

BMO[®] 31 Day Medical Protection

CERTIFICATE OF INSURANCE

Inside You'll find all You need to know about the **BMO 31 Day Medical Protection** features and benefits offered to BMO MasterCard^{®*} Cardholders.



CERTIFICATE OF INSURANCE

IMPORTANT NOTICE

Read This Certificate of Insurance Carefully

This Certificate of Insurance is designed to cover losses arising from sudden and unforeseeable circumstances only. It is important that You read and understand this Certificate of Insurance as Your coverage is subject to limitations and exclusions.

This insurance coverage is available only if You are under age sixty-five (65). This includes the Primary Cardholder, his/her Spouse and Dependent Children. Emergency Medical coverage is for the first thirty-one (31) days of Your Trip only. For Trips of a longer duration You may be able to purchase additional coverage. Call 1-877-704-0341 or (519) 741-0782.

Right to examine this insurance: If You notify Us that this insurance does not meet Your needs within ten (10) days of the date of issue, We will provide a full refund if You have not already departed on a Trip and have not incurred a claim. Refunds are only available when the Operations Centre receives Your request for a refund before Your scheduled Departure Date.

Warning: This Certificate of Insurance contains a Pre-existing Conditions Exclusion which applies to Medical Conditions and/or symptoms that existed on or prior to Your Departure Date. **There is no coverage under this Certificate of Insurance for Pre-existing Conditions as described in the Exclusions and Limitations section of this Certificate of Insurance.**

You must notify Allianz Global Assistance through the Operations Centre when you need medical Treatment within twenty-four (24) hours when being admitted to a Hospital or as soon as reasonably possible. Alternatively, someone else may call on your behalf if Your Medical Condition prevents You from calling. If You do not notify the Operations Centre as soon as possible, You may receive inappropriate or unnecessary medical Treatment, which may not be covered by this insurance.

Please note that Your prior medical history may be reviewed by Us when a claim is reported.

The benefits described in this Certificate of Insurance are underwritten by Allianz Global Risks US Insurance Company (Canadian Branch) (“Allianz”, “We”, “Us” or “Our”) under Group Policy No. FC310000-A (the “Policy”) issued to Bank of Montreal (the “Policyholder” or “BMO”). The insurance described in this Certificate of Insurance is for eligible MasterCard Primary Cardholders of the Policyholder whose Accounts are in Good Standing and where specified, their Spouses, Dependent Children and/or certain other persons (referred to herein as “You” or “Your”). This Insurance is administered by Allianz Global Assistance through the Operations Centre.

This Certificate of Insurance is effective on the later of July 1, 2010, or the date the Policyholder receives and approves the Primary Cardholder’s request that this insurance be included as a feature of their MasterCard.

All benefits are subject, in every respect, to the terms of the Policy, which alone constitutes the agreement under which payments are made. Only the Policyholder may determine who is a Primary Cardholder, whether an Account is in Good Standing and whether the insurance pursuant to this Certificate of Insurance has come into or is in force.

No person is eligible for coverage under more than one certificate of insurance providing insurance coverage similar to that provided hereunder. In the event that any person is recorded by Us as an “Insured Person” under more than one such certificate or policy, such person shall be deemed to be insured only under the certificate or policy, which affords that person the greatest amount of insurance coverage. In no event will a corporation, partnership or business entity be eligible for this insurance coverage. This Certificate of Insurance supercedes any certificate previously issued to You.

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In this Certificate of Insurance, certain terms have defined meanings. Those defined terms are as follows. Defined terms are capitalized throughout this document.

1 DEFINITIONS

Account means the Primary Cardholder's MasterCard account, which is in Good Standing with the Policyholder.

Certificate of Insurance means a summary of the benefits provided under the Group Policy issued to BMO covering accident and sickness, and the policy of insurance for all other benefits.

Coverage Period means the time insurance is in effect, as indicated in the various sections of this Certificate of Insurance.

Covered Service means a service or supply, specified herein, for which We provide benefits under this Certificate of Insurance.

Departure Date means the date on which You depart on Your Trip.

Dependent Child(ren) means an unmarried natural, adopted or stepchild of a Primary Cardholder dependent on the Primary Cardholder for maintenance and support who is:

- under twenty-one (21) years of age; or
- under twenty-six (26) years of age and a full-time student attending a recognized college or university; or
- twenty-one (21) years of age or older and permanently mentally or physically challenged and incapable of self-support and became so while eligible as a dependent child.

Emergency Dental Care means the services or supplies provided by a licensed dentist, Hospital or other licensed provider that are immediately and Medically Necessary.

GHIP means the Government Health Insurance Plan of Your Canadian province or territory of residence.

Good Standing means being in full compliance with all of the provisions of the Cardholder Agreement in force between the Primary Cardholder and the Policyholder, as amended from time to time.

Hospital means an institution which is licensed to provide, on an Inpatient basis, medical care and Treatment of sick and injured persons through medical, diagnostic and major surgical facilities, under the supervision of a staff of Physicians and with twenty-four (24) hour a day service; however, Hospital does not include any institution or part of an institution which is licensed or used principally as a clinic, a continued care or extended care facility, a convalescent home, a rest home, a nursing home or a home for the aged, or a health spa or a treatment centre for drug addiction or alcoholism.

Immediate Family Member means the Insured Person's Spouse, child including adopted children and stepchildren, parent, sibling, legal guardian, parent-in-law, grandparents, grandchildren, daughter-in-law, son-in-law, brother-in-law and sister-in-law.

Injury means any bodily harm caused by an accident which results in a covered loss and which requires the immediate medical care or Treatment of a Physician.

Inpatient means a person who is treated as a registered bed patient in a Hospital or other facility and for whom a room and board charge is made.

Insured Person means those persons covered for the benefits described in this Certificate of Insurance as specifically defined in each of the benefit sections.

MasterCard means a MasterCard card issued by the Policyholder and for which the Policyholder has received and approved the Primary Cardholder's request to include this insurance as a feature of the card.

Medical Condition means any Sickness, Injury or symptom.

Medical Emergency means any unforeseen Sickness or Injury, which occurs during a Trip. A medical emergency ends when the Sickness or Injury has been treated such that Your condition has stabilized. Treatment provided when medical evidence indicates You could delay Treatment or return to Canada for such Treatment is not considered a medical emergency and is not covered.

Medically Necessary or Medical Necessity means the services or supplies provided by a Hospital, Physician, licensed dentist or other licensed provider

that are required to identify or treat Your Sickness or Injury and that We determine are:

- Consistent with the symptom or diagnosis and Treatment of Your condition, Sickness, ailment or Injury;
- Appropriate with regard to standards of good medical practice;
- Not solely for the convenience of You, a Physician or other licensed provider; and
- The most appropriate supply or level of service that can be safely provided to You.

When applied to the care of an Inpatient, it further means that Your medical symptoms or condition require that the services cannot be safely provided to You as an Outpatient.

Operations Centre means the operations centre maintained by Allianz Global Assistance. From Canada and the U.S. call 1-877-704-0341. From elsewhere call collect (519) 741-0782.

Outpatient means someone who receives a Covered Service while not an Inpatient.

Physician means a person, other than an Insured Person or member of the Insured Person's family (by blood or marriage), who is a medical practitioner and whose legal and professional standing within his or her jurisdiction is equivalent to that of a doctor of medicine (M.D.) licensed in Canada.

Primary Cardholder means the cardholder who has signed an application for a MasterCard, as primary cardholder, for whom the MasterCard Account is established, and for whom the Policyholder has received and approved a request to include this insurance as a feature of the MasterCard.

Reasonable and Customary Charges means charges which do not exceed the general level of charges made by other providers of similar standing in the locality or geographical area where the charges are incurred, when furnishing comparable Treatment, services or supplies for a similar Medical Emergency.

Recurrence means the appearance 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 any sudden illness or disease requiring the immediate medical care or Treatment of a Physician.

Spouse means the person who is legally married to the Primary Cardholder; or if there is no such person, the person who has been living with the Primary Cardholder in a conjugal relationship and who resides in the same household as the Primary Cardholder and is publicly represented as the spouse of the Primary Cardholder. For the purposes of this insurance the Primary Cardholder may have only one (1) spouse.

Travel Advisory means a formal written notice issued by the Canadian government to advise travelers against non-essential travel to a foreign country or a given region in that country. This does not include travel information reports.

Treatment means medical advice, care and/or service provided by a Physician. This includes, but is not limited to, diagnostic measures and prescribed drugs (including pills and inhaled or injected medications). It does not include checkups or cases where You have no specific symptoms.

Trip means a defined period of travel of definite length outside the Insured Person's province/territory of residence.

We, Our, Us means Allianz Global Risks US Insurance Company (Canadian Branch).

You or Your means the Insured Person.

2 CERTIFICATE OF INSURANCE EFFECTIVE AND TERMINATION DATE

Except as otherwise stated herein, this Certificate of Insurance shall come into effect on the date the Policyholder receives and approves the Primary Cardholder's request to include this insurance as a feature of their MasterCard.

Except as otherwise stated herein, this Certificate of Insurance shall terminate for all insureds on the earliest of:

1. The date the Insured Person is no longer eligible to participate;
2. The date the eligible Account is defined as ineligible by the Policyholder;
3. 00:01h of the date the Primary Cardholder cancels this coverage or otherwise chooses to close the MasterCard Account; or
4. The date the Policy is terminated.

3 ELIGIBILITY

You are eligible for this insurance while You meet all of the following conditions:

1. You are under age sixty-five (65) at time of purchase or on Your annual renewal date, (for Dependent Children see the definition for age limits);
2. You are a resident of Canada with a MasterCard Account in Good Standing;
3. You are covered by a Canadian Government Health Insurance Plan.

If You are age 65 or older and wish to obtain alternative optional coverage, please contact the Operations Centre. From Canada and the U.S. call 1-877-704-0341. From elsewhere call collect 1-519-741-0782.

4 BENEFITS – COVERAGE PERIOD AND DESCRIPTION OF COVERAGE

4.1 OUT-OF-PROVINCE/ OUT-OF-COUNTRY EMERGENCY MEDICAL BENEFITS

4.1.1 COVERAGE PERIOD AND BENEFITS

Coverage Eligibility

You do not need to charge Your Trip to Your MasterCard to be eligible for this coverage, providing Your MasterCard Account is in Good Standing.

Insured Person means the Primary Cardholder, Spouse and/or Dependent Child(ren).

Coverage Period

Your thirty-one (31) day Coverage Period begins when You depart from Your province or territory of residence on Your Departure Date providing Your MasterCard Account is in Good Standing.

Your Coverage Period will terminate on the earliest of the following:

1. The date You return to Your Canadian province or territory of residence;
2. The date Your MasterCard Account is cancelled;

3. The date Your MasterCard Account is no longer in Good Standing;
4. Your next annual renewal date in the year you attain age sixty-five (65), (for Dependent Children see the definition for age limits); or
5. At 00:01 a.m. on the 32nd day (including Your Departure Date) after You leave on Your Trip.

Optional Extension of Coverage

Your Coverage Period can be extended provided no event has occurred that would give rise to a claim under this insurance and provided You request an extension by phone prior to Your scheduled return date. Your total Trip length including extensions cannot exceed 183 days (212 days if You reside in Ontario or Newfoundland).

To arrange for an extension call the Operations Centre at 1-877-704-0341 while in North America, or if elsewhere, call collect (519)-741-0782. Premium payment must be charged to Your BMO MasterCard Account.

When making a claim hereunder, evidence of Your Departure Date from, scheduled and actual return dates to Your province or territory of residence will be required.

Automatic Extension of Coverage

When You are in Hospital due to a Medical Emergency on Your scheduled return date, Your coverage will remain in force for as long as You are in Hospital plus a further period of three (3) days following Your discharge from Hospital.

The Coverage Period is also automatically extended for three (3) days when:

- The delay of a plane, bus, ship or train in which You are a passenger causes You to miss Your scheduled return date; or
- The personal means of transportation in which You are travelling is involved in an accident or mechanical breakdown that prevents You from returning on or before Your scheduled return date; or
- You must delay Your scheduled return due to the Medical Emergency of another Insured Person.

This insurance covers the Reasonable and Customary Charges up to a maximum of \$2,000,000 (**unless specified otherwise below for a specific benefit**) incurred by an Insured Person for the medical Treatment and Covered Services listed below arising

from a Medical Emergency which occurs during the Coverage Period.

Following are eligible expenses covered by this insurance, subject to all exclusions and limitations described in this Certificate of Insurance. **Any Treatment or service not listed below is not covered.** Neither We, nor the Operations Centre, nor the Policyholder are responsible for the availability, quality or results of any medical Treatment or transportation, or the failure of an Insured Person to obtain medical Treatment.

Coverage Benefits

This Out-of-Province/Out-of-Country Emergency Medical insurance covers Reasonable and Customary Charges for the following Covered Services arising from a Medical Emergency of an Insured Person occurring during the Coverage Period.

Emergency Hospital, Ambulance & Medical Expenses

1. Hospital room and board charges, up to semi-private or the equivalent. If Medically Necessary, expenses for Treatment in an intensive or coronary care unit are covered;
2. Treatment by a Physician;
3. X-rays and other diagnostic tests;
4. Use of an operating room, anesthesia and surgical dressings;
5. The cost of licensed ambulance service;
6. Emergency room charges;
7. Prescription drugs and medication, limited to a thirty (30) day supply;
8. The cost for rental or purchase of minor medical appliances such as wheelchairs and crutches.

Private Duty Nursing Expenses

Benefits are payable to a maximum of \$5,000 per Insured Person for the professional services of a registered nurse (not related to You by blood or marriage) while hospitalized, provided these services are Medically Necessary and prescribed by the attending Physician.

Emergency Air Transportation or Evacuation

The following are covered expenses provided they are approved and arranged in advance by the Operations Centre:

1. Air ambulance to the nearest appropriate medical facility or to a Canadian Hospital;
2. Transport on a licensed airline for emergency return to the Insured Person's province or territory of residence for immediate medical attention; and

3. A medical attendant to accompany You on the flight back to Canada.

All air transportation expenses must be approved and arranged in advance by the Operations Centre.

Other Professional Services

Where the professional services of a physiotherapist, chiropractor, osteopath, chiropodist or podiatrist are Medically Necessary, coverage will be provided to a maximum of \$150 per Insured Person per discipline.

Emergency Dental Expenses

This insurance covers the cost to repair or replace natural teeth or permanently attached artificial teeth required as the result of an Injury to the mouth, to a maximum of \$2,000 per Insured Person. Chewing accidents are not covered. To be eligible for coverage, dental Treatment must take place during Your Trip.

Treatment for the emergency relief of dental pain is covered to a maximum of \$150 per Insured Person.

Transportation to the Bedside

This insurance covers one round-trip economy airfare by the most direct and cost-effective route from Canada, plus lodging and meals up to a maximum of \$250, for any one Immediate Family Member to:

- a. Be with an Insured Person who is travelling alone and has been admitted to a Hospital as an Inpatient. The Insured Person must be expected to be an Inpatient for at least seven (7) days outside their home province or territory and have verification from the attending Physician that the situation is serious enough to require the visit; or
- b. Identify a deceased Insured Person prior to release of the body, where necessary.

Return of Deceased

In the event of the death of an Insured Person while on a Trip, this insurance covers up to \$3,000 for the preparation (including cremation) and transportation of the deceased's remains to his/her province or territory of residence. The cost of a burial coffin or urn is not covered.

Additional Hotel and Meal Expenses

If Your return to Canada is delayed due to a Medical Emergency, this insurance covers the cost for hotel and meal expenses incurred after Your planned return date up to \$200 a day to a maximum of ten (10) days per Account.

To receive reimbursement, original receipts must be submitted.

Return of Vehicle

If neither You nor anyone travelling with You is able to operate Your owned or rented vehicle due to Sickness, Injury or death while travelling outside Your province or territory of residence, You will be reimbursed up to a maximum of \$1,000 for the costs associated with the return of the vehicle. Eligible for reimbursement is the cost of the return performed by a professional agency; or the following necessary and reasonable expenses incurred by an individual returning the vehicle by a direct route and in a reasonable time frame on behalf of the Insured Person: fuel, meals, overnight accommodation and one-way economy airfare. Benefits will only be payable when the return of the vehicle is pre-approved and/or arranged by the Operations Centre and the vehicle is returned to Your normal place of residence or the nearest appropriate rental agency within thirty (30) days of Your return to Canada.

To receive reimbursement, original itemized receipts must be submitted.

Any other expenses are not covered. Expenses incurred by anyone travelling with the person returning the vehicle are not covered.

4.1.2 EXCLUSIONS AND LIMITATIONS

The insurance does not cover, provide services or pay claims resulting from:

1. **Pre-existing Conditions:** This insurance will not pay for expenses incurred during the Coverage Period related to:
 - the continuing Treatment, Recurrence, or medically recognized complication relating directly or indirectly to a Medical Condition, for which You consulted, investigated, were diagnosed or for which Treatment was taken by You during the six (6) month period immediately before Your Coverage Period began;
 - the Treatment of, or relating to, a Medical Condition for which a person exhibited any symptom during the six (6) month period immediately before Your Coverage Period began for which a reasonable person would have made inquiries regarding their Medical Condition, regardless of whether or not such inquiries were made.

Please note: This exclusion does not apply to a Medical Condition controlled by the consistent use of medication(s) taken as prescribed by a Physician provided that during the six (6) month period before Your Coverage Period began there has been no change in any medication(s) and no other Treatment has been taken or recommended. A new medication or an alteration in usage or dosage of a medication constitutes a change in medication.

2. The continued Treatment, Recurrence or complication of a Medical Condition following emergency Treatment of that Medical Condition during Your Trip, if the medical advisors of the Operations Centre determine that the Insured Person is able to return to Canada and the Insured Person chooses not to return.
3. A Medical Condition for which You delayed or refused further Treatment or investigation, which was recommended by Your Physician before Your Departure Date.
4. Surgery, including but not limited to angioplasty and/or cardiac surgery, and any associated diagnostic charges, which are not approved by the Operations Centre prior to being performed except in extreme circumstances where surgery is performed on an emergency basis immediately following admission to a Hospital.
5. The following procedures, including any associated charges, which are not authorized in advance by the Operations Centre: MRI (Magnetic Resonance Imaging); CAT (Computer Axial Tomography) scans; sonograms; ultrasounds; and biopsies.
6. Emergency air transportation, which is not approved in advance by the Operations Centre.
7. Treatment not performed by or under the supervision of a Physician or dentist.
8. Pregnancy, routine pre-natal care, miscarriage, childbirth or complications of any of these conditions occurring within nine (9) weeks of the expected date of birth.
9. Riot or civil disorder; committing or attempting to commit a criminal offence.
10. Intentional self-injury, suicide or attempted suicide while sane or insane.
11. Abuse of any medication or non-compliance with prescribed medical Treatment or therapy.
12. Mental, nervous or emotional disorders that do not require immediate hospitalization.

13. Any Injury or accident occurring while the Insured Person is under the influence of illicit drugs or alcohol (where the concentration of alcohol in the Insured Person's blood exceeds eighty (80) milligrams of alcohol in one hundred (100) millilitres of blood or when the Insured Person illustrates a visible impairment due to alcohol or illicit drugs) and any chronic illness or hospitalization related to, or exacerbated by, the habitual use of alcohol or illicit drugs.
14. The Insured Person voluntarily and knowingly exposing himself/herself to risk from: an act of war whether declared or undeclared; rebellion; revolution; hijacking or terrorism; and any service in the armed forces.
15. Drugs and medication, which are commonly available without a prescription or which are not legally registered and approved in Canada.
16. Prescription refills.
17. Replacement of lost or damaged eyeglasses, contact lenses or hearing aids.
18. Participation in professional sports; any speed contest; full contact bodily sports; SCUBA diving, unless the Insured Person holds a basic SCUBA designation from a certified school or other licensing body; hang-gliding; skydiving; parachuting; bungee jumping; parasailing; spelunking; mountaineering; rock climbing; heli-skiing; skiing outside of marked trails; or air travel other than as a ticketed passenger.
19. Any Treatment or surgery, where the Insured Person can return to his/her province or territory of residence for such Treatment without adversely affecting his/her Medical Condition.
20. Any Treatment or surgery during the Trip, when the Trip is undertaken for the purpose of securing or with the intent of receiving medical or Hospital services, whether or not such Trip is on the advice of a Physician.
21. Any Trip commenced or continued against the advice of the Insured Person's Physician.
22. Regular care of a chronic Medical Condition; elective Treatment; cosmetic Treatment, or any Treatment or surgery that is not required for relief of acute pain or suffering.
23. Your Travel to a country for which the Canadian government has issued a Travel Advisory in writing prior to Your Departure Date.

4.1.3 WHAT SHOULD YOU DO IN THE EVENT OF A MEDICAL EMERGENCY?

You must contact the Operations Centre in the event of a Medical Emergency.

**From Canada and the United States call:
1-877-704-0341**

**From elsewhere call collect:
1-519-741-0782
Fax: 1-519-742-8553**

Assistance coordinators are available twenty-four (24) hours a day, every day of the year. The Operations Centre will assist in finding and arranging medical care; provide claims management and payment assistance under this insurance; pay Hospitals and other medical providers directly whenever possible; and coordinate claims with Your GHIP whenever possible.

If the covered medical expense is relatively small, the Hospital or Physician may ask You to pay. You will be reimbursed for covered expenses upon submission of a claim.

In order to benefit from payment assistance and other assistance services, You must notify the Operations Centre when You need medical Treatment within twenty-four (24) hours or as soon as reasonably possible after being admitted to a Hospital. If You do not notify the Operations Centre at an early stage in Your claim, You may receive inappropriate or unnecessary medical treatment, which may not be covered by this insurance.

Note: Failure to contact the Operations Centre could result in Your expenses not being covered, denial or a delay in the settlement of Your claim.

4.2 OUT-OF-PROVINCE/ OUT-OF-COUNTRY EMERGENCY MEDICAL ASSISTANCE SERVICES

In addition to the medical insurance benefits, the following Assistance Services are provided:

Medical Assistance and Consultation

You will be directed to the nearest appropriate medical facility wherever possible.

Payment Assistance

Subject to the limitations of this insurance, the Operations Centre will offer to all Hospitals, which provide an Insured Person with Medically Necessary Treatment, a guarantee of coverage for Covered Services. If the guarantee is not accepted, the Operations Centre will assist in arranging and coordinating payment wherever possible.

Note: If You do not contact the Operations Centre as soon as possible, and receive medical attention, You may be responsible for paying the bills and submitting a claim after You return to Your province or territory of residence.

Emergency Message Centre

In case of a Medical Emergency, the Operations Centre can help to relay important messages to or from Your family, business or Physician.

Please call the Operations Centre at 1-877-704-0341 or 1-519-741-0782 if You have any questions regarding what is not covered.

5 CONDITIONS

1. In consultation with the Insured Person's attending Physician, We reserve the right to transfer the Insured Person to another Hospital or to return the Insured Person to his/her province or territory of residence. Refusal to comply by the Insured Person will release Us of any liability for expenses incurred after the proposed transfer date.
2. **False Claim:** If a Primary Cardholder or Insured Person makes any claim knowing it to be false or fraudulent in any respect, this Certificate of Insurance shall cease and there shall be no payment of any claim made under this Certificate of Insurance or the Policy.
3. In the event of a payment under this Certificate of Insurance, We have the right to proceed in the name of any Insured Person against third parties who may be responsible for giving rise to a claim under this insurance. We have full rights of subrogation. The Insured Person will execute and deliver such documents, and fully cooperate with Us, so as to allow Us to fully assert Our right to subrogation. The Insured Person will not do anything after the loss to prejudice such rights.

4. You must repay to Us amounts paid or authorized for payment on Your behalf if We later determine the amount is not payable under this insurance.
5. You, or someone acting on Your behalf, must give written notice of a claim to the Operations Centre not later than thirty (30) days from the date the claim arises. The Operations Centre must be provided by You or someone acting on Your behalf with satisfactory proof of loss no later than ninety (90) days from the date the claim arises. Satisfactory proof of loss means proof satisfactory to Us of:
 - the Departure Date;
 - the occurrence of the Injury or the commencement of the Sickness;
 - the cause or nature of the Injury or Sickness;
 - the loss, expense or service for which benefits are being claimed (original itemized receipts);
 - the Primary Cardholder's age;
 - the claimant's age; and
 - the right of the claimant to receive payment.
6. Failure to give notice of claim or furnish proof of loss within the time prescribed does not invalidate the claim if it is shown that it was not reasonably possible to give notice or furnish proof within the time so prescribed and if the notice or proof is given or furnished as soon as reasonably possible, and in no event later than one (1) year from the date of the event for which benefits are being claimed. Failure to provide the requested documentation to substantiate Your claim under this Certificate of Insurance will invalidate Your claim.
7. You agree to cooperate fully with Us and as a condition precedent to the payment of benefits, the Operations Centre reserves the right to obtain all pertinent records or information from any Physician, dentist, practitioner, Hospital, clinic, insurer, individual or institution to assess the validity of a claim submitted by or on behalf of any Insured Person. Failure to provide the requested documentation to substantiate Your claim under this Certificate of Insurance will invalidate Your claim.
8. **Physical Examination:** The Operations Centre has the right to investigate the circumstances of loss and to require a medical examination; and in the event of death to require an autopsy at the cost of the Insurer, if not prohibited by law.

6 GENERAL PROVISIONS

1. This Out-of-Province/Out-of-Country Emergency Medical Insurance provided herein is supplemental in that it pays for covered expenses in excess of Your GHIP and any other insurance plan. Benefits payable under any other insurance plan under which You may have coverage will be coordinated in accordance with the current guidelines issued by the Canadian Life & Health Insurance Association. Payment under the insurance and any other plan shall not exceed 100% of the eligible charges incurred. This insurance also allows Us/the Operations Centre to receive in Your name, and endorse and negotiate on Your behalf, these eligible payments. When GHIP and other insurance payments have been made, this releases GHIP and the other insurers from any further liability in respect of that eligible claim.
2. All amounts stated in the Certificate of Insurance are in Canadian currency unless otherwise indicated. If You have paid a covered expense, You will be reimbursed in Canadian currency at the prevailing rate of exchange on the date the service was provided.
3. **Payment of Benefits:** Benefits payable under this Certificate of Insurance will be paid within sixty (60) days of receipt of satisfactory proof of loss. Payment made in good faith will discharge Us to the extent of this claim.
4. **Legal Action:** Any action or arbitration proceeding to recover benefits hereunder cannot be taken prior to sixty (60) days after satisfactory proof of loss has been furnished in accordance with the requirements of this Certificate of Insurance. Any legal action or arbitration proceeding against Us for the recovery of a claim under this Certificate of Insurance shall not be commenced more than one year after the occurrence, which gave rise to the claim. If, however, this limitation is invalid according to the laws of the province or territory where this Certificate of Insurance was issued, You must commence Your action or arbitration proceeding within the shortest time permitted by the laws of that province or territory. In addition You, Your heirs and assigns consent to the venue of any action or arbitration being only in the province or

territory where the Certificate of Insurance was issued and at a venue We and/or Allianz Global Assistance choose.

5. Notwithstanding anything to the contrary, no provision of this insurance shall be deemed to have been waived, either in whole or in part, unless the waiver is clearly stated in writing and signed by Us.
6. The benefits, terms and conditions of this Certificate of Insurance shall be governed by the insurance laws of the province or territory in Canada where the Insured Person normally resides.
7. Any provision of this Certificate of Insurance, which is in conflict with any federal, provincial or territorial law of the Insured Person's place of residence, is hereby amended to conform to the minimum requirements of that law.

7 CLAIM FILING PROCEDURES

Please contact Us at 1-877-704-0341 or (519) 741-0782 to obtain a claim form.

This insurance will not pay for any interest.

As a condition to the payment of benefits under this insurance, We will need certain information from You if You need to file a claim. This documentation will include, at a minimum, and is not limited to, the following:

1. General Documentation
 - Receipts and itemized bills for all expenses.
2. Out-of-Province/Out-of-Country Emergency Medical Benefits
 - Any explanation of diagnosis(es) along with Your original itemized bills and receipts.
 - The claimant's enrollment in his/her provincial or territorial GHIP, and valid health card number.
 - The provision of an authorization to secure medical records.
 - The provision of any forms or authorizations required to pursue reimbursement from Your GHIP, any other insurance and/or any third parties.
 - Your Departure Date and Your scheduled and actual dates of return.

8 PROTECTING YOUR PERSONAL INFORMATION

Travel Insurance Personal Information Notice

Allianz Global Risks US Insurance Company, Canadian Branch (the “insurer”) and the insurer’s travel insurance administrator, Allianz Global Assistance, and the insurer’s agents, representatives and reinsurers (for the purpose of this Travel Insurance Personal Information Notice collectively “we” “us” and “our”) require personal information for the following insurance purposes when offering and providing travel insurance and related services:

- To identify and communicate with individuals
- To consider any application for insurance
- If approved, to issue a Certificate of insurance
- To administer insurance and related benefits
- To investigate claims and to determine eligibility for insurance benefits
- To provide assistance services
- For fraud prevention and debt collection purposes

We only collect personal information necessary to the insurance purposes from individuals who apply for insurance, Certificate holders, insureds, claimants. In some cases we also collect personal information from members of a Certificate holder’s, insured’s or claimant’s family or their friends when they are unable, for medical or other reasons, to communicate directly with us. We also collect and disclose information for the insurance purposes from, to and with, third parties such as, but not necessarily limited to, health care practitioners and facilities in Canada and abroad, government and private health insurers and family members and friends of the insured, Certificate holder or claimant. We may also use and disclose information from our existing files for the insurance purposes.

When an individual applies for, purchases, or is covered by one of our insurance policies or submits a claim for insurance benefits, he or she is presumed to consent to the personal information practices described in this notice. If an individual does not wish to have their personal information used for the optional purposes they need only notify Allianz Global Assistance. A person may decline to have their information collected, used or disclosed for the insurance purposes but in that instance we will likely be unable to provide insurance and related services.

Personal information is maintained in the Certificate holder's, insured's or claimant's file that we establish and maintain in the offices of Allianz Global Assistance. In some instances we may additionally maintain or communicate or transfer information to health care and other service providers located outside of Canada. As a result, personal information may be accessible to regulatory authorities in accordance with the law of these other jurisdictions.

Individuals have a right to request to access or correct personal information we have on file by contacting the Privacy Officer at PIPEDA@allianz-assistance.ca or by writing to:

Privacy Officer
Allianz Global Assistance
4273 King Street East
Kitchener, ON
N2P 2E9

For a complete copy of our Travel Insurance Privacy Policy, please visit www.allianz-assistance.ca

Notes

* *Registered trademark of Bank of Montreal.*

** *Registered trademarks of MasterCard International Incorporated.*

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