

# International Students to Canada Travel Insurance

Allianz 

Global Assistance



## Travel with confidence

### Welcome to your travel insurance policy

You put all the plans in place for a good *trip*, and made *your* well-being a priority by choosing travel insurance. Allianz Global Assistance is there to support *you* should an unexpected *emergency* happen with 24/7 assistance, medical monitoring and guided care from our experienced in-house team and network of trusted *physicians* and *hospitals*.

Take the time to get to know *your* policy before *you* leave on *your* *trip* and talk to *your* insurance representative if:

- there is anything *you* do not understand,
- *you* have questions about this policy,
- *your* travel arrangements change, or
- *you* have a change in health.

Please note that key terms are printed in *italics* throughout the remainder of this policy and are defined in the Definitions section on page 10 of *your* policy. Referring to the definitions will help *you* to better understand *your* policy.

This policy contains a provision removing or restricting the right of the *insured person* to designate persons to whom or for whose benefit insurance money is to be payable.

This policy must be accompanied by a Confirmation of Coverage to complete the contract.



## Important Notices

Please read *your* policy carefully. Travel insurance is designed to cover losses that are sudden and unforeseen. It does not cover every situation and expense. *Your* coverage is subject to certain conditions, limitations and exclusions. It is important for *you* to read and understand *your* policy before *you* travel.

- Costs incurred in *your* country of origin are not covered.
- *Your* insurance contains pre-existing condition exclusions. These exclusions apply to medical conditions and/or symptoms that existed on or before *your* departure date or *effective date*. Check to see how this applies in *your* coverage and how it relates to *your* departure date, purchase date and *effective date*.
- In the event of an *accident, injury* or *sickness*, *your* prior medical history may be reviewed when a claim is reported.
- If *you* are ineligible for coverage, the *insurer's* only liability will be to refund any premium paid. Please check *your* confirmation of coverage to ensure *you* have the coverage options *you* require. Payment will be limited to the coverage options *you* selected and paid for at the time of application. *You* will be responsible for any expenses that are not payable by the *insurer*.


Underwritten by CUMIS General Insurance Company, a member of The Co-operators group of companies.

Administered by Allianz Global Assistance, which is a registered business name of AZGA Service Canada Inc. Allianz Global Assistance provides claims and travel assistance services on behalf of the insurance company.



## Who to Contact and When

### 24/7 Emergency Assistance

 Please contact Allianz Global Assistance before seeking *treatment*. Medical availability and quality varies around the world. Our agents are available 24/7 and equipped to provide you with a referral to the nearest available medical facility, advocate on your behalf and ensure you receive the right care for your situation.

In a serious medical *emergency*, get to a *hospital* and have someone call on your behalf within 24 hours of admission and before any surgery is performed.

If you fail to notify Allianz Global Assistance without reasonable cause, the *insurer* will only pay 80% of the eligible expenses. You will be responsible for paying the remaining 20%.

Toll free Canada/USA	1-800-995-1662
Toll free worldwide	00-800-842-08420 or
Country code (Outside Canada/USA)	+ 800-842-08420

### If unable to contact us through the toll free numbers

Call collect	416-340-0049
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International operator assistance may be required, depending on where you are calling from. Collect calls will be accepted.

### Medical Monitoring and Assistance

You can rely on Allianz Global Assistance 24 hours a day, 7 days a week. Allianz Global Assistance has an experienced in-house medical team and a worldwide network of trusted *physicians* and *hospitals* ready to help when an unexpected *sickness* or *injury* arises.

Allianz Global Assistance will attempt to arrange direct billing with the medical facility whenever possible. Some facilities require payment up front and you may have to pay for your *treatment*. Be sure to keep all your original, itemized receipts.

Allianz Global Assistance provides the following services during an unexpected *sickness* or *injury*:

- From the first point of contact, ensuring you receive the of right level of medical attention,
- A referral to the closest appropriate medical provider,
- Virtual care from qualified *physicians* in real-time via video or tele-conferencing, if appropriate for the situation,
- Monitoring the status of your medical case,
- Communicating with you and others you request such as your family, your *physician*, *travel supplier*, or consulate, and
- Coordinating Emergency Transportation arrangements related to your medical *emergency* as described below.

Allianz Global Assistance will make commercially reasonable efforts to provide these services during a covered unexpected *sickness* or *injury*.

### Right to Cancel

Please review this policy when you receive it to ensure it meets your needs. If you are not completely satisfied with this policy, you may cancel it within 10 days of purchase for a full refund of premium (premium is the amount you paid for this policy), provided you have not left on your *trip* and have not experienced an event that would cause you to submit a claim.

## How to navigate this policy

Consider this page *your* home base which provides *you* with an overview of this policy. From here *you* can easily explore the sections below by clicking on the topic *you* want to read more about.

Once *you* jump to *your* chosen section *you* can either continue to scroll and explore, or simply click on the

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button located on the bottom right of each page which will bring *you* back to this table of contents.

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## Coverage Details

### What am I covered for?

To find out what *your* coverage is, please refer to *your* confirmation of coverage and read the section titled Benefits.

### What is not covered?

This policy does not cover everything. *Your* policy has exclusions, conditions and limitations. *You* should read *your* policy carefully when *you* receive it, so that *you* are aware of, and understand, the limits of *your* coverage.

### How do I make a claim?

Notify Allianz Global Assistance as soon as possible in the event of an *emergency*. Where possible, Allianz Global Assistance will arrange to pay the provider directly.

To submit a claim under this policy, *you* will need to send a completed claim form (with all original bills attached) to Allianz Global Assistance. Please take care in filling out the form, as any missing information may cause delay. See Claims Procedures on page 9 for details.

### What if my travel plans change?

*You* must contact *your* insurance representative to make any changes to *your* insurance.

### I want to stay longer. Can I extend my coverage?

Yes, *you* can, subject to policy terms and conditions. Just call *your* insurance representative or Allianz Global Assistance (during business hours) before coverage under *your* policy expires. See Extending Your Trip on page 14 for details.

### Assistance

Allianz Global Assistance will use their best efforts to provide assistance for a *sickness* or *injury* arising anywhere in the world. However, Allianz Global Assistance, the *insurer*, and their agents will not be responsible for the availability, quantity, quality, or results of any medical *treatment* received, or for the failure of any person to provide or obtain medical services.

### Eligibility

To be eligible for coverage, *you* must:

- a) be a *student*; or
- b) be a *dependent child* or the *spouse* of an eligible insured *student*; and
- c) as of the *effective date*, be less than 60 years of age; and
- d) not be insured or eligible for benefits under a Canadian government health insurance plan; and

- e) be in good health at the time *you* purchase *your* policy and on the *effective date*, and know of no reason to seek *treatment* or *medical consultation* during the *period of coverage*.

### Start of Coverage

Coverage starts on the later of:

- a) the date indicated as the effective date on *your* confirmation of coverage; or
- b) the first time *you* exit *your country of origin*.

### Waiting Period

Coverage for losses resulting from any *sickness* will begin 48 hours after the *effective date* if *you* purchase *your* policy:

- a) after the *expiry date* of an existing Allianz Global Assistance administered policy; or
- b) after *you* exit *your country of origin*.

**Note:** Any *sickness* that manifests itself during the 48-hour waiting period is not covered even if related expenses are incurred after the 48-hour waiting period.

### End of Coverage

Coverage ends on the earlier of:

- a) the date indicated as the expiry date on *your* confirmation of coverage; or
- b) the date *you* become insured under a Canadian government health insurance plan.

### Insuring Agreement

In consideration of the application for insurance and payment of the appropriate premium, and subject to the terms, conditions, limitations, exclusions and other provisions of this policy, the *insurer* will pay the *reasonable and customary* costs for eligible expenses incurred during the *period of coverage* while outside *your country of origin*, up to the amounts specified in this policy.

Payment is limited to the amounts specified under each coverage option. Some benefits are subject to advance approval by Allianz Global Assistance.

*You* will be responsible for any expenses that are not payable by the *insurer*.

## Summary of Benefits

Sum insured .....	\$5 million
Emergency Hospital confinement and Medical Services .....	up to overall maximum
Chiropractor, osteopath, podiatrist/chiropracist, naturopath, acupuncturist or physiotherapist .....	\$600 per profession
Ambulance Services .....	up to overall maximum
Prescription Medication .....	up to a 30-day supply
Transportation of Family or Friend .....	\$5,000
Return of Deceased .....	\$15,000
Cremation at place of death .....	\$5,000
Dental (accident) .....	\$5,000
Dental (other than direct blow to face) .....	\$600
Dental (wisdom teeth) .....	\$100 per tooth
Emergency Transportation/Return Home .....	up to overall maximum
Maternity .....	up to \$1,000 per 12-month period
Physical Examination .....	\$250 per 12-month period
Eye Examination .....	one visit per 12-month period
Tutorial Services .....	\$20/hour up to \$500
Accidental Death & Dismemberment .....	up to \$15,000

## Description of Coverage

1. Subject to the terms, conditions, limitations, exclusions and other provisions of this policy, the *insurer* will pay the *reasonable and customary* costs incurred unexpectedly as a result of *your sickness or injury* occurring as a result of an *emergency* during the *period of coverage* while outside *your country of origin*, up to the amounts specified in this policy.
2. Costs incurred outside of Canada other than in *your country of origin* are covered provided the majority of the *period of coverage* is spent in Canada. In addition, trips to the United States are limited to 30 days per *period of coverage*.
3. *Your policy* will remain in effect while *you* are in *your country of origin*, however costs incurred in *your country of origin* are not covered.
4. If *you* have been returned to *your country of origin* under the Emergency Return Home benefit, this policy will expire.



## Benefits: What's Covered

### Emergency Hospital

The *insurer* agrees to pay for *hospital* accommodation, including semi-private room, and for *reasonable and customary* services and supplies necessary for *your emergency* care during confinement as a resident in-patient.

### Emergency Medical

The *insurer* agrees to pay for the following services, supplies or *treatment*, when provided by a health practitioner who is not related to *you* by blood or marriage:

- a) The services of a legally licensed *physician*, surgeon, or anaesthetist.
- b) Follow-up visits when declared *necessary* by the attending *physician* at the time of the *emergency*. Follow-up visits must occur during the *period of coverage* and be directly related to the *emergency*. The *emergency* must occur during the *period of coverage* and have been reported to Allianz Global Assistance.
- c) Diagnostics, lab tests and/or X-ray examinations as ordered by a *physician* for the purpose of diagnosis.
- d) Up to a combined maximum of \$10,000, for all of the following:
  - i. The use of a licensed local land or sea ambulance to the nearest *hospital*. If an ambulance is *necessary* but is unavailable, the *insurer* will reimburse up to \$100 for taxi expenses.
  - ii. Private duty services of a registered graduate nurse (who is not related to *you* by blood or marriage) when ordered by a *physician* approved in advance by Allianz Global Assistance.
  - iii. When ordered by a *physician*, rental of crutches, wheelchair or hospital-type bed (standard non-electric model only), not exceeding the purchase price; the cost of splints, trusses, braces or other approved prosthetic appliances; initial purchase of casts; artificial limbs, eyes or other approved prosthetic or medical appliances when approved in advance by Allianz Global Assistance.
  - iv. When ordered by a *physician*, oxygen and rental of equipment for its administration.
  - v. When ordered by a *physician*, blood and blood plasma, except when donated.
- e) The services of the following legally licensed practitioners when ordered by the attending *physician* as *treatment* for a covered *sickness or injury*:
  - i. chiropractor;
  - ii. osteopath;
  - iii. podiatrist/chiropracist;
  - iv. naturopath;

- v. acupuncturist;
- vi. physiotherapist.

Not to exceed \$600 per profession in any consecutive 12-month period.

- f) *Emergency* out-patient services provided by a hospital.
- g) When not hospitalized as an in-patient, drugs or medications that require a *physician's* written prescription, not exceeding a 30-day supply. The morning after pill is limited to one prescription per *period of coverage*.

### Transportation of Family or Friend

The *insurer* agrees to pay up to a maximum of \$5,000 for the cost to transport up to two bedside companions (*your family member* or close friend) by round-trip economy class (using the most direct route) if:

- a) *you* are hospitalized due to a covered *sickness* or *injury*, and the attending *physician* advises that *your family member* or close friend's attendance is necessary; or
- b) the local authorities legally require the attendance of *your family member* or close friend to identify *your* remains in the event of *your* death due to a covered *sickness* or *injury*.

Benefits are payable only when approved in advance by Allianz Global Assistance.

In addition, the *insurer* agrees to reimburse up to a maximum of \$1,500 for the following expenses incurred by *your family members* or close friend(s) after arrival:

- a) *commercial accommodation* and meals; and
- b) essential telephone calls; and
- c) taxi fares.

Expenses must be supported by original receipts from commercial organizations.

### Return of Deceased (Repatriation)

In the event of *your* death due to a covered *sickness* or *injury*, the *insurer* agrees to reimburse:

- a) up to \$15,000 for costs incurred to prepare and return *your* remains in a standard transportation container to *your country of origin*; or
- b) up to \$5,000 for cremation or burial of *your* remains at the place of death.

The cost of a funeral service, coffin or urn is not covered.

### Dental

The *insurer* agrees to reimburse:

- a) up to \$5,000 for *emergency treatment* or services to whole or sound natural teeth (including capped or crowned teeth) which are damaged as a result of an *accidental blow* to the face; and
- b) up to \$600 for the immediate relief of acute dental pain caused by other than a direct blow to the face and for which *you* have not previously received *treatment* or advice; and
- c) up to \$100 per tooth for dental and/or oral surgical procedures which are *necessary* for the extraction of impacted wisdom teeth.

Reimbursement will not exceed the minimum fee specified in the Canadian Dental Association schedule of fees of the province or territory where *treatment* was received.

*Treatment* relating to any dental claim must begin within 48 hours after the onset of the *emergency* and must be completed within the *period of coverage* and prior to *your* return to *your country of origin*.

*Treatment* must be performed by a legally qualified dentist or oral surgeon.

### Emergency Transportation / Return Home

When *necessary*, the *insurer* agrees to transport *you* to the nearest appropriate medical facility or to *your country of origin* when immediate *medical consultation* is required due to a covered *emergency sickness* or *injury*.

Any *emergency* transportation such as air ambulance, one-way economy airfare, stretcher and/or a medical attendant must be pre-approved and arranged by Allianz Global Assistance.

### Maternity

The *insurer* agrees to reimburse the costs incurred by the mother for pre-natal care, miscarriage, or related complications.

The amount payable for all eligible expenses under this benefit is limited to \$1,000 for expenses incurred in any consecutive 12-month period starting on the date the first pregnancy-related expense is incurred.

The expected delivery date must be more than 10 months after the *effective date*. For multiple Allianz Global Assistance administered policies with no lapse in coverage, the expected delivery date must be more than 10 months after the *effective date* of the initial policy purchased.

There is no coverage for a newborn under this policy.

**Note:** *Your* newborn may be covered under their own policy once they are at least 15 days old if the premium is accepted by Allianz Global Assistance or its representative and written approval is given by Allianz Global Assistance.



## Physical Examination

The *insurer* agrees to reimburse up to \$250 for one routine examination by a *physician*, including any related tests and laboratory fees.

This benefit is limited to one visit in any consecutive 12-month period, provided coverage with Allianz Global Assistance has been purchased for a minimum of 12 consecutive months with no lapse in coverage.

## Eye Examination

The *insurer* agrees to reimburse the services of a registered optometrist for diagnostic procedures to determine the presence of any observed abnormality in the visual system.

This benefit is limited to one visit in any consecutive 12-month period, provided coverage with Allianz Global Assistance has been purchased for a minimum of 12 consecutive months with no lapse in coverage.

## Tutorial Services

If, as the result of a covered *sickness* or *injury*, the attending *physician* expects that *you* will be hospitalized or confined to *your* home for 30 or more consecutive school days, the *insurer* agrees to reimburse up to \$20 per hour to a maximum of \$500 for the costs of a qualified private tutorial service arranged by *your* school.

## Accidental Death & Dismemberment

Subject to the policy terms and conditions, the *insurer* agrees to pay up to the sum insured indicated on *your* confirmation of coverage, for loss of life, limb or sight resulting directly from *accidental injury*, occurring during the *period of coverage*, except while boarding, riding in, or alighting from a *common carrier*.

The maximum amount payable for all losses related to one covered event under all Accidental Death & Dismemberment Coverage under all policies issued by the *insurer* and administered by Allianz Global Assistance is \$10 million.

Benefits are payable according to the following schedule:

- a) 100% of sum insured resulting from the same *accidental injury* for loss of:
  - i. life; or
  - ii. entire sight of both eyes; or
  - iii. both hands; or
  - iv. both feet; or
  - v. one hand and entire sight of one eye; or
  - vi. one foot and entire sight of one eye.
- b) 50% of sum insured resulting from the same *accidental injury* for loss of:
  - i. entire sight of one eye; or

- ii. one hand; or
- iii. one foot.

Loss of hand or hands, or foot or feet means severance through or above the wrist joint or ankle joint, respectively. Loss of eye or eyes means total and irrecoverable loss of the entire sight.

Only one amount is payable (the largest) if *you* suffer more than one of these losses. This benefit is not subject to coordination of benefits.

## Exposure and Disappearance

If *you* are exposed to the elements or disappear as a result of an *accident*, a loss will be covered if:

- a) as a result of such exposure, *you* suffer one of the losses specified in the schedule of losses above; or
- b) *your* body has not been found within 52 weeks from the date of the *accident*. It will be presumed, subject to evidence to the contrary, that *you* suffered loss of life.

## Specific Conditions

1. In the event of a medical *emergency*, *you* must notify Allianz Global Assistance within 24 hours of admission to a *hospital* and before any surgery is performed.

### Limits on Coverage

If *you* fail to do so without reasonable cause, then Allianz Global Assistance will pay 80% of the claim payable. *You* will be responsible for the remaining 20% of the claim payable.

*You* will be responsible for any expenses that are not payable by the *insurer*.

2. In accordance with the Privacy Information notice on page 16, *you* authorize Allianz Global Assistance to communicate with *your* health care provider including any hospital or *physician* to manage *your* emergency.
3. Allianz Global Assistance reserves the right, as reasonably required and at its expense, to transfer *you* to any *hospital* or to transport *you* to *your* country of origin following an *emergency*.

If *you* refuse to be transferred or transported when declared medically fit to travel, any continuing costs incurred after *your* refusal will not be covered and the payment of such costs becomes *your* sole responsibility.

Coverage ceases upon *your* refusal and no coverage will be provided to *you* for the remainder of the *period of coverage*.

4. General Provisions of this policy apply. Refer to page 13.



## Exclusions: What's not Covered

### IS1 Pre-existing Conditions Exclusion

Benefits are not payable for costs incurred due to any *sickness* or *injury* or medical condition, whether or not diagnosed by a *physician*:

- a) for which *you* exhibited *signs* or *symptoms*; or
- b) for which *you* required or received *medical consultation* or *treatment*; and
- c) which existed prior to the *effective date* of *your* coverage.

**IS2** Benefits are not payable for any *sickness* or *injury* when *you* knew, or for which it was reasonable to expect, before the *effective date*, that *you* would need or be required to seek *treatment* for that *sickness* or *injury*.

**IS3** Benefits are not payable for costs incurred due to any *treatment*, investigation or hospitalization which is a continuation of, or subsequent to, *emergency treatment* of a *sickness* or *injury*, unless approved in advance by Allianz Global Assistance.

**IS4** Benefits are not payable for any costs incurred due to any *sickness* for which *signs* or *symptoms* occurred within 48 hours after the *effective date*, except when applying for coverage:

- a) before the *expiry date* of *your* existing Allianz Global Assistance administered policy; or
- b) prior to the date *you* exit *your country of origin*.

**IS5** Benefits are not payable for costs incurred due to any loss incurred outside of Canada when *you* have not spent the majority of the *period of coverage* in Canada.

**IS6** Benefits are not payable for costs incurred due to any loss incurred inside *your country of origin*.

**IS7** Benefits are not payable for costs or losses incurred due to:

- a) *your* emotional or mental disorders resulting from any cause, including but not limited to anxiety or depression; or
- b) *your* suicide or attempted suicide; or
- c) *your* intentional self-inflicted injury.

**IS8** Benefits are not payable for costs incurred due to pregnancy, abortion, miscarriage, childbirth or complications thereof except as specifically provided under Maternity.

**IS9** Benefits are not payable for costs incurred due to loss, death or *injury*, if at the time of the loss, death or *injury*, evidence supports that the loss was in any way contributed to by:

- a) *your* abuse of alcohol during *your trip*; or

- b) *your* chronic use of alcohol or drugs before or after the *effective date*; or
- c) *your* use or consumption of cannabis products during *your trip*; or
- d) *your* use of prohibited drugs or any other intoxicant; or
- e) *your* non-compliance with prescribed *treatment* or medical therapy before or after the *effective date*; or
- f) *your* misuse of medication before or after the *effective date*.

**IS10** Benefits are not payable for costs incurred due to *injury* resulting from training for, competing or participating in:

- a) motorized speed contests; or
- b) high-risk activities; or
- c) stunt activities; or
- d) *professional* sport activities.

**IS11** Benefits are not payable for costs incurred due to *sickness* or *injury* resulting from a motor vehicle *accident* where *you* are entitled to receive benefits pursuant to any policy or legislative plan of motor vehicle insurance, except when such benefits are exhausted.

**IS12** Benefits are not payable for costs incurred due to any *sickness*, *injury* or medical condition when a *trip* is undertaken for the purpose of securing medical *treatment*.

**IS13** Benefits are not payable for costs incurred due to *your* travelling against the advice of a *physician* or any loss resulting from *your sickness* or medical condition that was diagnosed by a *physician* as *terminal* prior to the *effective date* of this policy.

**IS14** Benefits are not payable for costs incurred due to any *treatment* which can be reasonably delayed until *you* return to *your country of origin* (whether or not *you* intend to return), unless approved in advance by Allianz Global Assistance.

**IS15** Benefits are not payable for costs incurred due to any *medical consultation* that is non-*emergency*, ongoing elective or the consequence of a prior elective procedure, except as specifically provided under Physical Examination and Eye Examination.

**IS16** Benefits are not payable for costs incurred due to hospitalization or services rendered for general health examinations or check-up purposes except as provided under Physical Examination.

**IS17** Benefits are not payable for *treatment* of an ongoing condition, regular care of a chronic condition, home health care, investigative testing, rehabilitation, or ongoing care or *treatment* in connection with drugs, alcohol or any other substance abuse.



**IS18** Benefits are not payable for costs incurred due to learning or educational assessments.

**IS19** Benefits are not payable for costs incurred due to any rehabilitation or convalescent care.

**IS20** Benefits are not payable for costs incurred due to dental or cosmetic surgery, except as specifically provided under Dental.

**IS21** Benefits are not payable for costs incurred due to holistic *treatment*.

**IS22** Benefits are not payable for costs that exceed the *reasonable and customary* rate for the area where the *treatment* or services are being performed.

**IS23** Benefits are not payable for costs incurred due to *treatment* or services that contravene, or are prohibited by, legislation under a provincial or territorial hospital/medical plan.

**IS24** Benefits are not payable for costs incurred due to any *sickness* or *injury* when such *sickness* or *injury* occurs in a city, region, or country for which the Canadian Government issued a written warning prior to the *effective date* to avoid all travel, or to avoid non-essential travel, to that city, region, or country, and such *sickness* or *injury* is related to or due to the reason for the warning.

**IS25** Benefits are not payable for costs incurred due to any:

- a) *act of war*; or
- b) kidnapping; or
- c) *act of terrorism* caused directly or indirectly by *nuclear, chemical or biological* means; or
- d) riot, strike or civil commotion; or
- e) unlawful visit in any country; or
- f) participation in the commission or attempted commission of any criminal offence.

**IS26** Benefits are not payable for costs incurred due to any nuclear occurrence, however caused.

**IS27** Benefits are not payable for costs incurred due to being an occupant of an aircraft, either as passenger or crew, except while being transported under the terms of the Emergency Transportation/Return Home benefit, or while boarding or alighting from an aircraft.

**IS28** Benefits are not payable for costs incurred due to dental care, services or supplies, except as specifically provided under Dental.

**IS29** Benefits are not payable for eye glasses, contact lenses, hearing aids and/or prescriptions for any of these items, unless required as the result of an *injury*.

**IS30** Benefits are not payable for costs incurred due to the purchase of:

- a) medications or drugs not approved for use by the appropriate government authority; or
- b) patent or proprietary medications when a generic equivalent is available in the marketplace; or
- c) vitamins or vitamin preparations; or
- d) drugs or medications which can be purchased over the counter without a *physician's* written prescription; or
- e) acne medications; or
- f) nicotine resin products; or
- g) dietary supplements or weight loss products; or
- h) quantities of any drug or medication which exceed a 30-day supply within one month prior to the *expiry date*; or
- i) contraceptives prescribed for any purpose, with the exception of the morning after pill, which is limited to one per *period of coverage*; or
- j) contraceptive consultation or testing; or
- k) fertility drugs or testing; or
- l) drugs, medications, or other costs paid for by any other agency; or
- m) experimental drugs or preventative medications; or
- n) drugs purchased prior to the *effective date*; or
- o) vaccines or vaccinations.



## Claims Procedures

If *you* require medical care while travelling, it is critical that *you* contact Allianz Global Assistance before seeking *treatment*. In a severe medical *emergency*, get to a *hospital* immediately and have a *family member* or friend call Allianz Global Assistance on *your* behalf within 24 hours of admission and before any surgery is performed. For more details, refer to Medical Monitoring and 24/7 Emergency Assistance on page 2.



Claims for out-of-pocket expenses can be submitted through the secure Allianz Global Assistance. Claims Portal: [www.allianzassistanceclaims.ca](http://www.allianzassistanceclaims.ca) for the most efficient claims experience.

### IMPORTANT:

**Notice of Claim.** Claims should be reported as soon as reasonably possible, within 30 days of occurrence, and in no event later than one (1) year after the date of occurrence.

**Proof of Loss.** Written proof of loss should be submitted as soon as reasonably possible, within 90 days of occurrence, and in no event later than one (1) year after the date of occurrence.

All eligible claims must be supported by receipts from commercial organizations and medical documentation regarding *your treatment*. Other documentation may be required and/or requested by Allianz Global Assistance.

Any expenses for documentation or required reports are *your* responsibility.

Incomplete information when submitting *your* claim will cause delay.

### When submitting *your* Emergency Hospital & Medical claim, please include:

1. A fully completed and signed claim form with all original bills and receipts from commercial organizations.
2. Medical records including an emergency room report and diagnosis from the medical facility or a Medical Certificate completed by the treating *physician*. Any fee for completion of the certificate is not a benefit under this insurance.
3. Any other documentation that may be required and/or requested by Allianz Global Assistance.

### When submitting *your* Accidental Death & Dismemberment claim, please include:

1. A fully completed and signed claim form by either *you*, or in the case of *your* death, by the appointed executor/ executrix.
2. The police report including any witness statements.
3. The coroner's report.
4. The death certificate.
5. The Medical Certificate completed by the attending *physician* or *hospital* medical records.
6. Any other documents requested by Allianz Global Assistance after initial review of the claim.

A-Z

## Definitions

**Abuse of alcohol** means *your* intoxication from alcohol consumption (alcohol intoxication is determined either when records indicate that *you* have reached or exceeded a blood alcohol level of 80 milligrams of alcohol per 100 millilitres of blood, or when records indicate that *you* were intoxicated and no blood alcohol level is specified).

**Accident(al)** means a sudden, unexpected, unforeseeable, unavoidable external event and excludes disease or infections.

**Act of terrorism** means an act, including but not limited to the use of force or violence and/or the threat thereof or commission or threat of a dangerous act, of any person or group(s) or government(s), committed for political, religious, ideological, social, economic or similar purposes including the intention to intimidate, coerce or overthrow a government (whether de facto or de jure) or to influence, affect or protest against any government and/or to put the civilian population, or any section of the civilian population, in fear.

**Act of war** means any loss or damage arising directly or indirectly from, occasioned by, happening through or in the consequence of: war; invasion; acts of foreign enemies; hostilities or warlike operations (whether war is declared or not) by any government or sovereign, using military personnel or other agents; civil war; rebellion; revolution; insurrection; civil commotion assuming the proportions of or amounting to an uprising; military or usurped power.

**Commercial accommodation** means an establishment providing short-term accommodation for paying guests, licensed under the law of its jurisdiction, which provides proof of commercial transaction.

**Common carrier** means a licensed carrier offering its transportation services to paying passengers at published rates and scheduled times.

**Country of origin** means the country in which *you* maintained a permanent residence prior to entry into Canada or, if different, the country which issued *your* passport. If *you* have more than one passport, country of origin will be the country *you* indicated as such when applying for this insurance.

**Dependent children** means *your* unmarried children who:

- a) reside with *you*; and
- b) are financially dependent on *you*; and
- c) are at least 15 days old and no more than 21 years old.

**Effective date** means the later of:

- a) the date indicated as the effective date on *your* confirmation of coverage; or
- b) the first time *you* exit *your country of origin*.

If *you* purchase *your* policy after *you* have exited *your country of origin*, any *sickness* that manifests itself during the first 48 hours after the effective date is not covered even if related expenses are incurred after the 48-hour waiting period.

**Emergency** means a sudden, unforeseen *sickness* or *injury* occurring during the *period of coverage* while *you* are outside *your country of origin*, which requires immediate intervention by a *physician* or legally licensed dentist and cannot reasonably be delayed. An *emergency* is deemed to no longer exist when medical evidence indicates that *you* are able to continue *your trip* or return to *your* place of ordinary residence or *country of origin*. Costs incurred in *your country of origin* are not covered.

**Expiry date** means the earlier of:

- a) the date indicated as the expiry date on *your* confirmation of coverage; or
- b) the date *you* become eligible for coverage under a Canadian government insurance health plan.

**Family member** means *your spouse*, parent, brother, sister, legal guardian, step-parent, step-child, step-brother, step-sister, aunt, uncle, niece, nephew, grandparent, grandchild, in-law, ward, natural or adopted child.

**Heart condition** includes angina or chest pain, arrhythmia, arteriosclerosis, atrial fibrillation, congenital heart defect, congestive heart failure, cardiomyopathy, carotid artery occlusion, heart attack (myocardial infarction), heart murmur, irregular heart rate or beat, any other condition relating to the heart or cardiovascular system.

**High-risk activity(ies)** includes:

- a) heli-skiing;
- b) any skiing or snowboarding out of bounds;
- c) ski jumping;
- d) skydiving or sky-surfing;
- e) scuba diving (except if certified by internationally recognized and accepted program such as NAUI or PADI, or if diving depth does not exceed 30 meters);
- f) white water rafting (except grades 1 to 4);
- g) street luge, skeleton activity;
- h) mountain climbing, which means the ascent or descent of a mountain requiring the use of specified equipment including crampons, pick axes, anchors, bolts, carabiners and lead-rope or top rope anchoring equipment; and
- i) rock climbing, which includes but is not limited to bouldering, ice climbing, lead or top-rope, multi-pitch, soloing, sport climbing, trad climbing or via ferrata. Rock climbing does not include climbing artificial rock walls when using proper safety equipment under supervision.

**Hospital** means a facility incorporated or licensed as a hospital by the jurisdiction where such services are provided and which has accommodation for resident in-patients, a laboratory, a registered graduate nurse and *physician* always on duty and an operating room where surgical operations are performed by a *physician*. In no event shall this include a convalescent or nursing home, home for the aged, health spa, or an institution for the care of drug addicts, alcoholics or persons suffering from mental or emotional disorders.

**Injury** means bodily harm, which is directly caused by or resulting from an *accident*, being a sudden and unforeseen event, excluding bodily harm that results from deliberate or voluntary action, and independent of *sickness* and all other causes.

**Insured person** means an eligible person who has been accepted by Allianz Global Assistance or its authorized representative, and has paid the required premium for a specific plan of insurance.

**Insurer** means CUMIS General Insurance Company, a member of The Co-operators group of companies.

**Lung/respiratory condition** includes asbestosis, bronchial asthma, bronchiectasis, chronic asthma, chronic bronchitis,

chronic obstructive pulmonary disease (COPD), emphysema, pulmonary embolism, pulmonary fibrosis, and tuberculosis.

**Medical consultation** means any medical services obtained from a licensed medical practitioner for a *sickness, injury* or medical condition, including but not limited to any or all of: history taking, medical examination, investigative testing, advice or treatment, and during which a diagnosis of the condition need not have been definitively made. This does not include regular medical check-ups where no medical *signs or symptoms* existed between check-ups or were found during the check-up.

**Medical/Dental Association schedule of fees** means the official schedule of fees published by the medical/dental association, society or college of the province or territory in which the *treatment* or service occurred. If the province or territory does not publish an official schedule of fees, benefits payable under this policy will be in accordance with the provincial medical/ dental association schedule of fees in Canada closest to where the treatment or service occurred.

**Necessary** means medically required *treatment* for an unexpected *sickness or injury*.

**Nuclear, chemical or biological** means the use of any nuclear weapon or device or the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical agent and/or biological agent, including the resultant contamination where:

- **Nuclear** means any occurrence causing bodily *injury, sickness, disease, or death, or loss of or damage to property, or for loss of use of property, arising out of or resulting from the radioactive, toxic, explosive, or other hazardous properties of source, special nuclear, or by-product material.*
- **Chemical agent** means any compound which, when suitably disseminated, produces incapacitating, damaging or lethal effects on people, animals, plants or material property.
- **Biological agent** means any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) which cause illness and/or death in humans, animals or plants.

**Period of coverage** means the period from the *effective date* to the *expiry date* as indicated on *your* confirmation of coverage and for which premium has been paid.

**Physician** means a person other than *you*, who is legally qualified and licensed to practice medicine or perform surgery in the location where the services are performed, and who is not related to *you* by blood or marriage.

**Professional** means *you* are considered professional by the governing body of the sport and are paid for *your* participation whether *you* win or lose.

**Reasonable and customary** means the services customarily provided or the costs customarily incurred for covered losses, which are not in excess of the standard practice or paid fee in the geographical area where the services are provided or costs are incurred for comparable *treatment, services* or supplies for a similar *sickness or injury*.

**Sickness** means any illness or disease.

**Signs or symptoms** means any evidence of disease experienced by *you* or recognized through observation.

**Spouse** means a person less than 60 years of age, who

- a) is legally married to *you*; or is
- b) a person who has been living with *you* in a common-law relationship for a period of at least 12 consecutive months.

**Stable** describes any medical condition or related condition, including any *heart condition or lung/respiratory condition*, for which:

- a) there has been no new *treatment*; and
- b) there has been no change in *treatment* or change in *treatment* frequency or type; and
- c) there have been no *signs or symptoms* or new diagnosis; and
- d) there have been no test results showing deterioration; and
- e) there has been no hospitalization; and
- f) there has been no referral to a specialist (made or recommended) and *you* are not awaiting surgery or the results of further investigations performed by any medical professional.

The following are also considered stable:

- a) Routine (not prescribed by a *physician*) adjustment of insulin to control diabetes provided the insulin was not first prescribed during the 90 days immediately before the *effective date* of this policy.
- b) Change from a brand name medication to a generic medication provided the medication was not first prescribed during the 90 days immediately before the *effective date* of this policy and there is no increase or decrease in dosage.
- c) A minor ailment, which describes a *sickness or injury* which ended more than 30 days prior to the *effective date* and which did not require:
  - i. *treatment* for a period longer than 15 consecutive days; or
  - ii. more than one follow-up visit to a *physician*; or
  - iii. hospitalization, surgery, or referral to a specialist.

**Student** means a person:

- a) whose *country of origin* is not Canada and who is residing in Canada on a temporary basis; and
- b) who:
  - i. is registered at a school, college, university or other governmentally accredited educational institution in Canada and attends classes as a full-time student, as defined by the institution; or
  - ii. remains in Canada for up to one year immediately after completion of studies as described above, and who is working or has applied to work in a field related to the studies completed.

**Terminal** applies to a medical condition for which a *physician* gave a prognosis of eventual death or for which palliative care was received prior to the *effective date*.

**Treatment** means medical, therapeutic or diagnostic procedure prescribed, performed or recommended by a *physician* including, but not limited to, prescribed medication, investigative testing or surgery.

**Trip** means a period during which *you* are travelling outside of *your country of origin* and for which coverage is in effect.

**You or your** means the *insured person*.



## Legal Information

### General Provisions

#### Assignment

Any benefits payable or which may become payable under this policy cannot be assigned by *you*, and the *insurer* is not responsible for and will not be bound by any assignment entered into by *you*.

#### Automatic Extension of Coverage

1. **Delay of conveyance.** Coverage will be automatically extended for up to 72 hours in the event of a delay, due to circumstances beyond *your* control, of the conveyance in which *you* are riding or are scheduled to ride as a passenger. The delay must occur prior to the coverage *expiry date* and the conveyance must be due to arrive prior to the coverage *expiry date*.

**Conveyance** means a vehicle, airline, bus, train, or government-operated ferry system.

2. **Medically unfit to travel.** Coverage will be automatically extended for up to 5 days if medical evidence supports that *you* are medically unfit to travel due to a covered *sickness* or *injury* on or before the coverage *expiry date*.
3. **Hospitalization.** Coverage will be automatically extended during the period of *hospital* confinement, plus 5 days after release to travel home, if *you* are hospitalized at the end of *your trip* as a result of a covered *injury* or *sickness*.

Additional premium will not be required for any automatic extension of coverage.

### Benefit Payments

Unless otherwise stated, all provisions in this policy apply to each *insured person* during one *period of coverage*. Benefits are only payable under one policy for each *insured person* during the *period of coverage*.

If more than one Allianz Global Assistance administered policy is in effect at the same time, benefits will only be paid under one insurance policy, the one with the greatest sum insured. Benefits are only payable for the plans and the specific sum insured selected, paid for and accepted by Allianz Global Assistance at the time of application, and indicated on *your* confirmation of coverage.

Any benefits payable do not include interest charges. Benefits payable as a result of *your* death will be payable to *your* named beneficiary or to *your* Estate.

#### Claim Submission

*You* or the claimant, if other than *you*, shall be responsible for providing Allianz Global Assistance with the following:

1. receipts from commercial organizations for all medical costs incurred and itemized accounts of all medical services which have been provided; and
2. any payment made by any other insurance plan or contract, including a government hospital/ medical plan; and
3. substantiating medical documentation, at the request of Allianz Global Assistance.

Failure to provide substantiating documents shall invalidate all claims under this insurance.



## Coordination of Benefits

With the exception of the Accidental Death and Dismemberment benefit, amounts payable under this plan are in excess of any amounts available or collectible under any existing coverage concurrently in force held by or available to *you*.

Other coverage includes but is not limited to:

- homeowners insurance;
- tenants insurance;
- multi-risk insurance;
- any credit card, third-party liability, group or individual basic or extended health insurance;
- any private or legislative plan of motor vehicle insurance providing hospital, medical or therapeutic coverage.

Reimbursement will not be made for any costs, services or supplies that are payable to *you* under a motor vehicle insurance policy or legislative plan pursuant to the no-fault benefits schedule under any Insurance Act, or for which *you* receive benefits from any other party pursuant to any policy or legislative plan of motor vehicle insurance, until such benefits are exhausted. (Does not apply to Accidental Death and Dismemberment benefits)

*You* may not claim or receive in total more than 100% of the loss caused by the insured event.

## Currency

All amounts stated in the policy including premium are in Canadian dollars. At the option of Allianz Global Assistance, benefits may be paid in the currency of the country where the loss occurred.

## Extending Your Trip

If *you* decide to extend *your trip*, *you* may apply for a new *period of coverage* provided *you* meet the Eligibility requirements of the new policy.

If *you* have incurred a claim, Allianz Global Assistance will review *your* file before deciding on granting a new policy.

Each policy or term of coverage is considered a separate contract.

Allianz Global Assistance reserves the right to decline any request for new terms of coverage.

## General Terms

Policy terms and conditions are subject to change with each new policy purchased, without prior notice, to reflect actual experience in the marketplace.

## Governing Law

This policy will be governed by the laws of the Canadian province or territory where the policy was issued.

## Language

The parties request that the policy and all related documentation be drawn in English. Les parties demandent que la présente police ainsi que toute documentation pertinente soient rédigées en anglais.

## Limit on Liability

It is a condition precedent to liability under this policy that at the time of application and on the *effective date*, *you* are in good health and know of no reason to seek medical attention.

## Limitation of Action

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the *Insurance Act* (for actions or proceedings governed by the laws of Alberta and British Columbia), *The Insurance Act* (for actions or proceedings governed by the laws of Manitoba), *the Limitations Act, 2002* (for actions or proceedings governed by the laws of Ontario) *The Limitations Act* (for actions and proceedings in the province of Saskatchewan), or other applicable legislation. For those actions or proceedings governed by the laws of Quebec, the prescriptive period is set out in the Quebec Civil Code.

## Misrepresentation or Nondisclosure

*Your* failure to disclose or misrepresentation of any material fact, or fraud, either at the time of application or at the time of claim, shall render the entire contract null and void at the option of the *insurer*, and any claim submitted thereunder shall not be payable.

Where there is an error as to *your* age, provided that *your* age is within the insurable limits of this policy, the premiums will be adjusted according to *your* correct age.

## Premiums

The total premium amount is due and payable at the time of application. The premium is calculated using the most current rates for *your* age on the effective date of this policy as indicated on *your* confirmation of coverage.

## Rights of Examination

The claimant shall provide Allianz Global Assistance with the opportunity to examine *you* when and so often as it



reasonably requires while a claim is pending. In the case of *your* death, Allianz Global Assistance may require an autopsy, subject to any laws of the applicable jurisdiction relating to autopsies.

### Right to be Reimbursed (Subrogation)

As a condition to receiving benefits under the policy, *you* agree to:

- a) reimburse the *insurer* for all *emergency* medical and *hospital* costs paid under the policy from any amounts *you* receive from a third party responsible (in whole or in part) for *your* *injury* or *sickness* whether such amounts are paid under a judgment or settlement agreement;
- b) whenever reasonable, initiate a legal action against the third party to recover *your* damages, which include *emergency* medical and *hospital* costs paid under the policy;
- c) include all *emergency* medical and *hospital* costs paid under the policy in any settlement agreement *you* reach with the third party;
- d) act reasonably to preserve the *insurer's* right to be reimbursed for any *emergency* medical or *hospital* costs paid under the policy;
- e) keep Allianz Global Assistance informed of the status of any legal action against the third party; and
- f) advise *your* counsel of the *insurer's* right to reimbursement under the policy.

*Your* obligations under this section of the policy in no way restricts the *insurer's* right to bring a subrogated claim in *your* name against the third party and *you* agree to cooperate with the *insurer* fully should they choose to exercise their right of subrogation.

### Sanctions

Benefits are not payable under this policy for any losses or expenses incurred due to or as a result of *your* travel to a sanctioned country for any business or activity that would

violate any Canadian or any other applicable national economic or trade sanction law or regulation.

### Time

Expiry time of coverage is the time within the Canadian time zone where the coverage was purchased.

## Premium Refunds

A full refund will be provided for policies which are returned within 10 days of purchase, as described in the section titled Right To Examine Policy.

### Refunds are payable when:

1. The *student* fails to meet visa eligibility requirements.
2. *You* return to *your* *country of origin* prior to the *expiry date*, without intending to return to Canada, 30 days or more before the *expiry date*.
3. *You* become insured under a Canadian provincial or territorial health/medical plan.

### When submitting *your* premium refund request, please include:

1. a fully completed and signed Refund Request Form; and
2. a copy of *your* confirmation of coverage; and
3. confirmation of *your* early departure such as boarding pass or itinerary, or any other written proof of *your* early return to *your* *country of origin*; and
4. any other documentation to support *your* refund request.

### Important Note

Premium refunds, regardless of method of payment, must be obtained from the representative where coverage was originally purchased unless purchased directly from Allianz Global Assistance.

There will be no refund of premium if a claim has been made. Refunds are payable from the date Allianz Global Assistance receives the request. Refunds for partial cancellations will be calculated by multiplying the daily premium by the actual number of days the policy was in effect; if this amount is less than the minimum premium required, the minimum premium will be used. This amount is then subtracted from the total premium paid.

Refund amounts less than the minimum premium will not be issued.

## Statutory Conditions

### Contract

The application, this policy, any document (including but not limited to the completed medical questionnaire, Confirmation of Coverage) attached to this policy when issued and any amendment to the contract agreed on in writing after this policy is issued, constitute the entire contract, and no agent has the authority to change the contract or waive any of its provisions.

**Allianz Global Assistance reserves the right to decline any application or any requests for extensions of coverage.**

### Waiver

The *insurer* shall be deemed not to have waived any condition of this contract, either in whole or in part, unless the waiver is clearly expressed in writing signed by the insurer.

### Copy of Application

The *insurer* shall, upon request, furnish you or a claimant under the contract a copy of the application.

### Material Facts

No statement made by you or a person insured at the time of application for the contract shall be used in defence of a claim under or to avoid the contract unless it is contained in the application or any other written statements or answers furnished as evidence of insurability.

### Termination

You may at any time request that this contract be terminated and the insurer shall, as soon as practical after you make the request, refund the amount of premium actually paid by you that is in excess of the short-rate premium calculated to the date of the request according to the table in use by the insurer at the time of the termination.

Refer to Premium Refunds on page 15.

### Notice and Proof of Claim

Please refer to the Claims Procedures on page 9.

*You* or the claimant, if other than *you*, shall be responsible for providing Allianz Global Assistance with the following:

1. receipts from commercial organizations for all medical costs incurred and itemized accounts of all medical services which have been provided; and

2. any payment made by any other insurance plan or contract, including a government hospital/ medical plan; and
3. supporting medical documentation, at the request of Allianz Global Assistance.

If you do not provide the required supporting documentation, your claim will not be paid.

### Failure to Give Notice and Proof

Failure to give notice of claim or furnish proof of claim within the time prescribed does not invalidate the claim if:

- a) the notice or proof is given or furnished as soon as reasonably possible, and in no event later than the limitation period set out in The Limitations Act from the date of the accident or the date a claim arises under the contract on account of sickness or disability if it is shown that it was not reasonably possible to give notice or furnish proof within the time so prescribed; or
- b) in the case of your death, if a declaration of presumption of death is necessary, the notice or proof is given or furnished no later than the limitation period set out in The Limitations Act after the date a court makes the declaration.

### Insurer to Furnish Forms for Proof of Claim

Claims forms are available by contacting Allianz Global Assistance's Claims Department and shall be furnished to you upon request, and no later than 15 days after receiving notice of claim.

### Rights of Examination

The claimant shall provide the insurer with the opportunity to examine *you* when and so often as it reasonably requires while a claim is pending. In the case of your death, the insurer may require an autopsy, subject to any laws of the applicable jurisdiction relating to autopsies. The insurer shall bear the costs of any examination or autopsy and shall provide copies of the reports of any examination or autopsy to the insured or the insured's representative.

### When Money Payable

All money payable under this contract shall be paid by the *insurer* within 60 days after Allianz Global Assistance has received proof of claim.

## Privacy Information Notice

### Protecting your personal information

Protecting *your* personal information is a top priority. This Privacy Notice explains how and what types of personal data will be collected, why it is collected and to whom it is shared or disclosed. PLEASE READ THIS NOTICE CAREFULLY.

CUMIS General Insurance Company (the “insurer”) and the insurer’s insurance administrator, Allianz Global Assistance, and the insurer’s agents, representatives and reinsurers (for the purpose of this Privacy Notice collectively “We” “Us” and “Our”) require *your* personal information.

### Personal information we collect

We will collect *your* personal information including but not limited to:

- Surname, First name
- Address
- Date of Birth
- Telephone numbers
- Email addresses
- Credit/debit card and bank account information
- Employment details including termination notices and accepted offers of employment
- Sensitive personal information such as: Medical information relating to *your* health status, excluding genetic test results

### How will we obtain and use your personal information?

This personal information is collected for the following insurance purposes when offering and providing insurance and related services:

- To identify and communicate with *you*
- To consider any application for insurance
- If approved, to issue a Policy or Certificate of Insurance
- To administer insurance and related benefits
- To evaluate insurance risk, manage and coordinate claims, re-price medical expenses and negotiate payment of claims expenses
- To adjudicate claims and to determine eligibility for insurance benefits
- To provide assistance services
- For fraud prevention and debt collection purposes
- As required or permitted by law

We reserve our right to collect personal information, necessary for insurance purposes, from the following individuals:

- Individuals who apply for insurance products
- Certificate holder and/or Policyholders
- Insureds and/or Claimants
- *Family members, friends or travelling companions* of a Certificate or Policyholder, Insured or Claimant, in cases where *you*, for medical or other reasons, cannot communicate directly with Us.

### Who will have access to your personal information?

We disclose information for insurance purposes, to and with, third parties such as, but not necessarily limited to, other Allianz group companies, health care practitioners and facilities in Canada and abroad, government and private health insurers, *family members* and friends/ *travelling companions* of the Certificate holder or Policyholder, Insured or Claimant and agencies. We may also use and disclose information from Our existing files for insurance purposes. Our employees who require this information for the purposes of administering *your* insurance will have access to this file. Upon *your* request and authorization, We may also disclose this information to other persons. From time to time, and if permitted by applicable law, We may also collect, use or disclose personal information in order to offer additional or upgraded products and services (the “optional purposes”). 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.

### What are your rights in respect of your personal data?

When permitted by applicable law and regulations *you* have the right to:

- Access *your* personal data held about *you*
- Withdraw consent at any time where *your* personal data is processed
- Update or correct *your* personal information so that it is always accurate
- Delete *your* personal information from our records, if it is no longer needed for the purposes indicated above
- File a complaint with Us and/or relevant data protection authority

*You* may exercise these rights by contacting the Privacy Officer at [privacy@allianz-assistance.ca](mailto:privacy@allianz-assistance.ca).

## How long do we keep your personal data?

We will retain the personal information We collect for a specified period of time and in a storage method appropriate with legal and Our internal corporate requirements. Personal information will be securely destroyed following the expiration of the appropriate retention period. Individuals have a right to request to access or correct personal information We have on file by contacting the Privacy Officer at [privacy@allianz-assistance.ca](mailto:privacy@allianz-assistance.ca) or by writing to:

### Privacy Officer

Allianz Global Assistance  
700 Jamieson Parkway  
Cambridge, Ontario N3C 4N6 Canada

## How can you contact us?

For information about how to obtain access to written information about Our policies and procedures with respect to service providers outside of Canada, please contact the Privacy Officer at [privacy@allianz-assistance.ca](mailto:privacy@allianz-assistance.ca).

For a complete copy of Our Privacy Policy, please visit [www.allianz-assistance.ca](http://www.allianz-assistance.ca).

## How often do we update this privacy notice?

We regularly review this Privacy Notice. We will ensure the most recent version is available on Our website, [www.allianz-assistance.ca](http://www.allianz-assistance.ca).

## Contact Information

### Administrator:

Allianz Global Assistance  
700 Jamieson Parkway  
Cambridge, Ontario N3C 4N6  
[1-800-869-6747](tel:1-800-869-6747)

### Insurer:

CUMIS General Insurance Company  
P.O. Box 5065, 151 North Service Road  
Burlington, Ontario L7R 4C2  
[1-800-263-9120](tel:1-800-263-9120)