



Group Out-of-Province Travel
Medical Emergency
BOOKLET

COLLECT

A product from the family of
TOUR+MED[™]
travel insurance

Insured by



SCHEDULE OF BENEFITS

Name of *Policyholder*:

Contract number:

**This booklet contains clauses that could limit the amounts of claims refundable.
Please read this booklet carefully.**

Class Description:

Working Hours
Requirements:

Eligibility Period:

Termination Age:

Common Law Spouse
Cohabitation Period:

Age Limit for
Dependant Children:

Stability Requirements for
Pre-existing Conditions:

Coverage Period:

Notes:

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SUMMARY OF BENEFITS

Medical Protections

LIST OF BENEFITS	MAXIMUM SUM PAYABLE PER <i>TRIP</i>
Emergency Medical Insurance	\$5,000,000
Hospitalization / Medical Expenses	Up to the Sum Insured
Incidental Hospital Expenses	\$250
Physicians' Fees	Up to the Sum Insured
Medical Appliances	Up to the Sum Insured
Private Duty Nursing Care	\$5,000
Diagnostic Services	Up to the Sum Insured
Prescription Drugs	Up to the Sum Insured
Emergency Dental Care	\$2,000
Emergency Ocular Care	Up to the Sum Insured
Ambulance Services	Up to the Sum Insured
Paramedical Fees	50%, maximum \$1,000
Emergency Transportation to Insured's Bedside	Up to the Sum Insured
Emergency Air Transportation	Up to the Sum Insured
Return of Deceased	Up to the Sum Insured
Return of Vehicle	\$2,000
Delayed Return Expenses	\$200 per day, maximum \$2,000

GROUP OUT-OF-PROVINCE

Travel Medical Emergency Insurance

IMPORTANT NOTICE

Travel insurance in case of medical *Emergency* is designed to cover *Treatment(s)* due to a medical *Emergency* arising from sudden and unforeseeable circumstances while out of *Your* province of residence. The insurance also covers the *Emergency* repatriation costs to *Your* province of residence when needed.

This booklet contains limitations and exclusions. Please read this document carefully and contact the *Insurer* before leaving on *Your* trip if necessary. The *Pre-existing Condition* exclusion applies to medical conditions which are not *Stable and Controlled* and/or to *Symptoms* that manifested themselves on or prior to *Your Departure Date*. Check to see how this affects *Your* insurability. In the event of a claim, *Your* previous medical history will be reviewed to verify and confirm *Your* eligibility for benefits.

This booklet is not a copy of the *Contract*. It does however summarize all the insurance benefits contained in the *Contract*. If there are any discrepancies between the provisions contained in the booklet or in any other document *You* could hold, the dispositions in the *Contract* prevail.

The meanings of words printed in *italics* throughout this document are explained in the "Definitions" section.

Amounts indicated in this booklet are in Canadian dollars, unless specified otherwise.

CONTACT EMERGENCY ASSISTANCE PRIOR TO ANY TREATMENT

In all cases, *You* must call the EMERGENCY ASSISTANCE toll free at **1 844 877-6588** (USA & Canada), **1 888 820-6588** (elsewhere) or collect at 1 819 377-3285 prior to any *Treatment*. Failure to do so will limit *Your* benefits to 70% of eligible charges up to an overall maximum of CAN \$25,000. Please refer to section "General Provisions" for more details.

Coordination of care must be from the onset and for the full duration of the *Treatment* involving the patient and/or family, the treating *Physician* and the EMERGENCY ASSISTANCE.

I. ELIGIBILITY, EFFECTIVE DATE AND TERMINATION DATE

Eligibility of the *Participant*

To be eligible for benefits as a *Participant* under the *Contract*, *You* must meet all of the following eligibility criteria:

- Be a permanent resident in Canada and have *Your* place of employment in Canada; **and**
- Be eligible for benefits under the Government Health Insurance Plan of *Your* province of residence; **and**
- Be younger than the Termination Age stated in the Schedule of Benefits; **and**
- If *You* are covered as an employee of the *Policyholder*, *You* must also:
 - be covered by the *Policyholder's* basic group extended health care plan; and
 - work the minimum number of hours stated under the Schedule of Benefits and satisfy the eligibility period stated under the Schedule of Benefits.

Eligibility of *Dependants*

To be eligible for benefits as a *Dependant* under the *Contract*, *You* must meet all of the following eligibility criteria:

- Be eligible for benefits under the Government Health Insurance Plan of *Your* province of residence; **and**
- Meet the definition of *Dependant* as per the *Contract* and be covered as a *Dependant* under the *Policyholder's* basic group extended health care plan.

Effective Date

For the *Participant*, the effective date is the later of the date on which the *Contract* of the *Policyholder* becomes effective or the date on which *You* become eligible as per the *Policyholder's* basic group extended health care plan.

Notwithstanding the above clause, the effective date of coverage for disabled employees or employees who are not actively at work on the effective date of the *Contract* is the later date between the date the employee resumes active work and the date where *You* become eligible under the *Policyholder's* basic group extended health care plan.

For the *Dependant*, the effective date is the later of the date on which the *Contract* of the *Policyholder* becomes effective, or the date on which the *Dependant's* coverage becomes effective under the *Policyholder's* basic group extended health care plan.

Termination Date

Participant and *Dependant* coverage will terminate on the earliest of the following:

- Date on which the *Participant's* employment is terminated (voluntarily or not);
- Date on which *You* cease to satisfy the eligibility criteria stated above;
- Date on which the *Policyholder* omits paying the due premium to the *Insurer*;
- Date on which the *Policyholder's Contract* is terminated.

II. TRAVEL INSURANCE IN CASE OF MEDICAL EMERGENCY

This protection provides the following benefits in case of medical *Emergency*. The following benefits are provided for each *Insured Person*, for costs deemed usual, reasonable and customary and in excess of amounts covered under the provincial government health insurance plans and/or any other plan covering the *Insured Person*. The overall amount of benefits payable, after any other in force insurance, is subject to a maximum of CAN \$ 5,000,000 per *Insured Person*.

It may be required that *You* pay providers directly. Coordination of care through the Emergency Assistance will expedite reimbursement.

The *Insurer* will refund:

1. HOSPITAL/MEDICAL EXPENSES (*Hospitalization*)

The cost of *Hospitalization*, in a semi-private room, up to the limit deemed reasonable and customary for the area where *You* are hospitalized.

2. INCIDENTAL HOSPITAL EXPENSES

Expenses associated to a covered *Hospitalization* (telephone, television, parking, etc.), subject to presentation of original receipts, up to a maximum of CAN \$ 250 per *Hospitalization*.

3. PHYSICIAN'S FEES

Fees charged by *Physicians*, up to the limit deemed reasonable and customary for the area where the *Treatment* is provided.

4. MEDICAL APPLIANCES

Purchase of splints, casts, crutches, canes, slings, trusses, orthopaedic corsets or for the rental of walkers or wheelchairs, when prescribed by the attending *Physician*, up to the limit deemed reasonable and customary for the area where *Treatment* is provided.

5. PRIVATE DUTY NURSING CARE

Fees for a registered nurse (other than a relative of the *Insured Person*) for private care while convalescing at *Your* destination, immediately following a covered *Emergency Hospitalization*, and when prescribed by the attending *Physician* and deemed medically necessary, up to a maximum of CAN \$ 5,000 per *Event* and per *Insured Person*, subject to the EMERGENCY ASSISTANCE's approval.

6. DIAGNOSTIC SERVICES

Costs for laboratory tests and X-rays required for the *Treatment* of an *Emergency* and when prescribed by the attending *Physician*, up to the limit deemed reasonable and customary for the area of *Treatment*.

7. PRESCRIPTION DRUGS FOR EMERGENCY TREATMENT

Cost of *Medication(s)* prescribed by a *Physician* for a new covered condition following a medical *Emergency*. Payment of the prescription will only be valid for the initial 30 days after the onset of an *Emergency*. The cost of prescription beyond this period is not covered.

8. EMERGENCY DENTAL CARE

Fees for the services of a dental surgeon for the *Treatment* of an *Injury* from an *Accidental* blow to the mouth causing damage to natural and healthy teeth or for the *Treatment* of a fracture or dislocation of the jaw. *Treatment* must begin and end during the coverage period. The maximum benefit payable is CAN \$ 2,000 per *Accident* and per *Insured Person*.

However, damage caused as a result of a deliberate introduction of food or an object into the mouth or the loss of a filling is not covered. Root canals, crown implants and any replacement or repair of artificial teeth are not covered, whether resulting from an *Accident* or not.

9. EYE TREATMENT

If surgery or laser *Treatment* is a medical *Emergency*, the first CAN \$ 2,000 is covered at one hundred (100%) percent and the benefit shall be limited to fifty percent (50%) of the actual cost over that amount. Any cost related to glaucoma and/or cataract surgery is not covered.

10. AMBULANCE SERVICES

The cost of local ambulance services to drive the *Insured Person* to the nearest qualified medical facility in the case of an *Emergency*, and for inter-*Hospital* transfers.

11. PARAMEDICAL FEES

Fifty percent (50%) of the cost of the services provided by a chiropractor, podiatrist or physiotherapist (including X-rays prescribed by these professionals), up to CAN \$ 1,000 per *Insured Person*. Original invoices and proof of payment are required.

12. TRANSPORTATION EXPENSES

The following services must be pre-approved and pre-arranged by the EMERGENCY ASSISTANCE:

A. EMERGENCY TRANSPORTATION TO THE INSURED PERSON'S BEDSIDE

Round trip economy airfare will be reimbursed for one (1) *Immediate Family* member of the *Insured Person* via the most direct route from Canada to the *Hospital* where the *Insured Person* has been a patient for no less than three (3) consecutive days, provided the attending *Physician* gives written confirmation that the *Insured Person's* condition is sufficiently serious to warrant the visit or, when necessary in the event of death, to identify the deceased *Insured Person* prior to the release of the body.

B. EMERGENCY AIR TRANSPORTATION

In consultation with the attending *Physician*, or following an *Emergency* that requires that the *Insured Person* be repatriated to his/her province of residence for immediate medical attention, the *Insurer* will reimburse the cost of transporting the *Insured Person* and his/her *Travel Companion*, if applicable, to the *Insured Person's* residence in Canada by means of air ambulance, one-way economy airfare on a commercial airline, or a stretcher on a commercial airline (with or without the services of a medical attendant), as determined on a per case basis depending on the circumstances.

C. RETURN OF DECEASED

The *Insurer* will reimburse the reasonable and customary costs incurred for the preparation and transportation of the remains of the deceased *Insured Person* to his/her residence in Canada or the reasonable and customary costs of cremation or burial at the place of death. The cost of the coffin or urn and other funeral costs are not covered.

D. RETURN OF VEHICLE

If the attending *Physician* determines and confirms in writing that as a result of an *Emergency*, *You* are incapable of driving *Your Vehicle* to *Your* residence in *Your* province of residence or to the nearest appropriate rental agency, the *Insurer* will reimburse the lesser of the following

actual reasonable and necessary costs incurred to return *Your Vehicle*, up to a maximum of CAN \$ 2,000.

- 1) The cost of a one-way economy class plane ticket, gasoline, meals (except alcohol) and overnight commercial accommodation incurred by an individual; or
- 2) The cost of the return performed by a professional agency.

These expenses will be refunded only if *Your Vehicle* is returned to *Your* residence in *Your* province of residence within 30 days following *Your* own return. Original detailed receipts will be requested. Car rental costs while awaiting the return of *Your Vehicle* are not covered.

13. DELAYED RETURN EXPENSES

When the return portion of an insured *Trip* is delayed as the result of a medical *Emergency*, or the death of the *Insured Person* or of a member of his/her *Immediate Family* traveling with the *Insured Person*, the *Insurer* will reimburse a maximum of CAN \$200 per day, up to a maximum of CAN \$2,000 per *Insured Person*, for costs deemed necessary and reasonable for meals and accommodations.

III. EXCLUSIONS AND LIMITATIONS

Benefits are not payable under this *Contract* if losses sustained or expenses incurred are the direct or indirect result of any of the following:

1. Any conditions or *Changes* in *Your* health that have not been *Stable and Controlled* for the required stability period stated under the Schedule of Benefits, before *Your Departure Date*.
2. Any medical service, procedure or *Treatment* not authorized by the EMERGENCY ASSISTANCE, or not considered to be an *Emergency* as defined in this *Contract* and by the Medical Director of the EMERGENCY ASSISTANCE.
This includes but is not limited to blood tests (i.e., Coumadin), observation, exploratory and/or investigative tests or exams, experimental drugs, vaccines or preventive medicines, elective *Treatments*, cosmetic surgeries, MRI, check-ups, ear cleaning, cardiac catheterization, angioplasty, colonoscopy, endoscopy, biopsy, cystoscopy, surgery, and insertion, removal or adjustment of implants.
3. Cosmetic or any other elective surgery or non-*Emergency* consultation or *Treatment*.
4. Any *Recurrence* of an *Injury*, *Sickness* or *Symptoms* for which *Treatment* has been received during the insured *Trip*, in which case, the *Insurer* reserves the right to exclude the organ or body system involved.
5. Any charge related to the *Treatment* of a *Sickness* or an *Injury* that was incurred in *Your* province of residence.
6. Any medical condition for which medical advice has not been followed, recommended *Treatment* has not been followed or completed, or for which *Symptoms* were ignored by the *Insured Person*. This also includes directives issued by the EMERGENCY ASSISTANCE or the *Insurer*.
7. Any *Treatment* or test related to a condition under investigation, including any condition for which results were not within normal range before departure.
8. Any costs related to replacing, repairing or adjusting any prosthesis, other than a knee or hip prosthesis.

9. The purchase of any drug, prescribed or not, available over the counter.
10. Any costs related to *Your* pregnancy or childbirth; routine prenatal care, fertility treatment, deliberate termination of *Your* pregnancy, an infant born during *Your Trip* as well as complications of pregnancy occurring within 9 weeks of the expected date of delivery.
11. Any *Accident*, *Sickness* or *Injury* sustained while participating in professional or competitive sports, any race or speed contest, gliding, hang gliding, rock climbing, mountain-climbing which involves the ascent or descent of a mountain requiring the use of specialized equipment including but not limited to crampons, pick-axes, anchors, bolts, carabiners and lead or top-rope anchoring equipment, mountaineering, spelunking, rafting, acrobatic skiing or snowboarding (including kitesurf), bungee jumping, parachuting or other aerial activities or underwater activities using a breathing apparatus (except snorkelling), or any activities requiring that the *Insured Person* signs an accident waiver and release of liability form.
12. Any loss resulting from an *Accident*, *Sickness* or *Injury* sustained while onboard a commercial vehicle, other than as a passenger, or sustained while onboard an aircraft other than as a fare paying passenger on a flight operated by a *Common Carrier*.
13. Any *Treatment* or *Medication* related directly or indirectly to sexually transmitted disease and/or Human Immunodeficiency Virus (HIV) and/or Acquired Immune Deficiency Syndrome (AIDS).
14. Any *Accident*, *Sickness* or *Injury* induced and/or related to alcohol or alcohol abuse, *Medication* abuse, drug and other toxic substance abuse, and *Symptoms* of withdrawal. Alcohol abuse is defined as having a blood alcohol level in excess of eighty (80) milligrams per one hundred (100) millilitres of blood.
15. Any travel outside the province of residence to seek medical advice or *Treatment*, even if recommended by a *Physician*.
16. Suicide, attempted suicide or self-inflicted Injury, whether the *Insured Person* is declared sane or insane.
17. Any *Injury* or *Sickness* or *Trip* cancellation or interruption claim arising from:
 - a) Civil unrest, war or acts of war (declared or undeclared), political instability;
 - b) Intentional exposure to a peril;
 - c) The participation in or intent to commit any criminal or illegal activity by *You* or *Your* beneficiary;
 - d) Exposure to a situation related to a travel warning issued by Foreign Affairs and International Trade Canada (www.travel.gc.ca) while travelling in a country, specific region or city identified in the warning.*

* It is *Your* responsibility to verify the status of *Your* destinations; the *Insurer* reserves the right to deny any coverage and/or claim.
18. Any *Accident*, *Sickness* or death arising from a terrorism act.
19. Any mental, psychiatric, psychological, psychotic or nervous disorder, including depression, anxiety and insomnia.
20. Care or services provided for the sole convenience of the patient.
21. Any *Treatment* that could reasonably be delayed until the *Insured Person* returns to his/her province of residence even if the perception is that the care may be of less accessibility and quality in the province of residence (see definition of *Emergency*).

22. Any change or adjustment in prescribed *Medication* taken for an existing condition prior to departure.
23. Any organ retrieval, donation and/or transplant and blood donation.
24. A refusal by the *Insured Person* (or his/her family), to be transferred to another *Hospital* or be repatriated to his/her province of residence. E.g.: If, after completion of a medical assessment and consultation with the attending *Physician*, the *Insured Person's* condition is deemed stable by the Medical Director of the EMERGENCY ASSISTANCE for transport on public or private carrier (whichever is considered most appropriate), but the *Insured Person* refuses such transport; in such cases, the *Insured Person* is no longer covered and the *Insurer* is relieved of any further liability.
25. Any *Accident, Injury* or *Sickness* sustained during a *Trip* related to a remunerated activity or occupational duty if such activity or duty requires that *You* spend more than 30 days outside Canada in a year.
26. Any medical condition or anticipated event, occurrence, circumstance that *You* are aware of when *You* book *Your Trip* or at the time of purchase of this coverage, which might reasonably be expected to prevent *You* from travelling as booked or if *You* have decided to travel against the advice of a *Physician*.
27. Any expenses related to a *Pre-Existing Condition* for which it is reasonable to expect or believe that medical *Treatment* will be necessary during *Your Trip*.
28. Losses recovered or which are recoverable from any other source, including trustees or any government compensation fund.
29. Consequential loss of any kind, including loss of enjoyment and financial loss not otherwise specifically covered under this *Contract*.
30. Fraud or attempted fraud, concealment or misrepresentation of any material fact affecting this insurance or in connection with the making of any claim.

IV. AUTOMATIC EXTENSION

Coverage will automatically be extended for up to 72 hours at no extra charge for a delay considered to be beyond the *Insured Person's* control (e.g., *Accident, Vehicle* breakdown). Should medical care become necessary during the 72-hour period, *You* must provide the *Insurer* with supporting written evidence. If *You* are hospitalized beyond the expiration date due to a medical *Emergency*, *Your* coverage will remain in force for as long as *You* are hospitalized, and the 72-hour extension will commence upon *Your* release.

V. COORDINATION OF BENEFITS WITH OTHER INSURANCE PLANS

1. This *Contract* is designed to reimburse *Emergency* medical expenses in excess of any and all existing coverage held by the *Insured Person* and will not substitute for any other coverage that would have been in effect and would have reimbursed expenses incurred if this travel insurance was not in effect. Examples of such insurance plans are homeowner's and tenant's insurance, multi-risk insurance, liability insurance, provincial extended health care insurance, automobile insurance (including government automobile insurance plans) or any employee or retiree group insurance plan. The *Insurer* will not exercise its right to subrogate/co-ordinate with policies that have a maximum lifetime benefit in/out-of country of CAN \$50,000 or less.
2. In the event of payment of benefits under this *Contract*, the *Insured Person* gives the *Insurer* the right to exercise, by subrogation, all of his/her rights of recovery against any third party. The *Insurer* will be entitled to a full recovery for all payments made in respect of the insured *Event*, but not to exceed 100% of payments. In accepting this *Contract*, the *Insured Person* agrees to produce all documents required and to do what is necessary within his/her power to secure such rights to the *Insurer*. Lack of compliance and cooperation from the *Insured Person* may result in denial of claim.
3. There will be no coverage or payment of benefits under this *Contract* to the extent that the *Insured Person* receives compensation from a third party for claims made under this *Contract*. The *Insured Person* may not claim or receive, from all the parties involved, more than 100% of the loss arising from an insured *Event*.

VI. GENERAL PROVISIONS

1. Possession of a booklet does not confer any contractual rights to the insurance. The *Contract* must be effective and the eligibility criteria of Section 1. must be met for an *Insured Person* to be covered. The booklet is not an insurance policy and does not confer any rights or other obligations. In the event of a discrepancy between the booklet and the *Contract*, the terms of the *Contract* will prevail and apply. The *Insurer* reserves the right to modify the clauses of the *Contract* according to the provisions outlined therein.
2. All benefits are payable in Canadian currency to the *Insured Person* or estate, if the *Insured Person* is deceased. We may elect to pay benefits in the currency of the country where the charges were incurred. In all cases, the exchange rate used for conversion is the exchange rate in effect at the date of issuance of a given cheque, unless a proof of the exchange rate in effect at the time of the payment of services is provided to the *Insurer*. Unpaid benefits under this *Contract* shall not bear interest.
3. The *Insured Person* authorizes the *Insurer* to obtain his/her medical records and any other information the *Insurer* may deem necessary from any entity including *Physicians*, dentists and health organizations, and commits to signing an authorization allowing the *Insurer* to obtain this information in the event of a claim. Without this authorization, the *Insurer* reserves the right to deny a claim.
4. Notwithstanding any other provision herein contained, this *Contract* is subject to the statutory conditions in the Insurance Act respecting contracts of accident insurance.
5. Every action or proceeding against an insurer for the recovery of insurance money payable under the *Contract* is absolutely barred unless commenced within the time set out in the Insurance Act. All legal actions must take place in the *Insured Person's* province of residence.

6. In the event the *Insured Person* becomes suddenly sick or is injured, and must consult a *Physician* or be hospitalized, the *Insured Person* or his/her travel companion must call the EMERGENCY ASSISTANCE immediately*. Call toll free 1 844 877-6588 (USA & Canada), 1 888 820-6588 (elsewhere) or collect 1 819 377-3285.

Should *You* fail to immediately call the EMERGENCY ASSISTANCE, settlement of claim may be delayed or denied. The *Insurer* reserves the right to limit the reimbursement of eligible medical expenses to the lesser of charges that would have been incurred within its network of medical providers or 70% of the eligible expenses incurred with an overall limit of CAN \$ 25,000.

You must accept the referral provided by the EMERGENCY ASSISTANCE. If *You* refuse the medical provider or *Hospital* referral, the *Insurer* reserves the right to limit the reimbursement of eligible medical expenses to the lesser of charges that would have been incurred within its network of medical providers or 70% of the eligible expenses incurred with an overall limit of CAN \$ 25,000.

The above limitations will also apply unless care is coordinated from the onset and involves the patient and/or family, the treating *Physician* and EMERGENCY ASSISTANCE for the full duration of the *Treatment*.

If necessary, in order to evaluate a claim or to recover costs, the EMERGENCY ASSISTANCE and the *Insurer* reserve the right to disclose medical information to a third party.

* If exceptional circumstances prevent the *Insured Person* from calling the EMERGENCY ASSISTANCE, the *Insured Person* or his/her travel companion must call the EMERGENCY ASSISTANCE immediately after being attended into a *Hospital* or *Emergency* room and must provide proof of these exceptional circumstances to the *Insurer*.

7. Should it be determined that the *Insured Person* was not eligible for coverage, the *Insurer* retains the right of recovery for all and any amount paid for in good faith to the benefit of the *Insured Person*. Administrative expenses incurred by the *Insurer* to recover such sums are also payable by the *Insured Person*.
8. In the event of a dispute over the reimbursement of a claim, the *Insured Person* must request in writing that the revision committee reassess the claim before taking any legal action. The request must be sent in writing 30 days of the receipt of the written position from the *Insurer*. The committee will take into consideration all pertinent information provided by the *Insured Person* and a decision, based on the provisions and conditions outlined in the *Contract*, will be rendered in writing within thirty (30) days of the receipt of the revision request. Send requests for claim revision to:

CLAIMS REVIEW COMMITTEE
LS-Travel, Insurance Company

247 Thibau Blvd, Trois-Rivières, Quebec, G8T 6X9

9. The benefits of this *Contract* cannot be assigned to a third party without the *Insurer's* written authorization.
10. Conditions in *Your* host country (e.g., political unrest, technological capabilities, etc.) may limit accessibility to, or the quality of, the Assistance Services described herein. Therefore, neither the *Insurer* nor the EMERGENCY ASSISTANCE nor any other insurer or reinsurer is responsible for the availability, scope, quality or outcome of any medical *Treatment*, for any transportation *You* received or for *Your* inability to obtain medical *Treatment*.

VII. DEFINITIONS

"Accident/Accidental" Means an unintentional and unexpected bodily harm occurring as a result of a sudden external action involving an impact.

"Change" Means any of the following alteration or deterioration of *Your* health status: onset of new and/or more frequent *Symptoms*; *You* have sought consultation from a *Physician*; *You* have been hospitalized; *You* have undergone examinations or tests for the purpose of establishing a diagnosis (other than routine); *Your Treatment* has been modified; *You* have been prescribed a new *Medication* and/or a *Medication* has been stopped and/or the dosage and/or the frequency of an existing *Medication* has increased or decreased (**Exceptions:** the routine adjustment of Coumadin, Warfarin or insulin to maintain the optimal level of the said *Medication* in *Your* blood and the change from a brand name *Medication* to a generic brand *Medication* of the same dosage).

"Common Carrier" Means an entity licensed to carry paying passengers by land, water or air.

"Contract" Means the group travel medical insurance contract in force and provided to the *Policyholder*, and bearing the contract number stated under the Schedule of Benefits.

"Departure Date" Means the departure date of each one of *Your Trips*.

"Dependant" Means the person legally married to the *Participant* or the person who has been residing with the *Participant* for a period no lesser than the period stated in the Schedule of Benefits. For the purpose of this insurance, it can only be a single person. Also means *Your* sons and daughters, aged of at least 3 months old and who are under the age limit stated in the Schedule of Benefits, are unmarried and depend on *You* for support.

"Emergency" Means an unexpected *Sickness* or *Injury* that requires immediate medical attention or *Treatment* to prevent a threat to the life or health of the *Insured Person* or minimize such a threat. An *Emergency* ceases when, based on the opinion of the Emergency Assistance's medical director, the condition is stable enough to allow a return in *Your* province of residence to continue the medical investigation or receive the appropriate medical *Treatment*.

"Event" Means any *Accident*, *Sickness* or occurrence which, according to this insurance *Contract*, would generate a claim.

"Group Insurance Master Application" Means the document entitled 'Group Insurance Master Application' duly filled by the *Policyholder* before the effective date of the *Contract* and accepted by the *Insurer* as per a signature in the section 'Acceptance by the Insurer' of the document.

"Hospital" Any facility duly licensed by the local authorities as a *Hospital* that regularly treats patients through an ER on an inpatient or outpatient basis.

"Hospitalization" Means *Your* admission in a *Hospital* for a period of at least 24 hours on recommendation of a *Physician*.

"Immediate Family" Means *Your* spouse, parents, parents-in-law, grandparents, children, grandchildren, brothers, sisters, brothers-in-law, sisters-in-law, sons-in-law and daughters-in-law.

"Injury" A sudden bodily wound directly caused by an *Accident* during *Your Trip* and unrelated to *Sickness* and/or any other cause.

"Insured Person" Means the *Participant* and *Dependants* insured as per the *Contract*.

"Insured, We, Us" Means LS-Travel Insurance Company.

"Medication" Means a chemical or biological substance that changes or corrects the organic functions or course of a *Sickness*. The *Medication* must be prescribed by a licensed *Physician* and listed in *Your* medical records.

"Participant" Means an employee or a member deemed eligible, for whom the *Policyholder* has recognized the right to benefit from this insurance as per the *Contract*, and for whom the latter has paid the premium due.

"Physician" Means an individual who is qualified and legally licensed to prescribe *Medications*, to provide medical *Treatment* and to perform medical operations at the location where services are obtained. A *Physician* does not include a naturopath, herbalist or homeopath. Also, for any benefit payable under this *Contract* requiring a confirmation, a prognosis or a diagnosis from a *Physician*, the *Physician* must not be a member of *Your* family.

"Policyholder" Means the company or organisation whose name appears under the Schedule of Benefits and for whom the *Contract* has been issued.

"Pre-existing Condition" Means a medical condition for which *You* have consulted a *Physician*, received or are receiving a *Treatment* or exhibited *Symptoms* for which *You* have or have not consulted a *Physician* prior to the *Departure Date*. This term also relates to a medically recognized complication or *Recurrence* of a medical condition.

"Recurrence" The reappearance of *Symptoms* caused by or related to a medical condition which was previously diagnosed by a *Physician* or for which *Treatment* was previously received.

"Sickness" Means an unforeseeable illness or disease that requires *Emergency* medical *Treatment* or care during *Your Trip*.

"Stable and Controlled" Means any medical condition for which all the following statements are true:

1. There has been no new diagnosis, *Treatment* or prescribed *Medication* (including prescribed "as needed");
2. There has been no change in *Treatment* frequency or type; there has been no change in *Your Medication*, including the addition or the stopping of a *Medication* or an increase or decrease in the dosage or frequency of a *Medication* (Exceptions: the routine adjustment of Coumadin, Warfarin or insulin to maintain the optimal level of the said *Medication* in your blood and the change from a brand name *Medication* to a generic brand *Medication* of the same dosage);
3. There has been no change in the frequency or the severity of the *Symptom* (new *Symptom*, more frequent *Symptom* or more severe *Symptom*);
4. There has been no test result showing deterioration;
5. There has been no *Hospitalization* or referral to a specialist (made or recommended) and *You* are not awaiting the results of further investigations for that medical condition.

"Symptom" Pain, feeling, weakness, sensitivity reported by the patient or a pathologic disorder which is documented in his/her medical chart.

"Treatment" Any medical, therapeutic or diagnostic procedure prescribed, performed or recommended by a *Physician*, including monitoring of specific issues following abnormal test results and/or changes in health condition, prescribed *Medications* (including *Medication* prescribed "as needed"), investigative tests and surgery.

"Trip" Means a trip outside of *Your* province of residence taken by an *Insured Person* and for which the trip length does not exceed the Coverage Period stated under the Schedule of Benefits.

"Véhicule" An automobile, motorcycle, recreational vehicle (RV), van or trailer owned or leased by the *Insured Person*.

"You" and "Your" Means the *Participant* and *Dependants* insured as per the *Contract*.

VII. HOW TO FILE A CLAIM

Required documentation must be received no later than 90 days after *You* return to *Your* province of residence from *Your Trip*.

In all cases, *You* must provide a duly completed and signed reimbursement claim form or release and authorization, provide a proof of *Your Departure Date* and return date in *Your* province of residence, and provide:

- All original itemized bills and invoices provided by the health service providers, indicating the diagnosis, date, type of *Treatment* received, and name of the health service establishment and/or *Physician*. Cash register coupons (stubs) will not be accepted for reimbursement.

Any fees for the completion of medical certificates or claim forms are not covered by the Insurer.

FAILURE TO COMPLETE THE REQUIRED CLAIM & AUTHORIZATION FORM IN FULL MIGHT INVALIDATE YOUR CLAIM.

All claim forms are available online at www.tourmed.ca or by calling 1-877-344-8398

IX. NOTICE - PERSONAL INFORMATION

In order to ensure the confidentiality of *Your* personal information, LS-Travel will establish a file with the information related to *Your* application and any insurance claim.

Access to this file will be restricted to LS-Travel employees, reinsurers or mandataries who will be responsible for underwriting, administrating, investigating and processing *Your* application or claim, or any other person designated or authorized by *You*. *Your* file will be kept at the company's head office.

You are entitled to examine the personal information contained in this file and, if required, to have the information corrected by submitting a written request to: Information Access Officer, LS-Travel, 247 Thibeau, Trois-Rivieres (Quebec) G8T 6X9

Please be informed that in the regular process of examining *Your* claim, LS-Travel may, as any other insurance company, request a copy of *Your* medical history in order to determine *Your* eligibility to benefits.

COLLECT

A product from the family of

TOURMEDTM
travel insurance

You must call **EMERGENCY ASSISTANCE**
for an authorization prior to any *Treatment*

Toll free: **1 844 877-6588**

(or 1 888 820-6588)

Collect: 1 819 377-3285

Insured by



247 Thibeau Boulevard
Trois-Rivieres (Quebec) G8T 6X9

Telephone: 1 819 377-1777 / 1 877 344-8398

Fax: 1 819 377-6069

Please cut and bring with you during your trip

COLLECT 

Insured by



You **must** contact Emergency Assistance
prior to any consultation.

From Canada and USA, toll free: **1 844 877-6588**

Collect: 1 819-377-3285

Elsewhere: 1 888 820-6588

Please mention *Your Contract* number to the
Emergency Assistance

Contract number: