

# TRAVEL INSURANCE POLICY TOP-UP INSURANCE





# IMPORTANT NOTICE

## Read carefully before you travel

You purchased a **Top-up insurance** travel insurance contract, now what? In your best interest, we would like you to understand what your policy covers, excludes and limits (a maximum payable amount may be applicable, for example).

Please take time to read through your policy before you travel. Italicized terms are defined in the "Definitions" section of your policy.

- Travel insurance covers claims arising from sudden and unexpected situations (i.e.: *accidents* and emergencies) and typically not follow-up or recurrent care.
- To use this insurance, you must meet all the eligibility requirements.
- This insurance contains limitations and exclusions (e.g. *medical conditions* that are not *stable*, certain circumstances surrounding pregnancy and the birth of a child during a *trip*, excessive use of alcohol, and any *high-risk sport, activity, or behaviour*).
- This insurance may not cover claims related to *pre-existing medical conditions*, whether disclosed or not at time of policy purchase.
- Contact *Blue Cross Travel Assistance* before seeking *treatment* or your claim may be denied.
- In the event of a claim your prior medical history may be reviewed.
- If you have been asked to complete a medical questionnaire and any of your answers are not accurate or complete, your policy will be voidable.

It is your responsibility to understand your coverage.  
If you have questions, call **1-800-667-6853**.

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## INSURANCE CONTRACT

Your insurance contract consists of the insurance policy and your *insurance certificate*. **These documents contain clauses which may limit the amounts payable. We recommend that you read these documents carefully.**

## INSURANCE POLICY

Your insurance policy (including endorsements, if applicable) specifies the conditions, limitations, and exclusions of your insurance coverage.

## INSURANCE CERTIFICATE

Your *insurance certificate* indicates, whether at the time of purchase or after a modification request, the product, coverage and services provided by the contract that you purchased, the dates of coverage, the *deductible* chosen (if applicable), as well as particular *medical conditions* specifically excluded from your contract. **Make sure to notify us of any element indicated on your *insurance certificate* that does not correspond with what you stated when purchasing insurance.**

## WHEN TO REACH US

### IN CASE OF EMERGENCY WHILE TRAVELLING

Immediately contact *Blue Cross Travel Assistance*. The numbers to call are on the back cover of this insurance policy and on your *insurance certificate*.

For any questions related to a claim, refer to the "To submit a claim" section of this policy.

## TO HELP YOU UNDERSTAND THIS POLICY

- Usage of ***bold italics*** indicates names of products and coverages.
- Usage of *italics* indicates terms that are defined in the "Definitions" section.
- "**We**" and "**Our**" refer to the *insurer*.
- "**You**" and "**Your**" refer to the *insured person*.
- "**Province**" includes territories.

## INSURANCE ELIGIBILITY

To be eligible for insurance, you must meet the following conditions:

### Conditions applicable to people of all ages:

- Hold medical coverage with another insurance company or with another member of the Canadian Association of Blue Cross Plans who authorizes the holder to insure the second part of a trip with another insurer
- Be a Canadian resident
- Be covered under the *Health and Hospital Insurance Acts* of your province of residence for the entire duration of your *trip*
- Be over 30 days old on the departure date of your *trip*

### Conditions applicable only to people aged 55 and over:

In addition to the conditions set out above, if you are 55 years old or over, **you must not:**

1. Have received medical advice not to travel
2. Suffer from a *medical condition* in a *terminal stage*
3. Suffer from kidney failure treated with dialysis
4. Have been diagnosed with or treated for metastatic cancer in the past 5 years
5. Have been prescribed or treated with home oxygen in the past 12 months

## YOU ARE INSURED IF

- ✓ You are insured for emergency medical care with another insurance company or with another member of the Canadian Association of Blue Cross Plans for the initial part of your *trip*.
- ✓ The insurance company that covers the initial part of your trip authorizes you to purchase an extension with another insurer.
- ✓ **Top-up Insurance** covers you:
  - From the day following the termination date of the coverage you hold with another insurance company or with another member of the Canadian Association of Blue Cross Plans.
  - Until the return date to your province of residence.
- ✓ The contract has been purchased and paid in full:
  - Before the departure date if you extend a coverage you hold with another insurer, or
  - Before the departure date or termination date of a coverage you hold with a member of the Canadian Association of Blue Cross Plans.
- ✓ You meet the criteria of the "Insurance eligibility" section.
- ✓ Your name appears in the "Covered persons" section of the *insurance certificate*.



# TOP-UP INSURANCE PRODUCT

**Top-up Insurance** is intended to cover the additional days of your *trip* that are not covered by the contract you hold with another insurance company or with another member of the Canadian Association of Blue Cross Plans.

This product includes the following coverage:

Coverage	Maximum coverage per person
Emergency Medical Care	\$5,000,000 (optional <i>deductible</i> )

*Blue Cross Travel Assistance* services are also included with this product.



## NOTICE

When you buy **Top-up Insurance**, you must ensure that:

- The insurance company that covers the initial part of your *trip* authorizes you to purchase a top-up from another insurer.
- You know the exact number of days covered under your other insurance plan.
- You know the exact dates of your *trip*.
- You understand that **Top-up Insurance** you purchase, as well as applicable exclusions and limitations, may differ from the coverage you hold for the initial part of your *trip*.



# EMERGENCY MEDICAL CARE COVERAGE



The **Emergency Medical Care** coverage protects you from financial implications that may arise from medical services or care you receive during your *trip*.

## Specific coverage provisions

To the “General provisions applicable to all coverages”, the following are added:

### 1. Supporting documents

To submit a claim, you will be required to provide us with one or more of the following documents:

- A duly completed claim form
- A medical certificate issued by the *physician* who treated you at your destination and which certifies that the services being claimed have been provided or that the *medical emergency* occurred
- Receipts and proof of payment for the medical care and services provided
- The itemized billing for the care and services provided
- Proof of your travel dates

### 2. Settlement between insurer and service provider

When a claim is the subject of a direct agreement between us and the service provider you have dealt with, you must provide any original documents required for payment of this claim, including the travel insurance claim form. Otherwise, you become responsible for the amounts owing or the amounts that we are unable to recover.

Failure to provide the required proof will result in the denial of your claim.

## IN CASE OF MEDICAL EMERGENCY WHILE TRAVELLING

Your state of health permitting, when a *medical emergency* occurs during a *trip*, you must inform *Blue Cross Travel Assistance* **before** going to a *hospital* or to a *clinic*, otherwise, your claim may be denied. This gives us an opportunity to:

- Confirm your coverage
- Pre-approve a *treatment*

If you are unable to call the assistance service yourself because of your state of health, a relative or a member of the medical staff must do so on your behalf within **24 hours** following the start of the *medical emergency*. Therefore, we strongly recommend you keep your contract number and our telephone number easily accessible in the event you need to reach us due to an emergency.

The numbers to call are on the back cover of this insurance policy and on your *insurance certificate*.

## Beginning and end of coverage

Effective date	Termination date
Coverage begins on the day following the termination date of the coverage you hold with another insurance company or with another member of the Canadian Association of Blue Cross Plans.	<p>The termination date corresponds to the <i>contract expiry date</i> indicated on your <i>insurance certificate</i>.</p> <p>If your return takes place before the <i>contract expiry date</i>, the termination date of the coverage becomes the return date of the <i>trip</i>, whether the return is planned or premature (except for the "Trip break" - see page 15).</p>

## What is covered

Each *insured person* on the contract is covered up to a maximum of \$5,000,000 per *trip*.

This coverage pays for *customary and reasonable expenses* incurred as a result of a *medical emergency* arising from an *accident* or an *illness* that occurs during the course of your *trip*, during the *coverage period*.

Eligible *treatments* are those declared *urgent* and necessary for the stabilization of your *medical condition*. The benefits provided under the contract are granted in addition to and not in replacement of government programs: what is reimbursable by the government is not reimbursed by the *insurer*.

If a *deductible* amount appears on your *insurance certificate*, the benefits for this coverage are granted once this *deductible* is paid.



### NOTICE

Failure to contact *Blue Cross Travel Assistance* before a medical consultation or *hospitalization* as a result of an *accident* or *illness* could result in the denial of your claim.

## Benefits

Hospitalization, medical and paramedical expenses	
<b>Hospitalization</b>	<i>Hospitalization</i> costs in a semi-private or private room.
<b>Physicians</b>	The difference between the fees charged by a <i>physician</i> who treats you at your destination and the benefits allowed under government programs.
<b>Nurses</b>	Fees for the private care of a licensed practical nurse (not your relative) during the period of <i>hospitalization</i> , when this care is medically required and prescribed by the <i>physician</i> treating you at your destination.
<b>Health professional services</b>	<p>The fees of the following legally authorized health professionals, when such care is medically required and approved by <i>Blue Cross Travel Assistance</i>, up to a maximum of \$400 per profession, per <i>trip</i>:</p> <ul style="list-style-type: none"> <li>- Physiotherapist</li> <li>- Osteopath</li> <li>- Chiropractor</li> <li>- Podiatrist or chiropodist (combined)</li> </ul> <p><i>Urgent</i> dermatological care offered in an outpatient clinic is also covered up to a maximum of \$400 per <i>trip</i>.</p>
<b>Tests and diagnostics</b>	The costs of laboratory tests and X-rays when they are prescribed by the <i>physician</i> treating you at your destination for diagnostic purposes.



<b>Prescribed medication as part of emergency treatment</b>	The cost of purchasing medication prescribed by the <i>physician</i> treating you at your destination, except when required for the continuous stabilization of a chronic <i>medical condition</i> .
<b>Medical devices</b>	The cost of buying or renting crutches, canes, or splints, the cost of renting wheelchairs, orthopaedic devices or other medical devices, when prescribed by the <i>physician</i> treating you at your destination.
<b>Incidental expenses</b>	The expenses inherent in a <i>hospitalization</i> (telephone, television, parking, etc.), upon submission of supporting documents, up to \$100 per day, maximum \$500 per <i>hospitalization</i> .
<b>Emergency dental treatment</b>	<p>The fees of a dental surgeon for dental care required as a result of external trauma (not as a result of the voluntary introduction of food or of an object into the mouth), only when there is damage to natural and healthy teeth or for reduction of fracture or dislocation of the jaw, up to \$2,000 per <i>accident</i> and per <i>insured person</i>. In all cases, the <i>treatment</i> must begin during the term of the contract and end within 6 months of the date of the <i>accident</i>. In addition, you must send us an X-ray, taken after the <i>accident</i> but before the <i>treatment</i> begins, demonstrating the suffered damage.</p> <p>For all other emergency dental <i>treatments</i>, except root canal therapy, the fees of a dental surgeon up to \$500 per <i>trip</i> and per <i>insured person</i>.</p>

## Transportation expenses

<b>Ambulance or taxi service</b>	Ground or air transportation costs to get you to the nearest suitable medical facility, as well as transfer costs between <i>hospitals</i> when the <i>physician</i> treating you at your destination and <i>Blue Cross Travel Assistance</i> determine that available facilities are inadequate.
<b>Repatriation to your province of residence</b>	<p>When, because of an <i>illness</i> or <i>accident</i>, <i>Blue Cross Travel Assistance</i> approves your repatriation, the following expenses are covered:</p> <ul style="list-style-type: none"><li>- <b>Costs related to your medical repatriation</b> The costs related to a means of transportation deemed adequate by the <i>insurer</i>, so that you are repatriated to your province of residence to receive immediate medical care, after receiving authorization from the <i>physician</i> treating you at your destination.</li><li>- <b>Costs related to the repatriation of your travelling companion or an immediate family member</b> The costs for the simultaneous repatriation of your <i>travelling companion</i>, or any <i>immediate family member</i>, who is also covered under this travel insurance policy, if this person cannot return to their point of departure by the means of transportation initially planned for the return.</li><li>- <b>Costs for an accompanying person</b> The costs of hiring an accompanying person for the return of children covered under this contract when necessary.</li><li>- <b>Baggage return costs</b> Up to a maximum of \$500 for excess costs related to the return of your baggage.</li><li>- <b>Pet return costs</b> Up to a maximum of \$500 for the cost of returning your pet.</li></ul>



<b>Transportation expenses to visit or identify the insured person</b>	<p>Some expenses are reimbursed if a <i>family member</i> or a friend not travelling with you must:</p> <ol style="list-style-type: none"><li>Get to the <i>hospital</i> where you are hospitalized for a period of at least 3 days (the need for this visit must be certified in writing by the <i>physician</i> treating you at your destination), or</li><li>Get to the destination, if necessary, for the purpose of identifying the remains of the <i>insured person</i></li></ol> <p>The <i>insurer</i> agrees to reimburse the following expenses for the designated person:</p> <ul style="list-style-type: none"><li>The total round-trip transportation costs in economy class</li><li>Up to \$1,200 for:<ul style="list-style-type: none"><li>Childcare, accommodation, and meals in a commercial establishment, up to a maximum of \$300 per day</li><li>The cost of purchasing our travel insurance</li></ul></li></ul>
<b>Additional transportation expenses</b>	<p>Some additional transportation expenses are reimbursed when you or a <i>travelling companion</i> covered under this policy must postpone your/their return by <i>public transportation</i> due to:</p> <ol style="list-style-type: none"><li>A <i>hospitalization</i> not requiring repatriation, if this <i>hospitalization</i> must continue beyond your scheduled return date, or</li><li>A <i>medical emergency</i> not requiring repatriation, if this <i>medical emergency</i> is ongoing during the 48 hours preceding your scheduled return date and if <i>Blue Cross Travel Assistance</i> determines that you are unable to travel because of this <i>medical emergency</i></li></ol> <p>The <i>insurer</i> agrees to reimburse one of the following costs, up to a maximum of \$500 per <i>trip</i> and per <i>insured person</i>:</p> <ul style="list-style-type: none"><li>Additional transportation costs caused by a date or a schedule change of the initial return ticket, or</li><li>The purchase of a return ticket by the same means of <i>public transportation</i>, in economy class, allowing you to return to your province of residence once the <i>medical emergency</i> has ended if it is established that the date of the initial return ticket cannot be changed</li></ul>
<b>Expenses for the return or disposal of remains</b>	<p>In the event of death, the following expenses are covered up to \$10,000:</p> <ul style="list-style-type: none"><li>The cost of preparing the remains and returning them to the point of departure in the province of residence, excluding the cost of the coffin, or</li><li>The cost of cremation or burial on site, excluding the cost of the urn, coffin, tombstone, and any other related products or services</li></ul>
<b>Vehicle return expenses</b>	<p>The <i>insurer</i> agrees to reimburse up to \$5,000 for the cost of returning your personal road vehicle to your residence or rental vehicle to the nearest appropriate rental agency when an <i>illness</i> or <i>accident</i> renders you incapable of:</p> <ol style="list-style-type: none"><li>Returning to your residence using the personal road vehicle you used to get to your destination, or</li><li>Returning the rented vehicle to the nearest rental agency</li></ol> <p>In all cases, you must present a medical certificate issued by the <i>physician</i> treating you at your destination in the locality where your inability to use the vehicle is determined.</p>



The return of the vehicle must be carried out by a commercial agency or another person designated and authorized by *Blue Cross Travel Assistance*, otherwise only the following additional *customary and reasonable expenses* are reimbursable, subject to the submission of official receipts:

- Air transportation to reach the vehicle to be returned (economy class)
- Meals
- Accommodation in a commercial establishment

## Subsistence allowance

### Expenses for subsistence allowance

The *insurer* agrees to reimburse a maximum of \$300 per day per *insured person*, up to \$3,000 for the following expenses:

- Accommodation costs in a commercial establishment
- Meals
- Essential phone calls
- Taxi transportation
- Childcare costs for *dependent children* who accompany you on the *trip*

These expenses will be reimbursed only when it has been determined by the *insurer* that you must postpone your return as a result of:

- a) An *illness* or an *accident* that you experience, or
- b) An *illness* or an *accident* that an *immediate family member* who is accompanying you experiences, or
- c) An *illness* or an *accident* that a *travelling companion* experiences

## Medical follow-up in Canada

### Expenses for medical follow-up in Canada further to a repatriation

When you are repatriated at the *insurer's* expense further to a *hospitalization* that occurred during a *trip* outside of your province of residence, we agree to reimburse the following expenses when incurred within 15 days of your repatriation:

- Up to \$1,000 for the cost of staying in a semi-private room in a *hospital* or a convalescent and physical rehabilitation centre
- Up to \$50 per day, maximum 10 days, for the fees of a licensed practical nurse or orderly from a specialized agency when care is required at your home
- Up to \$150 for the cost of renting the following medical equipment: crutches, standard walker, canes, trusses, orthopaedic corsets, and oxygen
- Up to \$250 for transportation (ambulance and taxi) costs incurred to receive care



## WARNING – EXCLUSIONS

### A) Exclusions due to pre-existing medical conditions

No amount is payable, under the terms of this coverage, if the loss sustained or the costs incurred result directly or indirectly from one of the following causes:

#### For people aged 54 and under, during the 3 months preceding the departure date of your trip:

- a) Any *medical condition* that affects you and that is not *stable*, except for a *minor ailment*
- b) Any heart condition for which you have used nitroglycerin more than once in a 7-day period for the relief of chest pain
- c) Any pulmonary condition for which you have been treated with home oxygen or have required corticosteroid therapy

#### For people aged 55 to 59 travelling less than 18 days, during the 6 months preceding the departure date of your trip:

- a) Any *medical condition* that affects you and that is not *stable*, except for a *minor ailment*
- b) Any heart condition for which you have used nitroglycerin more than once in a 7-day period for the relief of chest pain
- c) Any pulmonary condition for which you have been treated with home oxygen or have required corticosteroid therapy

#### For people aged 55 to 59 travelling 18 days or more and for people aged 60 or over:

A) The following specific *medical conditions* are excluded unless the *insurance certificate* stipulates otherwise:

- a) **During your life**, any *illness* which relates to one of the following *medical conditions* for which you have been diagnosed or treated:

##### i) Cardiovascular condition

- |                   |                            |                         |                                     |
|-------------------|----------------------------|-------------------------|-------------------------------------|
| - Angina          | - Bypass                   | - Defibrillator         | - Pacemaker                         |
| - Angioplasty     | - Cardiomyopathy           | - Myocardial infarction | - Pulmonary hypertension            |
| - Aortic aneurysm | - Congestive heart failure | (Heart attack)          | - Valvulopathy or valve replacement |
| - Arrhythmia      |                            | - Myocarditis           |                                     |

##### ii) Transplant of one of the following organs:

- |               |         |            |
|---------------|---------|------------|
| - Bone marrow | - Liver | - Pancreas |
| - Heart       | - Lung  |            |

- b) **During the 24 months preceding the effective date of coverage:**

- **Any chronic pulmonary condition** (chronic obstructive pulmonary disease (COPD), asthma, emphysema, chronic bronchitis or pulmonary fibrosis) for which you have been hospitalized or prescribed any type of corticosteroid tablet, including prednisone
- Any treatment or diagnosis of **kidney failure**

- c) **During the 12 months preceding the effective date of coverage**, any *illness* which relates to one of the following conditions:

- **Cancer** (except for basal cell carcinoma, squamous cell skin cancer or breast cancer treated only with hormone therapy) for which you have been diagnosed or treated
- **Gastrointestinal condition** (cirrhosis, hepatitis C, intestinal obstruction, diverticulitis, Crohn's disease, pancreatitis, ulcerative colitis) for which you have been diagnosed or treated



B) Also excluded when occurring during the **6 months preceding the departure date of your trip**:

- i) Any *medical condition* that affects you and that is not *stable*, except for a *minor ailment*
- ii) Any heart condition for which you have used nitroglycerin more than once in a 7-day period for the relief of chest pain
- iii) Any pulmonary condition for which you have been treated with home oxygen or have required corticosteroid therapy

#### **If you choose to make use of the "Trip break" (see page 15)**

Any *medical condition* that affects you and that is not *stable* in the **3 months** (if you are 54 years of age or under) or in the **6 months** (if you are 55 years of age or more) preceding the date of return to your destination.

## **B) Other exclusions**

No amount is payable, under the terms of this coverage, if the loss suffered or costs incurred result directly or indirectly from one of the following situations:

### **1. Treatment received without approval from Blue Cross Travel Assistance**

- a) Costs incurred during a medical consultation or *hospitalization* when you failed to communicate with *Blue Cross Travel Assistance* in advance, as mentioned in the "In case of a medical emergency while travelling" section of this coverage.
- b) Costs incurred as a result of a situation where you chose to receive a *treatment* or undergo surgery without receiving prior approval from *Blue Cross Travel Assistance* and/or when we do not consider such care to be *urgent*.
- c) Once your *treatment* has started, costs incurred when you failed to communicate with *Blue Cross Travel Assistance* to assess and approve any additional *treatment*.
- d) Fees exceeding \$10,000 for emergency air evacuation to the nearest suitable medical facility, when transportation has not been scheduled by *Blue Cross Travel Assistance*.

### **2. Foreseeable treatment**

Costs related to a *medical condition* for which it is expected that, or it is reasonable to believe that, *treatments* will be required during the *trip*.

### **3. Pending treatment or failure to comply with a prescribed treatment**

A condition for which medical advice has not been followed or investigations, *treatments*, examinations, or recommended interventions have not been carried out.

### **4. Non-urgent, experimental, or optional treatment**

No benefit will be paid for a non-*urgent*, experimental, or optional *treatment*. For example, the costs of the following consultations or *treatments* are excluded:

- *Routine check-ups*
- Any *treatments* required for the continuous stabilization of a chronic *medical condition*, including the renewal of a prescription
- Aesthetic care or *treatment*
- Rehabilitation care
- Convalescent care
- Care given for the convenience of the patient
- Clinical research
- Experimental drugs

The mere fact that *treatments* provided in your province of residence are of inferior quality or take longer to obtain than those which can be obtained outside your province of residence does not constitute, within the meaning of this exclusion, a *medical emergency*.

### **5. Continued treatment once the medical emergency is over**

Continuing a *treatment* if we determine that the *medical emergency* is over.

### **6. Treatment received further to your transfer or repatriation refusal**

If we determine that you should be transferred to another facility or that you must be repatriated to receive *treatment*, and you choose not to consent, no benefit will be paid for this *treatment* or for subsequent *treatments* related to this *medical condition*.



### **7. Abusive or unreasonable billing**

Any invoiced amount that is not considered a *customary and reasonable expense*.

### **8. Trip without continuous coverage from a public health insurance plan**

No benefits will be paid if you are not covered under the *Health and Hospital Insurance Acts* of your province of residence for the entire duration of your *trip*. It is your responsibility to ensure that you have such coverage.

### **9. Treatments not covered under government programs**

*Treatments* received outside your province of residence and that are not insured under government programs.

### **10. Medical expenses incurred after an extension**

Expenses incurred during the extension period of the **Top-up Insurance** contract if they are linked to a *medical condition* that occurred during the *coverage period* preceding your extension request.

### **11. Expenses incurred during a "Trip Break"**

Expenses incurred during days spent in your province of residence while the "Trip break" is ongoing.

### **12. Trip undertaken for medical purposes**

No benefits will be paid if your *trip* is undertaken for the purpose of receiving a diagnosis, a *treatment*, surgery, a medical assessment, palliative care, or any other form of therapy.

### **13. Pregnancy, childbirth, or related complications**

- a) Expenses related to routine prenatal and postnatal care.
- b) Expenses related to pregnancy, childbirth, or their complications:
  - When the care required results from a *high-risk pregnancy*, or
  - When care is required during the 9 weeks preceding or following the expected delivery date.

### **14. Child born during the trip**

When the expenses related to your pregnancy are excluded, care or *treatment* provided to your child born during the *trip* is also excluded.

### **15. Mental health disorders**

Any *medical condition* resulting from a mental health or psychiatric disorder unless you must be hospitalized for this condition.

### **16. Suicide and intentional injury**

Suicide, attempted suicide, or intentional injury, whether it is due to a psychological disorder or not.

### **17. Use of alcohol, drugs, and other intoxicating substances**

Any *medical condition* resulting from or in any way related to:

- Your chronic use of alcohol, drugs, or other intoxicating substances, including withdrawal symptoms
- Your excessive use of alcohol, drugs, or other intoxicating substances
- Driving a motor vehicle while you are impaired by any drug, whether it is legal or not, or with a blood alcohol level greater than 80 mg per 100 ml of blood (0.08).

### **18. Illegal act**

Your participation in any criminal or illegal act or any attempt to commit such acts, under any law.

### **19. Act of war and civil unrest**

Costs related to:

- Any act of war, whether war is declared or not
- A revolt
- A revolution
- Your voluntary participation in a riot or insurrection.

### **20. Participation in a high-risk sport, activity, or behaviour**

Any *medical condition* resulting from your participation in a *high-risk sport, activity, or behaviour*.

### **21. Medical condition that arose during the period covered with the other insurer or with the other member of the Canadian Association of Blue Cross Plans**

- a) Expenses related to a *medical condition* that arose during the period covered by the other insurance company or by another member of the Canadian Association of Blue Cross Plans, whether or not the latter agrees to reimburse these costs.
- b) Expenses related to a *medical condition* that began during the period covered by the other insurance company or by another member of the Canadian Association of Blue Cross Plans if, on the effective date of the **Top-up Insurance** contract you:
  - are hospitalized due to this *medical condition*
  - refused to be repatriated
  - should have already been hospitalized or repatriated to your province of residence according to our standards.

# BLUE CROSS TRAVEL ASSISTANCE SERVICES

Blue Cross Travel Assistance services take care of you during your *trip*. They are included with all our travel insurance products and are available 24 hours a day, 7 days a week.

## IN CASE OF EMERGENCY WHILE TRAVELLING

In the event of an emergency during a *trip*, immediately contact *Blue Cross Travel Assistance*.

**The numbers to call are on the back cover of this insurance policy and on your *insurance certificate*.**

Long-distance charges incurred to reach our offices and get assistance while you are on your *trip* are refundable. Your roaming charges are not.



### NOTICE

As soon as a covered event occurs, either before or during the *trip*, make sure you communicate with *Blue Cross Travel Assistance*, otherwise benefits could be denied.

The services are provided by *Blue Cross Travel Assistance*. All expenses incurred under its services, if they are covered by the coverages included in your contract, will be paid or reimbursed by the *insurer*.

## Services offered before departure

*Blue Cross Travel Assistance* can provide information on visas and required vaccines before the departure on your *trip*.

## Travel medical assistance

If you must consult a *physician* or be hospitalized further to an *accident* or a sudden *illness*, you or a person accompanying you must call *Blue Cross Travel Assistance* immediately.

Depending on your destination, *Blue Cross Travel Assistance* will refer you to an appropriate facility and, when required, funds may be advanced to the *hospital*.

Medical assistance also includes the following services:

- Confirming medical insurance coverage to facilitate your care at the clinic or *hospital*
- Following up on the medical file and communicating with the *physician* treating you at your destination
- Coordinating repatriation when medically required
- Coordinating the safe return home of your *dependent children* if you are hospitalized
- Taking the necessary steps to bring in a *family member* if you must stay in *hospital* for at least 3 days
- Coordinating the return of your personal road vehicle if you are unable to drive it back to your residence because of an *illness* or an *accident*.

## General travel assistance

For any other emergency, contact *Blue Cross Travel Assistance* to access services such as:

- Toll-free telephone assistance 24 hours a day, 7 days a week
- Coordination of claims, if applicable
- Interpreter services for emergency calls
- Assistance in the event of loss or theft of identification documents
- Information on embassies and consulates
- Referrals to a lawyer in the event of a serious *accident*
- Settling of formalities in the event of death and repatriation of remains

# TO EXTEND A TRIP

If you wish to extend your *trip* beyond the dates specified in the contract, you must extend your insurance coverage.

To remain valid, the contract must cover you from the day following the termination date of the coverage held with the other insurance company or with the other member of the Canadian Association of Blue Cross Plans until the day you return to your province of residence, except when the extension request is refused by the *insurer*.

An extension purchased from another insurer nullifies the **Top-up Insurance** for the entire duration of this *trip*, except when the extension request is refused by the *insurer*.

## 1. How to extend your insurance coverage

To extend your insurance coverage:

- You must contact the authorized agent who sold you the original contract before the end of the *coverage period* of your contract
- You must still be eligible for insurance
- Your health must not have changed since your departure date
- You must pay the required additional premium

The numbers to call are on the back cover of this insurance policy and on your *insurance certificate*.

## 2. Insurer approval

The sale of the extension is conditional on the approval of the *insurer*. Such approval could be refused if:

- You have a claim for the initial period of the *trip* in progress, whether it is already made or not, or
- The Canadian government issues a travel advisory recommending not to travel to the region or country that is the destination of your *trip*, or
- The Canadian or provincial government recommends that travellers return home

When an extension is refused by the *insurer*, coverage ends at the *contract expiry date* indicated on the *insurance certificate*.



### NOTICE

When requesting an extension, you must notify us of any claim made or to come in connection with costs incurred since the start of your *trip* whether the event took place while you were covered by **Top-up Insurance** or by the insurance company covering the initial part of your *trip*. If you fail to do so, no claim for the *coverage period* prior to your extension request will be accepted if it is submitted after the extension has been granted.

An extension may result in a change to the terms of the contract, including the exclusions due to *pre-existing medical conditions* and the rate for the entire duration of the *trip*.

## 3. Situations which lead to the automatic extension of the Emergency Medical Care coverage

The coverage is automatically extended, free of charge:

- Up to 24 hours when returning to your place of residence is postponed due to a carrier delay, a traffic accident, or mechanical failure of the private vehicle used to return from your *trip*.
- For the duration of your *hospitalization* and the 24-hour period following your discharge from the *hospital*.
- Up to 72 hours when the return to your place of residence is postponed due to a *medical emergency* that affects you. The *medical condition* must have started within 24 hours prior to the scheduled return date and must require emergency *treatments*.

## TRIP BREAK

You can come back to your province of residence and then return to your destination without terminating your insurance contract. During this period, no insurance coverage is valid and no premium refund is granted for the days spent in your province of residence.

Before returning to the destination of your *trip*, you must ensure that you still meet the insurance eligibility criteria.

In addition, when you are leaving for your destination, a health condition that is not *stable* will be considered a *pre-existing medical condition* and will therefore be excluded for the remaining duration of your contract, in accordance with the exclusions due to *pre-existing medical conditions* of the **Emergency Medical Care** coverage.

## TO MODIFY YOUR CONTRACT

To make a change to your contract, you must contact the authorized agent who sold you the original contract.

Any changes to the contract must be included in the new version of your *insurance certificate* to be valid and applicable.

When a modification requires that a new contract be issued, only the coverage offered by the new contract applies to the *trip*, including its conditions, limitations, and exclusions.

## TO CANCEL YOUR CONTRACT

You can request the cancellation and full refund of your contract to the authorized agent who sold you the insurance:

- a) Before the *effective date of the contract*, or
- b) After the *effective date of the contract*, during the 10 days following the date of purchase, **unless**:
  - You have made or intend to make a claim related to the contract, or
  - The contract is for a period of 10 days or less.

## IF YOU RETURN EARLIER FROM YOUR TRIP

If you return from your *trip* before the *contract expiry date* and you have not submitted and do not intend to submit a claim under this contract, you can ask the authorized agent who sold you the insurance to terminate it and get a partial refund of your premium.

When authorized, reimbursement is for unused contract days, less an administrative fee of \$25.

- Upon submission of proof of your return date, unused days are counted from the day after this date.
- In the absence of proof of your return date, unused days are counted from the day after the date on which we receive your request.

The proof in question must clearly demonstrate that you were in your province of residence on the date indicated at the time of the request (for example, your transportation ticket for the return to your province of residence or a baggage tag issued by the carrier on which your name, the date, and the place of return appear).

### **No premium refund is granted if:**

- You have submitted or intend to submit a claim related to the contract, or
- You are repatriated at our expense

# TO SUBMIT A CLAIM

## 1. How to get a claim form

Our claim forms are available on our website or can be obtained by contacting our customer service.

You will find the contact information regarding claims on the interior of the back cover of this insurance policy.

## 2. How to submit your claim

Our responsibility is engaged only if you contacted *Blue Cross Travel Assistance* within the prescribed time frame, as stipulated in the **Emergency Medical Care** coverage.

You must send us the completed claim form within 90 days of the event as well as all supporting documents and itemized invoices for services received or purchases made.

You will find the contact information regarding claims on the interior of the back cover of this insurance policy.

## 3. Providing the necessary information

To process your claim, supporting documents may be required. A list of these documents can be found in the "Supporting documents" section of the **Emergency Medical Care** coverage.

A proof demonstrating the duration of the *trip* and a proof that you hold a valid insurance coverage with another insurance company for the initial part of your *trip* might also be required.

Finally, we reserve the right to require, at our expense, medical examinations related to a claim and, if the law authorizes us, to have an autopsy performed in the event of death.

## 4. Processing times for your claim

We have 30 business days following receipt of all the documents necessary for the assessment of your file to:

- Pay the benefit or advise you that payment has been made to the care or service provider
- Deny your claim in writing and provide the reasons justifying this decision

## 5. Claim settlement

Payment will be made through a cheque made out to the service provider, *contract holder*, or the assignee thereof, after receipt and evaluation of the relevant proof and necessary information relating thereto, in accordance with the established procedures. However, in all cases, we reserve the right to pay the service provider directly.

Any amount that we pay or that is paid on our behalf releases us, up to this amount, from any obligation.

If a claim is the subject of a direct agreement between us and the service provider you have dealt with, you must provide any original documents needed for the payment of this claim, including the travel insurance claim form. Failure to do so renders you responsible for the amounts owing or those we are unable to recover.

## 6. Appealing a claim denial decision

If your claim has been denied, you can dispute this denial or request a review of our decision.

Should you wish to do so, you must send us, within 12 months of the denial, a written request stating your point of view or provide new documents that could change our decision.

Upon receipt of your request for review:

- a) We will acknowledge receipt in writing.
- b) We will inform you of the avenues of recourse.
- c) We will communicate our decision to you, in writing or by telephone, within 4 months.

Your request and supporting documents must be sent to the following address:

**Blue Cross Travel Claims**  
1981 McGill College Avenue, Suite 105  
Montreal, Quebec H3A 0H6

# GENERAL PROVISIONS APPLICABLE TO ALL COVERAGES

## Accuracy of the information provided

Your contract is established based on the information that you have provided us. When you purchase it, your answers must be accurate and complete, otherwise your contract may be cancelled and/or the claim may be denied.

If you see an error on your *insurance certificate*, you must immediately notify the authorized agent who sold the contract to you.

## Applicable law and jurisdiction

The contract is governed exclusively by the laws of the Canadian province where you normally reside.

Any dispute relating to the conclusion, interpretation, or execution of the contract will be submitted exclusively to the competent courts of the Canadian province where you normally reside, and the parties agree to abide by its jurisdiction.

## Contract modification by the insurer

The conditions of the contract cannot be amended unless agreed upon in writing by the *contract holder* and the *insurer*.

Should we choose not to or fail to call for the execution or observance of a particular contract provision, this shall not be interpreted as a waiver of our right to call for the execution or observance of any provision.

## Contract validity

**Top-up Insurance** is valid only when purchased and paid in full:

- Before the departure date if you extend a coverage you hold with another insurer, or
- Before the departure date or, before the termination date of a coverage you hold with a member of the Canadian Association of Blue Cross Plans.

**Top-up Insurance** must cover you from the day following the termination date of a similar coverage that you hold with another insurance company or with another member of the Canadian Association of Blue Cross Plans until the day you return to your province of residence. There must be no interruption in coverage between the two contracts.

If the contract requires an extension and the extension is refused by the *insurer*, the validity of the contract is maintained until the *contract expiry date* indicated on the *insurance certificate*.

## Coordination of benefits

Benefits provided under the contract cover only the excess costs not covered by another individual or group insurance contract or by a law or public insurance plan.

If you are entitled to similar benefits under another individual or group insurance contract or with an air carrier, the benefits reimbursed will be coordinated so that the total amount paid does not exceed the amount that is the subject of the claim.

## Currency and interest

All amounts indicated in the policy as well as the amounts payable are in Canadian dollars. No interest will be paid on the amounts payable under this contract.

## False declaration, failure to disclose, fraud, or attempted fraud

In case of a claim, we verify the information provided, including your medical history.

If you or someone acting on your behalf misrepresents the facts, fails to disclose required information or attempts to commit fraud, whether it is upon enrollment, when submitting a claim, or at any other time during the life of the contract, the contract will be considered null and void.

## Health care quality and access

We make every necessary effort to get you the best available medical and *hospital* care. Neither we nor *Blue Cross Travel Assistance* can be held responsible for the quality of the care administered or the possible unavailability thereof.

## Insurance premium

Your premium is calculated based on:

- Your *age*
- The duration of your *trip*
- The answers you provided in your health declaration, if applicable
- The selected *deductible* amount, if applicable.

### **Repatriation of the insured person**

No premium refund for early return will be issued when you are repatriated at the expense of the *insurer*.

In the absence of medical contraindications, we can call for your repatriation or your transfer to a different treatment facility.

**If you refuse this repatriation or transfer, we may terminate your insurance, and no premium refund will be granted. The termination notice will be sufficient.**

### **Return to province of residence at the request of the insurer**

In the absence of medical contraindications, when the Canadian or provincial government recommends that travellers return home while you are already travelling, we may require your return to the province of residence within a time frame that we deem reasonable.

### **Right of subrogation**

If you acquire a right to sue a third party under this contract, the *insurer* is subrogated to your rights to a maximum of the expenses reimbursed by the *insurer*.

You must always take the necessary measures to uphold your right to sue and must collaborate with the *insurer* in the exercise of its right of subrogation by, for example, providing it the required documents.

If you reach an agreement or accept payment from a third party liable for the insured event without our written consent, we will then be released from any obligation to you.

# DEFINITIONS

The *insurer* is solely responsible for defining and interpreting the terms used in this insurance policy.

**Accident** means an event due to an external cause and of a violent nature which causes, directly and independently of any other cause, bodily injury while the insurance is in effect. The accident is always unforeseen, sudden, unintentional and does not in any way mean *illness* or infection.

**Age** refers to the age at the time of purchase of your contract.

**Blue Cross Travel Assistance** means CanAssistance, the company appointed by the *insurer* to offer assistance services to *insured persons*.

**Contract expiry date** means the date the coverage ends. This date is indicated on the *insurance certificate*.

**Contract holder** means the person named as such on the *insurance certificate*.

**Coverage period** means the period between the *effective date of the contract* and the *contract expiry date* indicated on the *insurance certificate*.

**Customary and reasonable expenses** means charges incurred for goods and services that are comparable to what other providers charge for similar goods and services in the same geographical area.

**Deductible** means the part of the eligible expenses in the contract for which you are responsible and that you must pay when claiming under the **Emergency Medical Care** coverage. The deductible applies per *trip* and per *insured person* once the benefits covered by government programs are paid. If you have decided to include a deductible on your contract, the amount will be indicated on your *insurance certificate*.

**Dependent child** means a child of the *contract holder*, their *spouse*, or both and who is over 30 days old at the departure date or at the time of adoption, who is unmarried and depends on the *contract holder* for support.

Also, to be considered a dependent child, the child must be:

- 20 years of *age* or under, or
- 21 to 24 years of *age* and attends an educational institution as a full-time student, or
- Physically or mentally disabled, no matter the *age*

For **international adoption**, a child who is over 30 days old, not a Canadian resident and who is in the process of being adopted abroad by a Canadian resident is considered to be a dependent child from the moment the required documents have been completed and when the competent authorities of the country where the adoption takes place hand over the child, definitively and without appeal, to the physical, visual and exclusive custody of the adoptive parents or of the person who will accompany the child until their arrival in Canada. A child in the process of adoption does not have to be a beneficiary of the *Health Insurance Act* or the *Hospital Insurance Act* of a Canadian province.

**Effective date of the contract** means the date the coverage begins. This date is indicated on the *insurance certificate*.

**Family member** means the *spouse*, father, mother, grandparents, grandchildren, parents-in-law, a child (not only a *dependent child*) of the *insured person* and/or the *spouse*, a brother, a sister, a half-brother, a half-sister, a brother-in-law, a sister-in-law, a son-in-law, a daughter-in-law, an uncle, an aunt, a nephew, a niece.

**High-risk pregnancy** means:

- Multiple pregnancy
- Pregnancy resulting from in vitro fertilization
- Pregnancy requiring follow-ups in a clinic specializing in high-risk pregnancies
- Pregnancy for which a medical leave of absence was prescribed to you for a reason other than preventive withdrawal due to the nature of your work
- Pregnancy for which the *physician* established one the following diagnoses: preeclampsia, eclampsia, gestational hypertension, placenta previa, cervical incompetence

**High-risk sport, activity, or behaviour** means:

1. All sports or activities for which the safety instructions, warning signs or prohibited areas are not observed.
2. All **extreme sports** or activities involving stunts, aerobatics, or improvised installations.
3. All **motor sports** in the context of competition or training, including on an approved circuit or elsewhere.
4. All **sports practiced as a paid professional**.
5. All **high-level sports competitions**, including the Olympics and national and international championships.
6. All **aerial sports**, including:
  - Hang-gliding
  - Parasailing
  - Bungee jumping
  - Skydiving or free fall
7. All **combat sports**, including:
  - Boxing
  - Judo
  - Karate
8. All **sports authorizing tackling or body checking**, including:
  - American football
  - Hockey
  - Rugby
9. All **high-risk water sports**, including:
  - Canoeing, kayaking, or rafting on rapids of grades 4 to 6 according to the International Scale of River Difficulty
  - Canyoning
  - Kitesurfing
  - Scuba diving practiced:
    - Without adequate certification (except for an initiation activity supervised by a certified person), or
    - At a depth of over 30 meters, or
    - In an environment with a high degree of risk (wreck, cave, under ice, at night, etc.)
10. All **high-risk mountain or climbing sports**, including:
  - Climbing
  - Mountaineering of grades 4 and 5 according to the scale of the Yosemite Decimal System - YDS
  - Off-track snow sports or with jumps or acrobatics
  - Snow sports using an airfoil
  - Off-track mountain biking or with jumps or acrobatics

**Hospital** means an institution that is licensed as an accredited hospital that is staffed and operated for the care and *treatment* of in-patients and out-patients. *Treatment* must be supervised by *physicians* and there must be registered nurses on duty 24 hours a day. Diagnostic and surgical capabilities must also exist on the premises or in facilities controlled by the establishment.

A hospital is not an establishment used mainly as a clinic, extended or palliative care facility, rehabilitation facility, addiction treatment centre, convalescent, rest or nursing home, home for the aged or health spa.

**Hospitalization** means admission and stay in a *hospital* as a bedridden patient to receive acute care for a minimum period of 18 hours. Day surgery will always be considered a hospitalization, regardless of its duration. Hospitalization under no circumstance means convalescent care or physical or mental health rehabilitation.

**Illness** indicates a deterioration of health or a disorder of the organism observed by a *physician*.

**Immediate family member** means the *spouse*, father, mother, and children (not just *dependent children*) of the *insured person*, the *spouse* or both.

**Insurance certificate** means the document certifying the existence of a contract and which specifies among other things: the *insured persons*, contract number, dates of coverage, purchased product and coverage, *deductible* and associated amounts.

**Insured person(s)** means any person indicated as an insured on the *insurance certificate*.

**Insurer** means Canassurance Insurance Company

**Medical condition** means a health issue, *illness*, or injury (including symptoms of undiagnosed conditions).

**Medical emergency/Urgent** means a sudden and unforeseen *medical condition* requiring immediate *treatment*. An emergency no longer exists when the evidence reviewed by *Blue Cross Travel Assistance* indicates that no further *treatment* is required at destination or that you are able to return to your province of residence for further *treatment*.

**Minor ailment** means a non-chronic *medical condition*, which ends at least 30 consecutive days before the departure date of your *trip*, and which does not require:

- Consumption of medication for a period of more than 15 days (consecutive or not), or
- More than one follow-up visit to the *physician*, or
- *Hospitalization*, or
- Surgery, or
- Consultation with a medical specialist

**Physician** means a person without any relation to the *insured person* who is a medical graduate authorized to prescribe and administer medical *treatment* in the jurisdiction where the services are provided.

**Pre-existing medical condition** means any existing *medical condition* when the coverage comes into effect.

**Public transportation** refers to any means of public transportation (air, sea, land) operated by an authorized transporter holding a valid permit issued by the competent authorities and for which a transportation tariff is requested.

**Routine check-up** means a periodic consultation scheduled in advance with a *physician* during which no new symptoms or worsening of existing symptoms are reported and no new abnormalities are observed by the *physician*.

**Spouse** means the person to whom the *contract holder* is married or with whom the *contract holder* has lived permanently for at least one year. Dissolution of marriage by divorce or annulment as well as de facto separation of more than 3 months cancels this status.

**Stable** means a *pre-existing medical condition* that has remained unchanged for several months prior to the departure date of your *trip*.

For a *pre-existing medical condition* to be considered stable, it must meet all the following criteria:

1. No new medical diagnosis has been made
2. No new symptoms appeared and there was no worsening or increase in the frequency of existing symptoms
3. No *hospitalization* has taken place
4. No new medication was prescribed or recommended
5. No change of dosage<sup>1</sup> was made to a medication already prescribed or recommended (dose increased or decreased, or consumption stopped)
6. No new *treatment* or medical test is pending or has been prescribed, ongoing or recommended
7. No ongoing *treatment* has been changed or discontinued
8. No prescribed or recommended *treatment*, nor medical advice has been ignored

<sup>1</sup> We do not consider the following elements as a *change of dosage* of existing medication:

- Routine insulin or Coumadin® adjustment
- Replacement of a medication by an equivalent generic brand if its dosage remains unchanged
- Decrease in dosage of cholesterol medication
- Adjustment to a hormone replacement therapy *treatment*
- Change in consumption of non-prescribed medication such as: Aspirin®, vitamins, minerals, etc.
- Use of cream or ointment prescribed for skin irritation

**Terminal stage** means the period when death seems inevitable, in the near future, when there is no *treatment* to fight the *illness* or when the *illness* resists any curative *treatment*.

**Travelling companion** means the person who:

- Has planned and made the *trip* with you
- Has the same travel dates as you
- Has the same *trip* departure and return point as you

**Treatment** means a medical procedure prescribed, performed, or recommended by a *physician* for a *medical condition*. Without being limited to the following, here are a few examples: prescribed medication, investigative testing, surgery, etc.

**Trip** generally means temporarily being away from your province or your territory of residence.

Trip also means temporarily being away from your usual place of residence inside of your province of residence if it includes at least a 2-night stay in a commercial accommodation establishment located more than 100 kilometres from your usual place of residence.

# PROTECTING YOUR PERSONAL INFORMATION

## Consent

### Extent of consent

By purchasing a Blue Cross travel insurance product, you consent to the collection, use, retention, and disclosure of your personal information by the insurer in accordance with the terms of this contract and our privacy policy as amended from time to time and available on our website at the addresses listed below (hereinafter our "**Privacy Policy**") or otherwise in accordance with applicable privacy laws. For the purposes of this contract, "**personal information**" means any information about the insured that can directly or indirectly identify the insured.

### Withdrawal of consent

You may withdraw your consent at any time, subject to any legal restrictions. However, if you withdraw this consent, you understand that we will be unable to provide you with coverage for your Blue Cross travel insurance policy. We therefore reserve the right to terminate this contract immediately.

### Privacy Policy

Our Privacy Policy is constantly evolving and will apply to the various interactions we may have with you during the term of this contract, such as when you interact with us on our website, send us new personal information via web or paper forms or over the phone, deposit documents on our secure deposit sites, or by any other means.

We regularly update our Privacy Policy, which is written in a simple, clear, and transparent manner. We want to help you better understand our privacy practices. We invite you to review the policy and come back to us with any questions you may have about it. A link to our Privacy Policy is listed below, along with our contact information.

## Confidentiality of your personal information

Protecting the privacy of our policyholders is important to us. Our teams place great importance on our security and privacy policies and procedures. Our excellent privacy training and awareness programs are mandatory for all our employees. We are committed to enforcing our Privacy Policy at all times in a manner consistent with applicable privacy and confidentiality laws.

## Collection of your personal information

At the time you apply for insurance and at any time thereafter when collection of your personal information is required, we may collect and retain your personal information to determine your eligibility, administer your insurance policy, recommend products and services to you, and for any other purpose specified in our Privacy Policy.

We may collect personal information about you, such as:

- Identification information (e.g., name, mailing address, telephone number, date of birth, email address, etc.)
- Authentication information (e.g., username, IP address, password, etc.)
- Financial information (e.g., employment, bank name, bank account number, transaction amount, etc.)
- Medical information (e.g., medical records, medical history, health checkup information, lifestyle information, information about a medical procedure you may have undergone, etc.)
- Information about your products and services (e.g., insurance policy number, names and contact information of beneficiaries, claim information, etc.)
- Information about communications arising from your relationship with us
- Any other information necessary to provide products and services

We may collect your personal information directly from you or through our representatives. We may also collect such personal information from other sources, including but not limited to any physician, healthcare professional, hospital, clinic, pharmacy, other medical or related facility, insurance company, the government, regulatory authorities, or other body, institution, or person with records or information about you or your

health. In all cases, we undertake to obtain your consent prior to the collection of your personal information, whether it is collected by us directly or through a third party (except to the extent that collection from a third party is permitted by law).

## Use of your personal information

In order for us to administer your insurance policy, depending on your type of coverage and the various interactions we may have with you during the term of this policy, personal information that you provide to us or that is collected from a third party may be used to:

- Verify your identity
- Understand and meet your needs and preferences
- Determine the suitability of our products and services
- Provide the products and services described in the policy for which you are eligible
- Assess the insurance risk
- Process a transaction for the purchase of a service or product
- Process and pay your claims and settlements
- Provide you with our medical and travel assistance services
- Provide you with personalized promotional offers and special discounts
- Communicate with you
- Respond to a request you have made to us
- Fulfill internal administrative purposes
- Ensure quality of service and protect both parties in the event of a disagreement
- Detect and prevent security breaches and fraud and conduct investigations where required; and
- As permitted or required by law

## Disclosure of your personal information

We may disclose your personal information to our representatives and to certain third parties to whom it is necessary to disclose it for the purposes for which it is collected, including but not limited to our employees, officers, directors, agents, consultants, and subsidiaries, other Canadian Blue Cross organizations, our reinsurers, partners, subcontractors, and service providers, or any third party authorized by law or regulation.

Third parties may include other insurance companies, the government, regulatory agencies, and financial institutions. Medical information may also be disclosed to your physician or other specialized healthcare provider, if applicable, in accordance with applicable laws.

We limit the information we provide to authorized individuals to only that information that is necessary for them to perform their duties.

Also note that your personal information may be saved and disclosed outside your province of residence. For example, your personal information may be stored on cloud-based solutions, which may require the transfer of data outside your province of residence or even Canada.

## Retention of your personal information

In general, our goal is to retain your personal information only for as long as necessary to fulfill the purpose for which we obtained it. However, you should understand that in order for us to comply with legal or regulatory requirements, we may be required to retain your personal information for longer periods. To this end, we have established a data retention schedule that is available to all our employees. The retention schedule helps our team better manage your personal information and ensure it is retained in accordance with legislation and regulations applicable to Blue Cross.

At the end of the retention period, as set out in our data retention schedule, your personal information is securely destroyed and/or anonymized in accordance with applicable laws, industry best practices, and security practices adopted by Blue Cross from time to time.

## Your privacy rights

### Access to your personal information

Upon receipt of a written request from you, we will provide you with access to your personal information to verify its accuracy or completeness and, if necessary, you may request that your personal information be updated and/or corrected.

You may also request a copy of your personal information in our possession. A reasonable fee may be charged to cover reproduction and handling costs. You will be informed of the costs before the documents are reproduced.

### Correction of your personal information

If you believe that the personal information we have about you is inaccurate or incomplete, you may make a written request to correct that personal information. We will make the necessary changes.

## How to contact us

For any additional information about the handling or management of your personal information, you can review our Privacy Policy on our website or write to us at:

### Canassurance Insurance Company

c/o Chief Privacy Officer

1981 McGill College Avenue, Suite 105

Montreal, Quebec H3A 0H6

#### By email:

[privacyofficer@qc.bluecross.ca](mailto:privacyofficer@qc.bluecross.ca)

#### Via the secure website:

<https://qc.bluecross.ca/depot>

#### Privacy policy:

<https://qc.bluecross.ca/privacy-policy>

## LEGAL NOTICE

Any notice addressed to the *insurer* can be transmitted to:

### Canassurance Insurance Company

PO Box 910, Branch B, Montreal, Quebec H3B 3K8

In witness whereof, the *insurer* has signed this contract, which must be validated by an authorized representative.



Sylvain Charbonneau  
President and CEO

# CLAIMS

## Get a claim form

Website

[sk.bluecross.ca/claims](http://sk.bluecross.ca/claims)

Phone

**1-833-729-0186**

## To submit a claim

Via the secure website

<https://canassistance.com/en/policyholder/depot>

By mail

**Blue Cross - Travel Insurance Claims**

PO BOX 3888, Station B

Montreal, QC H3B 3L7

## TO REACH US

### Travel Assistance

Canada / USA **1-833-729-0186**  
Elsewhere, collect **306-518-0145**

### Extend your contract

Canada / USA, **306-244-1192**  
long distance charges will apply  
Canada / USA, toll free **1-833-729-0186**  
Elsewhere, collect **306-518-0145**

## OUR OFFICES

### Saskatoon

516 2nd Avenue North  
PO Box 4030  
Saskatoon, SK  
S7K 2C5

### Regina

100 - 2275 Albert Street  
Regina, SK  
S4P 2V5

[sk.bluecross.ca/travel](http://sk.bluecross.ca/travel)



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\* The Blue Shield symbol is a registered trademark of the Blue Cross Blue Shield Association.

