of Insurance Coverage No change.

	Changes to your Certificate of Insurar	nce, as of March 24, 2022
Benefit	Before	After
Flight/Trip Delay Insurance	SECTION 3 – CLAIMS If You have incurred a claim covered under the Flight/Trip Delay Insurance Plan, You must give notice by contacting Allianz within forty-five (45) days from the date of the occurrence of the delay. To report Your claim, please call 1-866-374-1129 or (416) 977-4425. In the event of a claim covered under the Flight/Trip Delay Insurance Plan, a loss report will be mailed to the Insured Person. You should complete it in full and return it within ninety (90) days from the date of occurrence of the delay. The loss report shall include but may not be limited to: • a copy of the <i>Common Carrier Ticket</i> , • a copy of the <i>Account</i> charge receipt or TD Credit Card statement for the cost of the <i>Common Carrier</i> and/or proof of redemption; • itemized receipts for actual expenses incurred for <i>Essential Items</i> and other expenses incurred as a result of Your Flight/Trip Delay; • written statement from the <i>Common Carrier</i> confirming the date and time of the <i>Common Carrier</i> delay; • reason or circumstances surrounding the delay; and • any other information reasonably required by Allianz.	 Section 7 - How to Submit a Claim If You have incurred a claim covered under the Flight/Trip Delay Insurance Certificate, You must give notice by contacting Our Administrator within 45 days from the date of the delay. IMPORTANT NOTE: You must provide completed claim form with required supporting documentation, including the Loss Report, to Our Administrator as soon as possible, but no later than 90 days from the date of occurrence of the delay. The Loss Report shall include but may not be limited to: a copy of the Common Carrier ticket; a copy of the Account charge receipt or TD Credit Card statement for the cost of the Common Carrier and/or proof of redemption; itemized receipts for actual expenses incurred for essential items and other expenses incurred as a result of Your Flight/Trip Delay; a written statement from the Common Carrier confirming the date and time of the Common Carrier delay; the reason or circumstances surrounding the delay; and any other information reasonably required by Our Administrator. Who to Contact to Submit a Claim: A claim should always be reported within 45 days. You can get help 24 hours a day, 7 days a week by calling Our Administrator at 1-866-374-1129 (toll-free) from Canada or the U.S., or +1-416-977-4425 (collect) from other countries. Complete the Required Form a) Request the Form: To request a claim form, call Our Administrator at 1-866-374-1129 (toll-free) or +1-416-977-4425 (collect) from 8 a.m. to 8 p.m. ET, Monday to Friday. 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) as soon as possible. In every case, You must submit Your completed claim form with required documentation within 90 days from the date of the accident or the date the claim arises. Failure to provid

Changes to your Certificate of Insurance, as of March 24, 2022		
Benefit	Before	After
Flight/Trip Delay Insurance	SECTION 4 – INDIVIDUAL TERMINATION OF INSURANCE The insurance coverage of any <i>Insured</i> <i>Person</i> shall terminate on the earliest of the following: a) the date the Policy is terminated b) the expiration of the Policy term for which premium has been paid c) the date the <i>Account</i> Holder's <i>Account</i> is cancelled or his or her <i>Account</i> privileges are terminated.	 Section 6 – When Your Coverage Terminates Your Coverage Terminates when: Coverage for the Primary Cardholder under this Certificate will terminate on the earliest of the following dates: the date the Account is cancelled, closed or otherwise ceases to be in Good Standing; the date You cease to be eligible for coverage; and the date the Group Policy terminates. Coverage for an Insured Person other than the Primary Cardholder under this Certificate will terminate on the earliest of the following dates: the date coverage terminates for the Primary Cardholder, and the date the Insured Person ceases to be eligible for coverage. No benefits will be paid under this Certificate for losses incurred after coverage has terminated.

	Changes to your Certificate of Insurar	nce, as of March 24, 2022
Benefit	Before	After
Flight/Trip Delay Insurance	SECTION 5 – GENERAL CONDITIONS LEGAL ACTION LMITATION PERIOD. Every action or proceeding against the insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act (for actions or proceedings governed by the laws of Alberta or 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), the Civil Code of Quebec (for actions or proceedings governed by the laws of Quebec), or other applicable legislation. CONFORMANCE WITH STATUTES: Any terms of this Policy which are in conflict with the applicable statutes, laws or regulations of the province or territory in which this Policy is issued are amended to conform to such statutes. MASTER POLICY: This <i>Certificate</i> is a description of coverage provided by Policy #TGV010 issued to The Toronto- Dominion <i>Bank</i> . All terms and conditions of the Policy govern. In no event does possession of multiple <i>Certificates</i> or TD Credit Cards entitle an <i>Insured Person</i> to benefits in excess of those described herein	Section 8 – General Conditions False Claim If You or an <i>Insured Person</i> make a claim knowing it to be false or fraudulent in any respect, neither You nor the <i>Insured Person</i> will be entitled to the benefits of this coverage, nor to the payment of any claim under the Group Policy. All benefits under this <i>Certificate</i> are subject in every respect to the Group Policy, which alone constitutes the agreement under which benefits will be provided. This Group Policy is issued to the Bank. The principal provisions of the Group Policy affecting <i>Insured Persons</i> are summarized in this <i>Certificate</i> . The Group Policy is on file at the office of the <i>Bank</i> . In no event does possession of multiple certificates or TD Credit Cards entitle an <i>Insured Person</i> to benefits in excess of those described herein. Legal Action Limitation Period Every action or proceeding against the Insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the <i>Insurance Act</i> (for actions or proceedings governed by the laws of Alberta or British Columbia), <i>The Insurance Act</i> (for actions or proceedings governed by the laws of Ontario), or other applicable legislation. For actions or proceedings governed by the laws of Ontario), or other applicable legislation. For actions or proceedings governed by the laws of Quebec, the prescriptive period is set out in the <i>Civil</i> <i>Code of Quebec</i> . Other insurance All of Our coverages are excess insurance, meaning that any other sources of recovery You have will pay first, and this insurance policy will be the last to pay. The total benefits payable under all Your insurance, including this <i>Certificate</i> , cannot be more than the actual expenses for a claim. If an <i>Insured Person</i> is also insured under any other insurance certificate or policy, <i>We</i> will coordinate payment of benefits with the other insurance certificate or policy. We will coordinate payment of should have paid You for the loss. This may include: • transferring to <i>Us</i>