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TravelStar[®] Travel Insurance

Medical, Trip & Baggage Coverage



IMPORTANT NOTICE

What is travel insurance?

- Travel insurance is designed to cover losses resulting from sudden, unexpected and unforeseeable circumstances. It is important that you read and understand your policy before you travel as your coverage may be subject to certain exclusions or limitations.

What is not covered?

- Your policy may not provide coverage for medical conditions and/or symptoms that existed before your trip. Check to see how this applies in your policy and how it relates to your departure date, date of purchase or effective date.

What should I expect if I have to make a claim?

- Your policy provides travel assistance for medical emergencies. Regardless of your plan's deductible level, if you experience a medical emergency, you must notify our assistance centre prior to treatment, where possible, and no later than twenty-four (24) hours after receiving medical treatment or being admitted to hospital. Your policy may limit benefits should you not contact the assistance centre.
- In the event of an accident, injury or sickness, your prior medical history shall be reviewed when a claim is made.
- In the event of a claim, you shall be asked to provide proof of travel dates, original expense invoices and proof of ownership/value of personal belongings.
- Refer to the Making a Claim section to understand your obligations when making a claim.

What happens if there is a change in my health after I apply for coverage?

- Should any changes in your health occur after the application date and prior to the effective date, GMS must be contacted and the application updated. Changes in your health may affect your coverage or void your policy.

This policy contains words printed in italics indicating they are defined terms detailed in the Definition section.

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

**PLEASE READ YOUR POLICY
CAREFULLY BEFORE YOU TRAVEL**

**For medical emergencies, we're available
24-hours a day, 7 days a week.**

toll-free 1.800.459.6604

(within Canada & USA)

collect 905.762.5196

(from all other locations)

In the event of a medical emergency GMS provides travel assistance. Regardless of your plan's deductible level, failure to contact GMS at the time of an emergency may limit benefits to the lesser of 70% of reasonable and customary expenses or \$50,000. Please refer to the Managing a Medical Emergency section of this policy for more information.

For General Inquiries

toll-free 1.800.667.3699 or info@gms.ca

TABLE OF CONTENTS

EMERGENCY MEDICAL COVERAGE	3
TRIP CANCELLATION & INTERRUPTION COVERAGE	18
GENERAL CONDITIONS	29
STATUTORY CONDITIONS	31
DEFINITIONS	33

TRAVELSTAR® TRAVEL INSURANCE AT A GLANCE

Emergency medical and trip cancellation and interruption coverage can be purchased separately or as a bundle. Baggage Loss, Damage & Delay is available with the purchase of emergency medical and/or trip cancellation and interruption coverage. Please refer to the policy wording for full details.

Emergency Medical Coverage

- Up to \$5 million in emergency medical coverage
- 24 essential benefits, including coverage for costs associated with hospital accommodations, ambulance, private duty nursing, and diagnostic services
- *Single-Trip Plan*: coverage for a single trip up to 183 days long, and a choice of either a \$0, \$250, \$1,000, or \$5,000 deductible
- *Multi-Trip Annual Plan*: coverage for an unlimited number of trips throughout the policy year, with a choice of 15 or 30 day trip length maximum
- Includes 24-hour worldwide assistance

Trip Cancellation & Interruption Coverage

- Trip Cancellation - protection from expenses when a trip is cancelled prior to departure; provides coverage for items like non-refundable airfare, pre-paid travel arrangements and cancellation penalties.
- Trip Interruption and Delay – protection from expenses when a trip is interrupted before or after departure; provides coverage for items like transportation to rejoin a tour group or the cost of out-of-pocket expenses during longer delays (such as meals, accommodations, telephone calls and taxi fares).

Additional Coverage: Baggage Loss, Damage & Delay

- Reimbursement for the cost to replace: one item or set of items; documentation such as a passport or driver's license; personal items if your baggage is delayed for 12 hours or more; and currency lost due to theft or robbery.

Coverage Enhancements

Trip Cancellation & Interruption

- Trip Delay Upgrade - for delays greater than 12 hours, subsistence expenses of \$500 per day, \$200 entertainment and same class tickets.

Baggage Loss, Damage & Delay

- *Increased Per Item Baggage Limit* - increases coverage to a maximum of \$1,000 per specifically identified item or set of items
- *Sports Equipment* - increases coverage to a maximum of \$2,000 for specifically identified sporting goods
- *Computer Equipment* - increases coverage to a maximum of \$2,000 for specifically identified computer equipment

EMERGENCY MEDICAL CONTENTS

EMERGENCY MEDICAL COVERAGE	3
Benefits	3
Exclusions	5
Managing a Medical Emergency	8
Making a Claim	8
Application of Deductible	8
Authorization	8
SINGLE-TRIP PLAN	9
Eligibility	9
Coverage Begins & Ends	10
Extensions & Policy Changes	10
Top-ups	11
Requesting a Refund	11
MULTI-TRIP ANNUAL PLAN	12
Eligibility	12
Coverage Begins & Ends	13
Extensions & Policy Changes	14
Requesting a Refund	14
ADDITIONAL COVERAGE	15
Baggage Loss, Damage & Delay Coverage	15
GENERAL CONDITIONS	29
STATUTORY CONDITIONS	31
DEFINITIONS	33

EMERGENCY MEDICAL COVERAGE

Emergency medical coverage may be purchased as a Single-Trip plan, or as a Multi-Trip Annual plan providing limited coverage for multiple *trips* taken throughout the year. The following benefits and exclusions are applicable to both plans. Refer to the Single-Trip or Multi-Trip Annual sections for details on eligibility, when coverage begins and ends, policy changes, and refunds as they apply to the plan you select.

Benefits

In the event of a *medical emergency* that occurs outside of your *province of residence*, unless otherwise stated, GMS will pay *reasonable and customary* expenses on your behalf, up to \$5,000,000 CAD, as described in the plan type chosen. Where a listed benefit indicates a maximum limit, the limit is applied per *trip* regardless of the number of claims incurred.

- In-Hospital Care** – expenses for:
 - ward or semi-private *hospital accommodations*;
 - hospital* services and supplies; and
 - medical treatment* while in-hospital.

One follow-up visit is covered if it is deemed medically necessary and directly related to the covered *medical emergency*. The follow-up visit must occur within fourteen (14) days of discharge. This benefit does not provide coverage for ongoing treatment necessary to treat any *medical condition* once the *medical emergency* has ended.
- Medical Services** – expenses for *medical treatment* from a *physician*.
- Diagnostic Services** – expenses for basic diagnostic tests. Pre-approval by GMS is required for advanced diagnostic testing, including but not limited to, magnetic resonance imaging, computerized axial tomography scans, sonograms, ultrasounds, and biopsies.
- Out-Patient Medical Treatment** – expenses for out-patient *medical treatment*.
- Prescription Drug** – expenses for *prescription drugs* prescribed by an attending *physician* and supplied by a licensed pharmacist. GMS covers a maximum supply of thirty (30) days per prescription. Over-the-counter medication is not covered whether it has been prescribed or not.

Prescription drugs that are lost, stolen or damaged during *your trip* are covered up to a maximum of \$50 per prescription. *Physician's* expenses related to replacement are not covered.
- Rental of Essential Medical Appliances** – expenses for the rental of essential medical appliances (wheelchair, crutches, canes etc.) when needed due to a *medical emergency* that occurred on *your trip*. The rental expense must not exceed the cost to purchase the appliances. Pre-approval by GMS is required.
- Emergency Dental Services** – expenses, to a maximum of \$2,000, due to an *accidental* blow to the mouth that requires the repair or replacement of natural teeth or permanently attached artificial teeth. Expenses to a maximum of \$250 are also covered for the treatment or the relief of dental pain for any dental emergency other than that caused by an *accidental* blow to the mouth.
- Private Duty Nursing** – expenses to a maximum of \$5,000 for private duty nursing services performed by a Registered Nurse (must be a *non-family member*) when ordered by the attending *physician* during in-*hospital* care or in lieu of in-*hospital* care. Pre-approval by GMS is required.

9. **Health Practitioners** – expenses to a maximum of \$300, per specialty, for the services of an osteopath, physiotherapist, chiropractor, chiropodist, or podiatrist.
 10. **Road Ambulance** – expenses for the use of a licensed road ambulance in a *medical emergency* where you require immediate transport to the nearest *hospital* with adequate facilities.
 11. **Air Ambulance** – expenses to a maximum of \$20,000 for the use of a helicopter air ambulance in a *medical emergency* involving life threatening circumstances where you require immediate transport to the nearest *hospital* with adequate facilities to treat your *medical emergency*. Pre-approval by GMS is required for transport between *hospitals*.
 12. **Remote Evacuation** – expenses to a maximum of \$20,000 for your evacuation to the nearest, most accessible *hospital* from a location inaccessible by road in a *medical emergency* involving life threatening circumstances.
 13. **Repatriation** – expenses to transport you by air ambulance (excluding helicopters) or regularly scheduled *common carrier* back to your *province of residence* for further *in-hospital medical treatment*, with written recommendation from the attending *physician* confirming that you are fit to travel. Pre-approval by GMS is required.
 14. **Special Attendant** – expense of round-trip transportation for the transport of a medical attendant to accompany you back to your *province of residence* when ordered by the attending *physician*. The attendant must not be a friend, *family member*, associate or *travelling companion*. Pre-approval by GMS is required.
 15. **Return of Family Member** – expenses up to \$1,000 for one-way air transportation to return one (1) accompanying *family member* insured under your policy to your *province of residence* when:
 - a. GMS requires that you return to your *province of residence* for further *in-hospital medical treatment*; or
 - b. in the event of your death.
 Pre-approval by GMS is required.
 16. **Return & Escort of a Dependent Child/Grandchild** – expense of one-way transportation to return your dependent children, or grandchildren travelling with you, who are under the age of eighteen (18) to your *province of residence* when you have been returned to your *province of residence* for further *in-hospital medical treatment*. When necessary, round-trip transportation for an arranged escort will be provided for under this benefit. Pre-approval by GMS is required.
 17. **Family/Friend to Bedside** – expenses to a maximum of \$3,000 for round-trip air transportation for a *family member* or a close friend to visit you if you are travelling without a *family member* on night three (3) and subsequent nights of *in-hospital care* as a result of a *medical emergency* when ordered by the attending *physician*. Pre-approval by GMS is required.
GMS will reimburse up to \$150 per day to a maximum of \$750 for the expenses incurred by the *family member* or close friend while you are hospitalized. Original receipts must be submitted to be eligible for reimbursement.
 18. **In Event of Death** – expenses up to \$2,000 for round-trip air transportation to provide for the return of a *family member* who is required to attend to identify your remains in the case of your death due to a *medical emergency*. GMS will also reimburse up to \$300 combined for meals and accommodations incurred during travel. Pre-approval by GMS is required.
 19. **Return of Remains** – expenses, up to a maximum of \$7,000, for the preparation and transport of your remains to your *province of residence*, or expenses up to a maximum of \$3,000 for your cremation or burial at the place of death, when your death was a result of a *medical emergency*. This benefit does not cover the cost of a burial casket or urn.
 20. **Return of Vehicle** – expenses, up to a maximum of \$2,000, to return your vehicle to your *province of residence*, or a vehicle rented by you to the nearest rental agency, when you or any *travelling companions* are unable to do so because you have been returned to your *province of residence* for further *in-hospital medical treatment*.
Reasonable and customary expenses for this benefit include the vehicle being returned by a professional agency or the following incurred by an individual other than yourself returning the vehicle on your behalf: fuel, meals, overnight accommodations and one-way air transportation. Pre-approval by GMS is required.
Expenses will only be reimbursed if your vehicle arrived at your destination during the coverage period of this policy.
 21. **Return of Cat or Dog** – expenses to a maximum of \$300 to return your cat or dog to your *province of residence*, when you have been returned to your *province of residence* for further *in-hospital medical treatment*.
 22. **Child Care** – expenses to a maximum of \$500 for licensed care of dependent children/grandchildren or mental or physically challenged persons who rely on you for assistance, if they are travelling with you, should you require *in-hospital care*. Pre-approval by GMS is required.
 23. **Out-of-Pocket Expenses** – expenses up to a maximum of \$1,000 incurred by a *travelling companion* insured under your policy in the event you are in *hospital* receiving care on your return date. This benefit includes coverage for up to \$150/day for accommodations, which shall form part of the \$1,000 limit. Pre-approval by GMS is required.
 24. **Coverage Continuation** – when an unexpected event occurs requiring you to return early from your trip, GMS will continue your coverage at no additional premium when you resume your trip prior to your return date. This does not apply if you are returned to your *province of residence* as a result of your *medical emergency*. There is no refund for unused periods of coverage. Costs to return to your *province of residence* or to your trip destination are not recoverable. Any *medical treatment* or *medical consultation* received during the return to your *province of residence* must be reported to GMS prior to resuming your trip and may impact your eligibility and/or may void your policy.
- GMS is not responsible for the availability, quality, results or effectiveness of any *medical treatment*, transportation or other service or your failure to obtain *medical treatment*.

Exclusions

1. **Stability** – GMS does not cover any expenses resulting from *medical condition(s)* which have not been stable for one hundred and eighty (180) days immediately prior to your departure date, including:
 - a. *medical condition(s)* for which you received *medical treatment* or *medical consultation*; and/or
 - b. undiagnosed *medical condition(s)* related to symptoms for which you received *medical treatment* or *medical consultation*.
 You must be stable based on the definition of stable in this policy, regardless of the opinion of your *physician* or any other person who may provide an opinion on your *medical condition(s)*.

2. **Stability When Topping-Up Other Insurer's Plans** – GMS does not cover any expenses where this policy is being used as a top-up for another insurer's emergency medical insurance, unless the *medical conditions* have been *stable* for one hundred eighty (180) days prior to the *effective date* of the top-up.
3. **Stability When Topping-Up a GMS Plan** – GMS does not cover any expenses where this policy is being used as a top-up to existing GMS emergency medical coverage, unless *medical conditions* are *stable* as defined by the stability period as specified within the GMS policy this policy is topping-up.
4. **Recurrence of a Medical Condition** – GMS does not cover any expenses for *medical consultation*, *medical treatment* or *in-hospital care* resulting from the continuation, recurrence or complication of an emergency *medical condition*, after such time that the emergency has been deemed to have ended as advised by GMS.
5. **Non-Emergency Treatment** – GMS does not cover any expenses resulting from *medical treatment* that is not a *medical emergency*, including but not limited to: routine or general physical examinations; regular care of chronic conditions; elective surgery; dental or cosmetic surgery, even if recommended by a *physician*; and follow ups or continued services following emergency *medical treatment* when not authorized by GMS.
6. **Travel for Diagnosis or Treatment** – GMS does not cover any expenses resulting from and/or incurred during *trips* undertaken for the purpose of receiving a *diagnosis* or *medical treatment*.
7. **Delay-able Treatment** – GMS does not cover any expenses for *medical treatment* that can be reasonably delayed until you return to your *province of residence*.
8. **Transplants** – GMS does not cover any expenses for transplants, including but not limited to organ transplants, or bone marrow or stem cell transplants which may be required as part of your *medical treatment* provided at your *trip* destination.
9. **Refusal of Transfer** – GMS does not cover any expenses following your refusal to transfer to another *hospital* or medical facility capable of providing necessary *medical treatment*, or your refusal to return to your *province of residence* when deemed medically necessary. Refusal to comply with a transfer request or a request to return to your *province of residence*, when you could have been returned to your *province of residence* without endangering your life or health, even if the treatment available in your *province of residence* could be of lesser quality than the treatment available outside your *province of residence* or you must go on a waiting list for that treatment, will void coverage under this contract from that time forward and will absolve GMS of any further liability, whether that liability is related to the initial incident or not.
10. **Refusal to Follow Medical Advice or Advice of GMS** – GMS does not cover any expenses incurred as a result of your refusal to follow medical advice or the advice of GMS.
11. **Non-Adherence** – GMS does not cover any expenses that result from your failure, prior to departure, to:
 - a. adhere to *medical treatment*;
 - b. obtain investigative or diagnostic tests recommended by a medical professional; and/or
 - c. receive results from investigative or diagnostic tests.
12. **Acting Against Physician's Advice** – GMS does not cover any expenses when you travel against the advice of a *physician*.
13. **Certain Pregnancy Related Matters** – GMS does not cover any expenses related to pregnancy, miscarriage, childbirth or complications of any of these conditions occurring after the first eighteen (18) weeks of pregnancy.
14. **Certain Cardiac Procedures and Devices** – GMS does not cover any expenses for cardiac catheterization, angioplasty or cardiovascular surgery or insertion of an implantable cardioverter defibrillator (ICD) or pacemaker including all associated diagnostic expenses, unless necessary in a *medical emergency* and pre-approved by GMS.
15. **Risky Activities** – GMS does not cover any expenses resulting from your participation in:
 - a. professional sport;
 - b. speed contests or racing of motorized land, water or air vehicle(s);
 - c. an extreme sport, including but not limited to, scuba diving (except when you are NAUI, PADI, ACUC or SSI certified), bungee jumping, parachuting, mountaineering, skydiving, rodeo, hang gliding, acrobatic or stunt flying, or jockeying.
16. **Non-Common Carrier Air Travel** – GMS does not cover any expenses resulting from air travel unless riding as a passenger on a *common carrier*.
17. **Certain Pre-Existing Conditions** – GMS does not cover any expenses related to a pre-existing *diagnosis* that is emotional, psychological or psychiatric in nature.
18. **Work** – GMS does not cover any expenses for work related accidents.
19. **Risky Work or Volunteer Activities** – GMS does not cover any expenses resulting from your service in the armed forces, willful exposure to peril, work within a hazardous occupation or mission and/or relief work.
20. **Result of Conflict** – GMS does not cover any expenses resulting from *war*, *terrorism* or acts of foreign rebellion.
21. **Travel Advisory** – GMS does not cover expenses arising from any *medical conditions* occurring while you are travelling in a country, region, or city for which Foreign Affairs and International Trade Canada has issued a travel warning stating that "non-essential" or "all travel" be avoided when such travel advisory is issued prior to your departure.
22. **Self-harm** – GMS does not cover any expenses resulting from suicide or self-inflicted injuries.
23. **Criminal or Illegal Activity** – GMS does not cover any expenses resulting directly or indirectly from your criminal or illegal acts.
24. **Drugs & Alcohol** – GMS does not cover any expenses resulting from your sickness, injury, or death if at the time of the sickness, injury, or death evidence supports that it was caused by, or in any way contributed to, by the use or abuse of prohibited drugs, alcohol, or any other intoxicant or the misuse of a medication, whether prescribed or not.
25. **Motor Vehicle Accident** - GMS does not cover any expenses resulting from a motor vehicle *accident*, unless not covered by any other policy.
26. **Failure to Obtain GMS Pre-Approval** – GMS does not cover any expenses where pre-approval by GMS is required and not obtained.
27. **Unapproved Treatment** - GMS does not cover any expenses for *medical treatment* or services that contravene or are prohibited by the provincial laws of your *province of residence* or the federal laws of Canada.

28. **Pre-Existing Nuclear Issues** – GMS does not cover any expenses resulting from any nuclear reaction, radiation or radioactive contamination or occurrence, where the risk of the exposure was present prior to *your* departure, however caused.
29. **Experimental Treatment** – GMS does not cover any expenses for any *medical treatment* which is considered by GMS to be experimental. GMS' opinion is final and binding.

Managing a Medical Emergency

Regardless of *your* plan's deductible, in the event of a *medical emergency*:

- You must contact GMS Travel Assistance where possible before you seek *medical treatment*. GMS Travel Assistance will:
 - offer telephone interpretation services in many languages;
 - monitor progress during *your medical consultation and medical treatment*; and
 - coordinate all *medical treatment*, transport, and repatriation.
- You are required to contact GMS Travel Assistance within twenty-four (24) hours of receiving *medical treatment* or admission to *hospital*. Failure to do so may limit benefits to the lesser of 70% of *reasonable and customary* expenses or \$50,000.

Contacting GMS Travel Assistance with a *medical emergency* constitutes a claim regardless of whether payment is made by GMS for any related expenses.

Making a Claim

In the event of a claim, a claim form must be submitted to GMS within ninety (90) days of the illness or injury with the following supporting documentation:

- original itemized receipts, bills and invoices;
- proof of payment, if payment was made, by *you* or any other benefit plan;
- complete medical records including final *diagnosis* by the attending *physician*;
- proof of travel showing the date *you* departed from and returned to *your province of residence*;
- your* historical medical records, as requested by GMS;
- any other relevant documentation that may be requested by GMS as required to process a claim in the opinion of GMS; and
- in the case of claims involving *your* death, GMS may require an autopsy subject to any law of the applicable jurisdiction relating to autopsies.

Costs to obtain documents or reports to support *your* claim are not covered.

Application of Deductible

GMS will reimburse *you* up to the maximum *sum insured* for eligible expenses incurred per *trip* in excess of the *deductible* shown on *your* TravelStar application.

Authorization

You authorize GMS to receive reports about *your medical treatment* from any *physician*, service provider, person, *hospital* or institution. For more details see GMS' privacy policy at www.gms.ca.

SINGLE-TRIP PLAN

The Single-Trip plan provides coverage for one *trip* with a specified *departure date* and *return date*. It offers *medical emergency* coverage to a maximum of \$5,000,000 CAD per insured person, for *reasonable and customary* expenses incurred by *you*, in the event of a *medical emergency* that occurs outside of *your province of residence*.

GMS will pay *reasonable and customary* expenses in excess of applicable *deductibles* and all other group, individual, private or *government health plans* or contracts of insurance according to the terms and conditions of this policy.

Eligibility

All applicants are subject to this Eligibility section. If *you* are sixty (60) years of age or older *you* must complete both the Eligibility and Medical Questionnaire portions of the application when *you* apply.

If any of the following conditions apply on the *application date*, *you* are not eligible for the Single-Trip plan.

- You* are not eligible if *you*:
 - have an Implantable Cardioverter Defibrillator (ICD);
 - have ever been diagnosed with congestive heart failure (CHF);
 - are awaiting further tests or treatment for heart disease which includes but is not limited to angina, irregular heartbeat, heart attack, ischemic heart disease, valvular heart disease and cardiomyopathy;
 - require insulin to treat diabetes and also take *prescription drugs* for heart disease (see (c) above for heart disease description);
 - have been diagnosed with metastatic cancer;
 - have cancer (except breast or prostate cancer treated exclusively with hormonal therapy or basal cell carcinoma) which requires chemotherapy, radiotherapy or other *medical treatment* other than routine follow-up;
 - have any vascular aneurysm that remains surgically untreated;
 - have undiagnosed episodes of fainting or falling (syncope);
 - take oral steroids for a lung condition;
 - are seventy (70) years of age or older and require assistance from another person(s) with activities of daily living (ADL) which include, but are not limited to, personal hygiene and grooming; dressing and undressing; self-feeding; functional transfers (getting into and out of bed or a wheelchair, getting onto or off the toilet, etc.); bowel and bladder management; and/or medication management; or
 - have any *medical condition* necessitating the use of home oxygen.
- You* are not eligible if, within the twelve (12) months prior to applying, *you* have been diagnosed with any of the following conditions or *you* have any of the following conditions which have not been *stable* for twelve (12) months prior to applying:
 - Acquired Immune Deficiency Syndrome (AIDS);
 - a terminal illness (an advanced stage of a progressive disease with an unfavourable prognosis and no known cure);
 - atrial flutter;
 - atrial/ventricular fibrillation;
 - peripheral vascular disease;
 - stroke/transient ischemic attack (TIA);
 - blood clot(s);

- h. gastrointestinal bleeding; and/or
 - i. kidney/liver failure.
3. You are not eligible if, within twelve (12) months of applying, you have undergone any of the following procedures:
 - a. kidney dialysis;
 - b. valve surgery or replacement; and/or
 - c. organ, stem cell and/or bone marrow transplant.
 4. You are not eligible if you are not a Canadian resident with valid provincial health coverage for the entire duration of your trip.
 5. You are not eligible to purchase after your departure date or if you are outside of your province of residence, unless purchased as a top-up to an existing GMS policy.
 6. You are not eligible if your total trip length exceeds the total number of days allowable under your government health plan.

Should any changes to your health occur after the application date and prior to the effective date, GMS must be notified and your application updated. A change in your health may:

1. affect your eligibility for coverage; or
2. increase your required premium.

Changes to your health that do not affect eligibility will still constitute a change in stability and may limit your available coverage.

FAMILY COVERAGE

Coverage for dependants under sixteen (16) years of age travelling with paying adults is provided at no cost. Coverage will only be provided for dependants under sixteen (16) if they are listed on your application.

Coverage Begins & Ends

Once GMS has accepted your application and your payment has been received by GMS, your Single-Trip plan begins on the later of the day:

1. shown on your application as the contracted departure date;
2. you depart from your province of residence to begin your trip; or
3. following the expiry of the policy being topped-up, when this policy is used as a top-up.

Coverage ends on the earliest of the day:

1. you return to your province of residence, except where benefit 24 applies;
2. shown on your application as the contracted return date;
3. GMS ends coverage for a medical emergency as a result of your failure to comply with GMS' option to return you to your province of residence for further medical treatment; or
4. GMS returns you to your province of residence.

Extensions & Policy Changes

Extensions and policy changes for a Single-Trip plan must be paid by credit card at time of extension or change for coverage to be in effect.

OPTIONAL EXTENSIONS

Your Single-Trip plan may be extended by purchasing additional days while outside your province of residence if you:

1. notify GMS two (2) business days prior to the expiry date of your policy;
2. have not incurred a claim, required medical treatment or medical consultation during your trip; and

3. the total trip length, including your initial period of coverage and all extensions, does not exceed the number of days allowable under your government health plan.

Your policy cannot be extended after the expiry date of a policy you wish to extend.

AUTOMATIC EXTENSIONS

Your Single-Trip plan will automatically be extended up to seventy-two (72) hours if the return to your province of residence is delayed beyond the expiry date of the policy due to any of the following.

1. You are delayed due to your or your travelling companion's medical emergency. Written confirmation from the attending physician is required to verify that you are medically unfit to travel. The seventy-two (72) hour extension will begin once you have been deemed medically fit to travel or discharged from the hospital. In-hospital care during the medical emergency continues to be covered by your policy until your discharge from hospital;
2. A delay of a common carrier you are travelling on causes you to miss your return date to your province of residence.
3. The vehicle you are travelling in:
 - a. is involved in an accident;
 - b. has a mechanical breakdown; or
 - c. is delayed by a police directed road closure.

POLICY CHANGES

You must contact GMS prior to the departure date to:

1. make changes to travel dates;
2. make changes to your deductible; or
3. add or remove applicants.

Additional premium may apply and must be paid in full before any policy change will be made.

Top-ups

You may choose a Single-Trip plan to top-up a Multi-Trip Annual plan or other limited travel insurance when additional days are needed to cover your trip. A top-up is a new GMS policy which is subject to the terms, conditions, exclusions and limitations of the GMS policy wording. Coverage begins the day following the expiry date of the policy it is topping-up and must be purchased for the full number of days not covered by the insurance policy being topped-up.

When buying a top-up for an insurance policy held with a company other than GMS you must apply for the top-up prior to your contracted departure date and are subject to the stability criteria as defined in the Exclusions section of this policy.

When buying a top-up for a GMS policy, you must apply for coverage two (2) business days prior to the expiry of your current GMS policy and must not have incurred a claim or required medical treatment during your trip.

To apply you must complete and submit an application and, where required, a medical questionnaire to GMS. A minimum charge of \$20 applies when topping-up another insurer's policy. When topping-up an existing GMS Multi-Trip Annual plan, daily rates apply.

Requesting a Refund

Full refunds are available when your policy is cancelled before your effective date.

If any insured person makes a claim under the family plan, i.e. when an adult is travelling with dependants under the age of

sixteen (16) who are provided with coverage at no charge, no partial refunds are permitted.

For all others, partial refunds are available to each insured person who has not incurred a claim if returning to his/her *province of residence* prior to the *expiry date* of the policy.

To apply for a partial refund written notice with proof of early return to *your province of residence* must be received by GMS no later than thirty (30) days from the date you return.

A partial refund will be calculated using the number of unused days and the daily rate applied based on your original trip length and the refund amount payable must be in excess of \$5. You will no longer be eligible for any claim reimbursement once a refund has been issued.

Refer to Managing a Medical Emergency for details on what constitutes a claim.

MULTI-TRIP ANNUAL PLAN

A Multi-Trip Annual plan provides annual coverage for unlimited short *trips* of either 15 or 30 days, based on the option selected. It offers coverage to a maximum of \$5,000,000 CAD per insured person, per *policy year* for *reasonable and customary* expenses incurred by you, in the event of a *medical emergency* that occurs outside of your *province of residence*.

GMS will pay *reasonable and customary* expenses in excess of all other group, individual, private or government *health plans* or contracts of insurance according to the terms and conditions of this policy.

Eligibility

All applicants are subject to this Eligibility section. If you are sixty (60) years of age or older you must complete both the Eligibility and Medical Questionnaire portions of the application when you apply.

If any of the following conditions apply on the *application date*, you are not eligible for the Multi-Trip Annual plan.

1. You are not eligible if you are eighty (80) years of age or older.
2. You are not eligible if you:
 - a. have an Implantable Cardioverter Defibrillator (ICD);
 - b. have ever been diagnosed with congestive heart failure (CHF);
 - c. are awaiting further tests or treatment for heart disease, which includes but is not limited to angina, irregular heartbeat, heart attack, ischemic heart disease, valvular heart disease and cardiomyopathy;
 - d. require insulin to treat diabetes and also take *prescription drugs* for heart disease (see c. above for heart disease description);
 - e. have been diagnosed with metastatic cancer;
 - f. have cancer (except breast or prostate cancer treated exclusively with hormonal therapy or basal cell carcinoma) which requires chemotherapy, radiotherapy or other *medical treatment* other than routine follow-up;
 - g. have any vascular aneurysm that remains surgically untreated;
 - h. have undiagnosed episodes of fainting or falling (syncope);
 - i. take oral steroids for a lung condition;
 - j. are seventy (70) years of age or older and require assistance from another person(s) with activities of daily living (ADL) which include, but are not limited to, personal hygiene and grooming; dressing and undressing; self-feeding; functional transfers (getting into and out of bed or a wheelchair, getting onto or off the toilet, etc.); bowel and bladder management; and/or medication management;
 - k. have any *medical condition* necessitating the use of home oxygen.

3. You are not eligible if, within the twelve (12) months prior to applying, you have been diagnosed with any of the following conditions which have not been stable for twelve (12) months prior to applying:
 - a. Acquired Immune Deficiency Syndrome (AIDS);
 - b. a terminal illness (an advanced stage of a progressive disease with an unfavourable prognosis and no known cure);
 - c. atrial flutter;
 - d. atrial/ventricular fibrillation;
 - e. peripheral vascular disease;
 - f. stroke/transient ischemic attack (TIA);
 - g. blood clot(s);
 - h. gastrointestinal bleeding; and/or
 - i. kidney/liver failure.
4. You are not eligible if, within twelve (12) months of applying, you have undergone any of the following procedures:
 - a. kidney dialysis;
 - b. valve surgery or replacement; and/or
 - c. organ, stem cell or bone marrow transplant.
5. You are not eligible if you are not a Canadian resident with valid provincial health coverage.
6. You are not eligible to purchase after your *departure date* or outside your *province of residence*.

For a *trip* to be eligible for coverage under the Multi-Trip Annual plan, it must meet the following conditions on the booking date of the *trip*.

1. You must ensure that you have valid provincial health coverage for the duration of each *trip*.
2. Expenses related to *medical conditions* you experience after the *effective date* of your Multi-Trip Annual plan but prior to the *departure date* of any *trip* may be limited based on exclusions related to pre-existing *medical conditions*. Please read your policy carefully and refer to the Exclusions section.

Should any changes to your health occur after the *application date* and prior to the *effective date*, GMS must be notified and your application updated. A change in your health may:

1. affect your eligibility for coverage; or
2. increase your required premium.

Changes to your health that do not affect eligibility will still constitute a change in stability and may limit your available coverage.

Coverage Begins & Ends

Once GMS has accepted your application and your payment has been received by GMS, your Multi-Trip Annual plan begins on the *effective date* as chosen by you on your application.

Your Multi-Trip Annual plan ends on the last day of the *policy year*.

Multi-Trip Annual plan coverage begins for each *trip* on your *departure date* from your *province of residence* and ends for each *trip* on the earlier of the following day:

1. you return to your *province of residence*;
2. you reach the maximum *trip length* allowable under the plan option chosen;
3. GMS ends coverage for a *medical emergency* as a result of your failure to comply with GMS' option to return you to your *province of residence* for further *medical treatment*; or
4. GMS returns you to your *province of residence*.

Extensions & Policy Changes

Policy changes for a Multi-Trip Annual plan must be paid by credit card at time of extension or change for coverage to be in effect.

Your Multi-Trip Annual plan may be extended while outside your province of residence by upgrading your Multi-Trip Annual plan to cover a longer trip length (if available) or by purchasing additional days with the Single-Trip plan if:

1. you notify GMS two (2) business days prior to reaching the maximum trip length allowable under the option chosen;
2. you have not incurred a claim, required medical treatment or medical consultation during your trip; and
3. the total trip length, including your initial period of coverage and all extensions, does not exceed the number of days allowable under your government health plan. Your policy cannot be extended after its expiry date.

AUTOMATIC EXTENSIONS

Your Multi-Trip Annual plan will automatically be extended up to seventy-two (72) hours if the return to your province of residence is delayed beyond the expiry date of the policy due to any of the following.

1. You are delayed due to your or your travelling companion's medical emergency. Written confirmation from the attending physician is required to verify that you are medically unfit to travel. The seventy-two (72) hour extension will begin once you have been deemed medically fit to travel or discharged from the hospital. In-hospital care during the medical emergency continues to be covered by your policy until your discharge from hospital;
2. A delay of a common carrier you are travelling on causes you to miss your return date to your province of residence.
3. The vehicle you are travelling in:
 - a. is involved in an accident;
 - b. has a mechanical breakdown; or
 - c. is delayed by a police directed road closure.

POLICY CHANGES

Additions or deletions of any applicant must be made prior to the effective date of the coverage by contacting GMS. Additional premium may apply and must be paid in full before any policy change will be made.

Requesting a Refund

Full refunds are available when your policy is cancelled before your effective date.

Partial refunds are available for an insured person in the event of his/her death, provided that no claims have been incurred under the policy.

To apply for a partial refund written notice with proof of death must be received by GMS no later than ninety (90) days from the insured person's death.

A partial refund (in the event of his/her death) will be calculated based on a prorated portion of unused days remaining in the Multi-trip Annual plan and the refund amount payable must be on excess of \$5. You will no longer be eligible for any claim reimbursement once a refund has been issued.

Refer to Managing a Medical Emergency for details on what constitutes a claim.

ADDITIONAL COVERAGE

For an additional premium, the following additional coverage may be added to your Emergency Medical coverage.

Baggage Loss, Damage & Delay Coverage

Baggage Loss, Damage & Delay coverage is intended to provide additional protection for your personal belongings while travelling.

ELIGIBILITY

To be eligible for Baggage Loss, Damage & Delay coverage you must meet the following conditions on the application date. Baggage Loss, Damage & Delay must be:

1. purchased prior to departure; and
2. added to existing GMS TravelStar Emergency Medical or Trip Cancellation & Interruption coverage.

COVERAGE BEGINS AND ENDS

Once GMS has accepted your application and your payment has been received by GMS, Baggage Loss, Damage & Delay coverage will be added to your Emergency Medical coverage or Trip Cancellation & Interruption coverage Single-Trip or Multi-Trip Annual plan as follows.

Coverage will begin on the date you leave your residence to begin your trip.

Coverage ends on the later of:

1. the day you return to your primary home in your province of residence;
2. the day shown on your application as the contracted return date; or
3. the day your property is returned, when under check and delayed by a common carrier.

BENEFITS

Baggage Loss, Damage & Delay offers coverage to a maximum of \$1,500 per person, per trip for losses to your personal belongings resulting from theft, fire or transportation hazards that occurred during your trip.

GMS will pay the following:

1. the lesser of the repair cost or actual cash value of the item after depreciation based on age and condition, but not more than:
 - a. the cost to replace with an item of similar quality and value;
 - b. the reasonable proportion of the total value of a set when the item was part of a set; and
 - c. \$500 per item or set of items;
2. \$100 to replace each of the following documents:
 - a. passport;
 - b. driver's license;
 - c. birth certificate; and/or
 - d. travel visa;
3. a maximum of \$100 cash, if stolen from you, where the theft has been reported and documented by the local police authorities; and
4. \$400 for personal necessities when your checked baggage has been delayed for more than twelve (12) hours after you arrive at your contracted destination.

BAGGAGE LOSS, DAMAGE & DELAY COVERAGE ENHANCEMENTS

For an additional premium you may add increased coverage to your Baggage Loss, Damage & Delay coverage for the following items.

1. **Sporting Goods:** up to \$2,000 for specifically identified sporting goods to be used by *you* during *your trip*.
2. **Computer Equipment:** up to \$2,000 for specifically identified computer equipment to be used by *you* during *your trip*.
3. **Increased Per Item Limit:** up to \$1,000 per specifically identified item or set of items to be used by *you* during *your trip*.

A full description of the item to be insured must accompany the application for coverage.

When *you* have purchased baggage coverage enhancements, GMS will pay the lesser of the repair cost or actual cash value of the item after depreciation based on age and condition, but not more than:

1. the cost to replace with an item of similar quality and value;
2. the reasonable proportion of the total value of a set when the item was part of a set; and
3. the maximum limit specified in the baggage coverage enhancement selected.

EXCLUSIONS

Baggage Loss, Damage & Delay coverage does not cover:

1. theft of animals, sunglasses, prescription glasses or contact lenses, jewelry, hearing aids or event tickets;
2. theft of bicycles, except while checked as baggage with a *common carrier*;
3. theft of handheld electronic devices including but not limited to MP3 players, cellular telephones and smart phones, entertainment equipment such as portable DVD players, CD players, stereo equipment, and all gaming devices;
4. theft of unaccompanied baggage or personal effects;
5. baggage or personal effects left unattended in an unlocked vehicle when the baggage or personal effects are in *your* care and control;
6. breakage of brittle or fragile articles which may be damaged as a result of a *transportation hazard*;
7. damage caused from wear and tear, deterioration, defect or mechanical breakdown;
8. expenses resulting directly or indirectly from *your* criminal, illegal or willful acts; and
9. expenses arising from loss caused by *your* imprudent act or omission.

MAKING A BAGGAGE CLAIM

In order to make a claim under Baggage Loss, Damage & Delay coverage:

1. *you* must report *your* claim to GMS within five (5) days of returning to *your province of residence*;
2. *you* must submit a claim form within ninety (90) days of the cause of loss;
3. *you* must take all reasonable precautions to protect, save and recover *your* property; and
4. GMS requires:
 - a. the police report;
 - b. proof of travel dates;
 - c. proof of ownership and value of all items claimed; and
 - d. a copy of other property insurance policies where required.

Failure to provide applicable substantiation for a claim shall invalidate any claim under this insurance.

TRIP CANCELLATION & INTERRUPTION TABLE OF CONTENTS

TRIP CANCELLATION & INTERRUPTION COVERAGE	18
Benefits	18
Insured Risks	19
Exclusions	21
Managing a Trip Cancellation	22
Making a Claim	23
SINGLE-TRIP PLAN	23
Eligibility	23
Coverage Begins & Ends	24
Extensions & Policy Changes	24
Requesting a Refund	24
MULTI-TRIP ANNUAL PLAN	25
Eligibility	25
Coverage Begins & Ends	25
Extensions & Policy Changes	25
Requesting a Refund	26
ADDITIONAL COVERAGE	26
Trip Delay Upgrade	26
Baggage Loss, Damage & Delay Coverage	26
GENERAL CONDITIONS	29
STATUTORY CONDITIONS	31
DEFINITIONS	33

TRIP CANCELLATION & INTERRUPTION COVERAGE

GMS Trip Cancellation & Interruption coverage can be purchased as a Single-Trip plan, or a Multi-Trip Annual plan providing limited coverage for multiple trips taken throughout a year. The following benefits and exclusions are applicable to both plans. Refer to the Single-Trip or Multi-Trip Annual sections for details on eligibility, when coverage begins and ends, policy changes, and refunds as they apply to the plan you select.

Trip Cancellation & Interruption covers you for the following.

Coverage Maximum	
Trip Cancellation (prior to departure)	Single-Trip: Amount you choose based on trip value. Multi-Trip Annual: Option chosen (\$1,500, \$2,500 or \$5,000)
Trip Interruption (after departure)	Aggregate maximum of \$10,000 (for Single-Trip or Multi-Trip Annual)
Trip Delay (before or after departure)	

Benefits

In the event *your trip* is cancelled, interrupted or delayed due to the occurrence of an insured risk, GMS will pay *reasonable and customary* expenses on *your* behalf as outlined in this benefits section.

TRIP CANCELLATION (prior to departure)

In the event *your trip* is cancelled, the following are payable per-person, per-trip:

- the non-refundable portion of:
 - pre-paid transportation;
 - other travel arrangements; and
 - any cancellation penalties; and
- the difference between double occupancy (or applicable rate) and single occupancy rate when an insured risk prevents *your travelling companion* from travelling with you.

TRIP INTERRUPTION (after departure)

In the event *your trip* is interrupted after *your* departure, the following are payable per-person, per-trip:

- the lesser of;
 - one-way transportation to *your province of residence*; and
 - the fee charged by the *common carrier* to change *your contracted return date*;
- unused, non-refundable *travel arrangements* (if any) when you must return to *your province of residence* earlier than the *contracted return date* and miss part of *your trip*;
- the additional cost of *transportation* to rejoin a tour, group or *trip* if you have not been returned to *your province of residence* as a result of an insured risk; and
- in the case of death, up to \$3,000 for the preparation and *transportation* of *your* remains to *your province of residence*, or for cremation or burial at the place of death.

TRIP DELAY (before or after departure)

In the event *your trip* is delayed, the following are payable per person, per trip:

- the extra expense of one-way transportation to the *contracted destination*; and

- an out-of-pocket allowance of up to \$150 per day to a maximum of \$500 for accommodations, meals, and essential telephone calls and taxi fares in the event you are delayed beyond the *contracted return date*.

Insured Risks

Benefits are payable under Trip Cancellation & Interruption coverage if *your trip* is cancelled, interrupted, or delayed due to any of the following.

- Emergency Medical Conditions** - Benefits are payable if:
 - you* or *your travelling companion* suffer a *medical emergency*;
 - you* or *your travelling companion's spouse, family member, key employee* or *caregiver* are hospitalized; or
 - your host* is hospitalized at *your destination*.

In the event a *medical emergency* delays *your* return to *your province of residence* you must return on the earliest of:

- the date you are deemed medically fit to travel by the attending *physician*; or
 - five (5) days following the end of *your* or *your travelling companion's medical emergency* or discharge from hospital.
- Pregnancy** - Benefits are payable if:
 - you* or *your travelling companion* suffer complications in the first thirty-one (31) weeks of a pregnancy;
 - you* or *your travelling companion's spouse* or *family member* suffers complications in the first thirty-one (31) weeks of a pregnancy; or
 - you* or *your travelling companion* are diagnosed as pregnant after the *booking date* of the *trip* when the *departure date* falls within 9 weeks of the expected delivery date.

- Death** - Benefits are payable if:

- you* or *your travelling companion* dies;
- you* or *your travelling companion's spouse, family member, key employee* or *caregiver* dies; or
- your host* at *your destination* dies.

- Government Advisories & Visas** - Benefits are payable if:

- you* or *your travelling companion* are not issued a travel visa, (other than an immigration or employment visa) for reasons beyond *you* or *your travelling companion's* reasonable expectation or control; or
- your trip* destination has a travel advisory issued after the *booking date* of *your trip* by the Canadian government, recommending that Canadians do not travel to the destination/country for a period of time including *your* travel dates.

- Employment and Occupation** - Benefits are payable if:

- you* or *your travelling companion* experience an unexpected transfer, after the *booking date*, by the employer for whom *you* or *your travelling companion* work on the *booking date* which requires relocation of *you* or *your travelling companion's* principal residence;
- you* or *your travelling companion* experience involuntary loss of permanent employment not reasonably foreseeable at the time of *booking your trip*;
- a business meeting, trade show, convention or training course that is cancelled beyond *your* or *your travelling companion's* control, or *you* or *your travelling companion's* employer's control if it:
 - was scheduled before *your booking date*;
 - is the sole purpose for the *trip*;

- iii. pertains to current full-time occupation or profession; and
 - iv. is held between or by companies with unrelated ownership; or
- d. *you or your travelling companion* are issued a summons to service in the case of reservist, active military, police and fire personnel.
6. **Delays, Schedule Changes and Misconnections** - Benefits are payable if:
- a. *you or your travelling companion* experience an unexpected delay of a scheduled trip on a common carrier, due to weather conditions, for a period of at least 30% of your trip, when you choose not to continue with your trip;
 - b. *you or your travelling companion* experience an unexpected delay of a scheduled trip on a common carrier, due to weather conditions, for a period of at least 30% of your trip, when you choose to continue with your trip;
 - c. *you or your travelling companion* experience an unexpected delay of a scheduled trip on a common carrier, due to weather conditions, mechanical failure, a traffic accident or an emergency police directed road closure, causing you to miss a portion of your non-refundable travel arrangements and you choose to continue with your travel arrangements as planned;
 - d. *you or your travelling companion* miss a connection due to weather conditions, a schedule change or a mechanical failure of the common carrier, provided the common carrier was scheduled to arrive not less than two (2) hours prior to the scheduled connection time;
 - e. *you or your travelling companion* are delayed on route to a scheduled departure point when you are a passenger in or the driver of a private automobile that experiences mechanical failure, severe weather conditions, a traffic accident or emergency police-directed road closure, provided the private automobile was scheduled to arrive not less than two (2) hours prior to the scheduled departure time;
 - f. a cancellation beyond *your or your travelling companion's* control occurs, of a concert, wedding, or other event if it is:
 - i. scheduled before your booking date; and
 - ii. the sole purpose for your trip;
 - g. *your or your travelling companion's* scheduled medical consultation is cancelled prior to departure, beyond *your or your travelling companion's* control if it is:
 - i. scheduled before your booking date; and
 - ii. the sole purpose for your trip;
 (Coverage is limited to the patient and a maximum of two (2) travelling companions insured under a GMS travel insurance policy); or
 - h. *your or your travelling companion's* cruise is cancelled prior to the departure of the cruise ship due to the mechanical failure, grounding, quarantine of the cruise ship or the reposition of the cruise ship due to weather conditions, earthquakes or volcanic eruptions.
7. **Default of Travel Supplier**
Benefits are payable if *your or your travelling companion's* travel services are undelivered due to the default of a travel supplier with whom you or someone on your behalf booked your transportation and/or travel arrangements. Claims will be paid to an aggregate limit of \$200,000 per calendar year for all GMS policyholders covered under Trip Cancellation & Interruption Insurance. If it is estimated that claims will exceed the \$200,000 limit in a calendar year, claims will be paid on a prorated basis after the end of the calendar year.

8. **Other Risks** - Benefits are payable if:
- a. *you or your travelling companion's* principal residence or place of business is made uninhabitable or inoperable as a result of fire, flood, burglary, vandalism or natural disaster;
 - b. *you or your travelling companion* are quarantined or hijacked;
 - c. *you or your travelling companion* are required to appear for jury duty, as a defendant in a civil suit or are subpoenaed as a witness; or
 - d. *you or your travelling companion* experience a loss directly or indirectly caused by terrorism that would otherwise be payable under one of the covered risks. Claims will be paid to an aggregate limit of \$200,000 per calendar year for all GMS policyholders covered under Trip Cancellation & Interruption Insurance. If it is estimated that claims will exceed the \$200,000 limit in a calendar year, claims will be paid on a prorated basis after the end of the calendar year.

Exclusions

1. **Stability** - GMS does not cover any expenses resulting from medical condition(s) which have not been stable for one hundred and eighty (180) days immediately prior to the later of:
 - a. the date you purchased your Trip Cancellation & Interruption coverage; or
 - b. the booking date of your trip.
 Medical condition(s) include those:
 - a. for which you received medical treatment or medical consultation; and/or
 - b. related to undiagnosed symptoms for which you received medical treatment or medical consultation.
 You must be stable based on the definition of stable in this policy regardless of the opinion of your physician or any other person who may provide an opinion on your medical condition(s).
2. **Anticipated Events** - GMS does not cover any expenses resulting from any anticipated event, occurrence, circumstance or medical condition, which you were aware of on or before your effective date, and which you knew might be cause for cancellation, interruption or delay of your trip.
3. **Acting Against Physician's Advice** - GMS does not cover any expenses when you travel against the advice of a physician.
4. **Visiting Ailing Persons** - GMS does not cover any expenses resulting when a trip was undertaken to visit or attend an ailing person, when the medical condition or ensuing death of that person is the cause of the claim.
5. **Travel for Diagnosis or Treatment** - GMS does not cover any expenses resulting when a trip was undertaken for medical consultation or medical treatment where a delay or interruption is caused by the medical consultation or medical treatment, except as provided for under insured risk 6.g.
6. **Certain Pregnancy Related Matters** - GMS does not cover any expenses resulting from your pregnancy within nine (9) weeks before or after the expected delivery date.
7. **Risky Activities** - GMS does not cover any expenses resulting from your participation in:
 - a. professional sport;
 - b. speed contests or racing of motorized land, water or air vehicle(s);
 - c. an extreme sport, including but not limited to, scuba diving (except when you are NAUI, PADI, ACUC or SSI

certified), bungee jumping, parachuting, mountaineering, skydiving, rodeo, hang gliding, acrobatic or stunt flying, or jockeying.

8. **Non-Common Carrier Air Travel** - GMS does not cover any expenses resulting from air travel unless riding as a passenger on a *common carrier*.
9. **Space Tourism** - GMS does not cover any expenses resulting from space tourism for recreational, leisure or business purposes.
10. **Certain Pre-Existing Conditions** - GMS does not cover any expenses related to a pre-existing disorder, disease, condition or symptom that is emotional, psychological or mental in nature.
11. **Risky Work or Volunteer Activities** - GMS does not cover any expenses resulting from *your* service in the armed forces, willful exposure to peril, work within a hazardous occupation or mission and/or relief work.
12. **Work** - GMS does not cover any expenses for work related accidents.
13. **Result of Conflict** - GMS does not cover any expenses resulting from *war, terrorism* or acts of foreign rebellion.
14. **Self-harm** - GMS does not cover any expenses resulting from suicide or self-inflicted injuries.
15. **Criminal or Illegal Activity** - GMS does not cover any expenses resulting directly or indirectly from *your* criminal, illegal or willful acts.
16. **Drugs & Alcohol** - GMS does not cover any expenses resulting from *your* sickness, injury or death, if at the time of the sickness, injury or death, evidence supports that it was caused by or in any way contributed to by the use and or abuse of prohibited drugs, alcohol, or any other intoxicant or the misuse of a medication, whether prescribed or not.
17. **Motor Vehicle Accident** - GMS does not cover any expenses resulting from a motor vehicle *accident*, unless not covered by any other automobile insurance policy.
18. **Failure to Obtain GMS Pre-Approval** - GMS does not cover any expenses where pre-approval by GMS is required and not obtained.
19. **Default of Travel Supplier** - GMS does not cover any expenses incurred from the default of a *travel supplier* when on the *booking date* you knew or ought to have known the *travel supplier* was in receivership, insolvent or bankrupt.
20. **Failure to Meet Travel Requirements** - GMS does not cover any expenses resulting from *your* failure or neglect to obtain required vaccinations or inoculations or non-presentation of required travel documents except as provided for under Insured Risks.

Managing a Trip Cancellation

In the event an insured risk requires you to cancel *your trip*, the following applies.

1. 100% non-refundable *trips* should not be cancelled until after consulting with and receiving direction from GMS.
2. Full or partially refundable *trips* must be cancelled with the *travel supplier* on the day of the occurrence of an insured risk or on the next business day.

You must notify GMS on the day of the occurrence of an insured risk or the next business day. Claim payments shall be limited to the amounts that are non-refundable at the time of the cancellation up to the *sum insured*.

Making a Claim

In the event of a claim the following applies:

To make a claim:	Must complete no later than:
Report a claim to GMS	7 days after returning to <i>your province of residence</i>
Submit a claim form	90 days after the cause of claim
Submit supporting documents	30 days after returning to <i>your province of residence</i> and no more than 12 months after the cause of claim

When submitting a claim the following documentation is required.

1. Cancellations due to injury or sickness require a medical certificate from the attending *physician* for you, *your travelling companion, spouse, family member, key employee, caregiver* or host to support the cause of the cancellation.
2. Where a medical certificate is required, it must include: a complete *diagnosis*; the date the *medical condition* was known; and the medical necessity of cancelling, delaying or interrupting *your trip*. Failure to provide a medical certificate will result in *your* claim being denied.
3. If requested, detailed invoices, original unused tickets and travel agent statement, a copy of the *travel supplier's* refund policy, or any other documentation to support *your* claim must be provided.
4. Where *accommodations* are provided by the owner of a private home you must provide to GMS:
 - a. a written rental contract executed prior to the cause of loss and which outlines all cancellation/penalty policies;
 - b. copies of all payments including the original deposit; and
 - c. access to the property owner to verify cancellation/penalty policies and to verify partial or full refunds issued or pending.
5. If requested, you must provide certified documents.
6. Failure to provide applicable substantiation for a claim shall invalidate *your* claim.

GMS will pay *reasonable and customary* expenses only in excess of applicable *deductibles* subject to all terms and conditions of the policy.

Any costs incurred by you to obtain documentation or reports to support *your* claim are not covered.

SINGLE-TRIP PLAN

Eligibility

To be eligible for the Single-Trip plan you must meet the following conditions on the *application date*:

1. you must be a Canadian resident;
2. you must purchase the plan prior to *your departure date*;
3. where *travel arrangements* are non-refundable (including a non-refundable deposit) you must purchase within seven (7) days of the *booking date*;
4. where refundable *travel arrangements* impose a future restriction on refunds or cancellation penalties, you must purchase prior to the restriction or penalty being in effect;
5. *your trip* must be purchased through a *travel supplier* or arranged through a licensed travel agent;

- on the *booking date* of your trip, the destination must not be deemed a country to “avoid non-essential travel” or “avoid all travel” as identified in Foreign Affairs and International Trade Canada’s travel report; and
- for trips valued at \$12,000 or more, you must also meet the medical eligibility requirements for an Emergency Medical Single-Trip plan, regardless of your age.

Coverage Begins & Ends

Once *GMS* has accepted your application and your payment has been received by *GMS* your Single-Trip plan begins.

A Single-Trip plan will end on the earlier of the day:

- the occurrence of an insured risk causes the cancellation of your trip prior to the contracted departure date;
- you return to your province of residence; or
- your contracted return date as indicated on your application.

Extensions & Policy Changes

Extensions and policy changes for a Single-Trip plan must be paid by credit card at the time of extension or change for coverage to be in effect.

OPTIONAL EXTENSIONS

You may extend the number of days you are covered under your Single-Trip plan by notifying *GMS* within the two (2) business days prior to the *expiry date* of your policy. You must not have incurred a claim, required *medical treatment* or *medical consultation* during your trip or know of any reason that your trip may be interrupted or delayed to qualify.

Extensions do not increase the *sum insured* for the trip. There is no additional premium charged to extend, however a \$20 administration fee is applied. Coverage cannot be extended after the *expiry date*.

AUTOMATIC EXTENSIONS

If the return to your province of residence is delayed beyond the *expiry date*, your policy will automatically extend five (5) days if you are deemed medically unfit to travel;

- prior to your return date; and
- GMS* is advised in writing by the attending physician.

POLICY CHANGES

You must contact *GMS* prior to your departure date to:

- make changes to travel dates;
- add an applicant or remove an insured person; or
- increase the *sum insured*.

Changes are subject to the eligibility conditions. Additional premium may apply.

Requesting a Refund

A full refund of premiums paid to *GMS* for a Single-Trip plan where the refund amount is in excess of \$20 will be allowed where:

- a travel supplier cancels the trip and all penalties are waived;
- a travel supplier changes the travel dates and you are unable to travel on those dates and all penalties are waived; or
- you cancel the trip before any cancellation penalties are in effect.

MULTI-TRIP ANNUAL PLAN

Eligibility

To be eligible to purchase the Multi-Trip Annual plan you must be a Canadian resident.

For a trip to be eligible for coverage under the Multi-Trip Annual plan, it must meet the following conditions on the *booking date* of the trip:

- you must have purchased the Multi-Trip Annual plan prior to your departure date;
- where travel arrangements are non-refundable (including a non-refundable deposit) you must have purchased the Multi-Trip Annual plan coverage within seven (7) days of the booking date;
- where refundable travel arrangements impose a future restriction on refunds or cancellation penalties, you must have purchased the Multi-Trip Annual option coverage prior to the restriction or penalty being in effect;
- your trip(s) must be purchased through a travel supplier or arranged through a licensed travel agent;
- your trip destination(s) must not have been deemed countries to “avoid non-essential travel” or “avoid all travel” as identified in Foreign Affairs and International Trade Canada’s travel report on the booking dates; and
- your trip must start and end after the effective date and prior to the expiry date of your Trip Cancellation & Interruption coverage.

Coverage Begins & Ends

Once *GMS* has accepted your application and your payment has been received by *GMS*, and unless otherwise limited as a result of being ineligible under the eligibility section above, your Trip Cancellation & Interruption coverage begins on the contracted effective date as shown on your application.

Your Trip Cancellation & Interruption coverage ends on the last day of the policy year.

Coverage begins for each trip on the later of the:

- booking date of your trip; or
- effective date of your policy.

Coverage ends for each trip on the earlier of the:

- occurrence of an insured risk that causes the cancellation of your trip prior to the contracted departure date;
- day you return to your province of residence; or
- expiry date of your policy.

Extensions & Policy Changes

Policy changes for a Multi-Trip Annual plan must be paid by credit card at the time of the extension or change for coverage to be in effect.

AUTOMATIC EXTENSIONS

If the return to your province of residence is delayed beyond the *expiry date*, your policy will be automatically extended five (5) days if you are deemed medically unfit to travel:

- prior to your return date; and
- GMS* is advised in writing by the attending physician.

POLICY CHANGES

You must contact GMS prior to departing on a *trip* to add or remove applicants. Additional premium may apply.

Requesting a Refund

Full refunds will be allowed with a Multi-Trip Annual plan if the request for refund is made prior to the *effective date* of the policy.

ADDITIONAL COVERAGE

For an additional premium, the following additional coverage and coverage enhancements may be added to your Trip Cancellation & Interruption coverage.

Trip Delay Upgrade

Trip Delay Upgrade provides enhanced coverage for losses resulting from a delay in your *trip*.

ELIGIBILITY:

You must purchase the Trip Delay Upgrade at the same time as your Trip Cancellation & Interruption coverage purchase.

COVERAGE BEGINS AND ENDS:

Following GMS' acceptance of your application and delivery of your payment to GMS, the Trip Delay Upgrade coverage will start and end on the same day as your Trip Cancellation & Interruption coverage.

BENEFITS:

Trip Delay Upgrade provides the following benefits in the event your *trip* is delayed twelve (12) hours or more, due to circumstances beyond you or your travelling companion's control:

1. out-of-pocket expenses of up to \$500 per day to a maximum of \$1,500 for accommodation and meals, essential telephone calls and taxi fares;
2. expenses incurred up to \$200 for you to attend a ticketed event such as, but not limited to, a movie theatre, concert hall, sporting event or opera; and
3. the extra cost of same class *transportation* via the most cost effective route for the additional *transportation* to rejoin a tour, group or *trip* if you have not been returned to your province of residence as a result of an insured risk.

Trip Delay Upgrade coverage is subject to the Trip Cancellation & Interruption Exclusions section.

Baggage Loss, Damage & Delay Coverage

Baggage Loss, Damage & Delay coverage is intended to provide additional protection for your personal belongings while travelling.

ELIGIBILITY

To be eligible for Baggage Loss, Damage & Delay coverage you must meet the following conditions on the *application date*. Baggage Loss, Damage & Delay must be:

1. purchased prior to departure; and
2. added to existing GMS TravelStar Emergency Medical or Trip Cancellation & Interruption coverage.

COVERAGE BEGINS AND ENDS

Once GMS has accepted your application and your payment has been received by GMS, Baggage Loss, Damage & Delay coverage will be added to your Emergency Medical coverage or Trip Cancellation & Interruption coverage Single-Trip or Multi-Trip Annual plan as follows.

Coverage will begin on the date you leave your residence to begin your *trip*.

Coverage ends on the later of:

1. the day you return to your primary home in your province of residence;
2. the day shown on your application as the *contracted return date*; or
3. the day property is returned, when under check and delayed by a *common carrier*.

BENEFITS

Baggage Loss, Damage & Delay offers coverage to a maximum of \$1,500 per person, per *trip* for losses to your personal belongings resulting from theft, fire or *transportation* hazards that occurred during your *trip*.

GMS will pay the following:

1. the lesser of the repair cost or actual cash value of the item after depreciation based on age and condition, but not more than:
 - a. the cost to replace with an item of similar quality and value;
 - b. the reasonable proportion of the total value of a set when the item was part of a set; and
 - c. \$500 per item or set of items;
2. \$100 to replace each of the following documents:
 - a. passport;
 - b. driver's license;
 - c. birth certificate; and/or
 - d. travel visa;
3. a maximum of \$100 cash, if stolen from you, where the theft has been reported and documented by the local police authorities; and
4. \$400 for personal necessities when your checked baggage has been delayed for more than twelve (12) hours after you arrive at your *contracted* destination.

BAGGAGE LOSS, DAMAGE & DELAY COVERAGE ENHANCEMENTS

For an additional premium you may add increased coverage to your Baggage Loss, Damage & Delay coverage for the following items.

1. **Sporting Goods:** up to \$2,000 for specifically identified sporting goods to be used by you during your *trip*.
2. **Computer Equipment:** up to \$2,000 for specifically identified computer equipment to be used by you during your *trip*.
3. **Increased Per Item Limit:** up to \$1,000 per specifically identified item or set of items to be used by you during your *trip*.

A full description of the item to be insured must accompany the application for coverage.

When you have purchased baggage coverage enhancements, GMS will pay the lesser of the repair cost or actual cash value of the item after depreciation based on age and condition, but not more than:

1. the cost to replace with an item of similar quality and value;
2. the reasonable proportion of the total value of a set when the item was part of a set; and
3. the maximum limit specified in the baggage coverage enhancement selected.

EXCLUSIONS

Baggage Loss, Damage & Delay coverage does not cover:

1. theft of animals, sunglasses, prescription glasses or contact lenses, jewelry, hearing aids or event tickets;

2. theft of bicycles, except while checked as baggage with a *common carrier*;
3. theft of handheld electronic devices including but not limited to MP3 players, cellular telephones and smart phones, entertainment equipment such as portable DVD players, CD players, stereo equipment, and all gaming devices;
4. theft of unaccompanied baggage or personal effects;
5. baggage or personal effects left unattended in an unlocked vehicle when the baggage or personal effects are in *your care and control*;
6. breakage of brittle or fragile articles which may be damaged as a result of a *transportation hazard*;
7. damage caused from wear and tear, deterioration, defect or mechanical breakdown; and
8. expenses resulting directly or indirectly from *your criminal, illegal or willful acts*;
9. expenses arising from loss caused by *your imprudent act or omission*.

MAKING A BAGGAGE CLAIM

In order to make a claim under Baggage Loss, Damage & Delay coverage:

1. *you must report your claim to GMS within five (5) days of returning to your province of residence*;
2. *you must submit a claim form within ninety (90) days of the cause of loss*;
3. *you must take all reasonable precautions to protect, save and recover your property*; and
4. *GMS requires*:
 - a. the police report;
 - b. proof of travel dates;
 - c. proof of ownership and value of all items claimed; and
 - d. a copy of other property insurance policies where required.

Failure to provide applicable substantiation for a claim shall invalidate any claim under this insurance.

GENERAL CONDITIONS

The following conditions apply to all insurance coverage and additional coverage purchased.

1. **Coverage Starts** - coverage is not effective until *GMS* approves the application, and the appropriate premium has been paid.
2. **Currency** - all amounts stated in this policy are in Canadian funds.
3. **Interest** - benefits payable shall not include interest charges.
4. **Laws Applied** - this policy shall be interpreted and construed in accordance with the law of the Province of Saskatchewan and the federal laws of Canada applicable therein.
5. **Subrogation** - if *reasonable and customary* expenses are incurred due to the fault of a third party, *GMS* may take legal action against the person(s) at fault in *your name* to recover these expenses and *you* hereby agree that *GMS* may do so. *You* agree to fully cooperate with *GMS* in any action that might be taken.
6. **Excess Coverage to Other Insurance Plans** - this policy is in excess only of all other insurance coverage or amounts recoverable by any other party. If *GMS* pays *reasonable and customary* expenses to *you* and a third party makes payment for those same benefits, *you* are responsible for reimbursing *GMS* the amount previously paid by *GMS*.
7. **Excess Coverage to Government Health Plan** - this policy is in excess of what would normally be payable under *your government health plan*. There is no coverage for any benefits provided by a *government health plan* on the policy *effective date* regardless of whether such benefits continue to be provided by a *government health plan* at the time the claim is made.
8. **Coordination of Benefits** - in the event *you* have concurrent insurance from another source(s) with respect to benefits provided under this policy, benefits shall be coordinated in accordance with the Canadian Life and Health Insurance Association guidelines, except:
 - a. when retirement group health coverage exists with a lifetime limit of \$50,000 or less; or
 - b. where a claim is made under *GMS* Baggage Loss, Damage & Delay.
9. **Maximum Payable When Coordinating Benefits** - if a covered person is entitled to similar benefits under any other individual or group coverage, the benefits payable under this coverage shall be coordinated so that the total payment from all coverage shall not exceed the amount for which the claim is made.
10. **Rights to Designate a Person** - *GMS* reserves the right to restrict or deny *your right* to designate persons to whom insurance money is payable.
11. **Right to Transfer** - *GMS*, in consultation with the attending *physician*, reserves the right to transfer *you* to another *hospital* or medical facility or to return *you* to *your province of residence* if deemed medically necessary.
12. **Maximum Payable** - insurance is in effect only for coverage and *sum insured* as indicated on *your application* for which the premium has been paid. Benefits are payable in accordance with the benefits listed in this policy and limited to the *sum insured*.
13. **Service Providers** - *GMS* reserves the right to negotiate amounts payable on *your behalf* with any service provider who provides services covered by this insurance. Payments will be provided directly to the service provider. *You* may not claim

or receive more than 100% of covered incurred expenses. Payment under this condition is subject to all other policy conditions and limitations.

14. **Payment Not a Guarantee** - payment of any amount by GMS on your behalf does not constitute a guarantee that GMS will cover your expenses if GMS determines you have no coverage under this policy. You must repay, on demand, any amount paid or authorized by GMS on your behalf if and when GMS determines that the amount was not payable under the terms and conditions of your policy.
15. **Right to Investigate** - GMS reserves the right to investigate or obtain a private opinion on any claim and to obtain any and all information relating to a claim.
16. **Misrepresentation** - any material misrepresentation, provision of incorrect information, or non-disclosure of information by you will result in non-payment of any claim and will void your coverage.
17. **Authorization** - by purchasing this policy you are:
 - a. authorizing any physician, health care provider, other person, hospital or institution to release to GMS and/ or its authorized agents, representatives, affiliates or assistance service provider (collectively "GMS") any information covering your medical history, symptoms, medical treatment, examination, diagnosis and/or services rendered to you and or your dependants;
 - b. authorizing GMS to collect, store and use any information which is provided by you and any information obtained pursuant to clause a. and c.;
 - c. authorizing GMS to obtain information from, or disclose information to any government health plan; the operator of any clinic or other health facility; a physician or other health care provider; any insurance company; or any other service provider or third party as may be reasonably required (this information is intended for the purpose of administering the policy and communicating with you); and
 - d. acknowledging, subject to legal or contractual restrictions, you may (upon reasonable written notice to GMS), choose to withdraw your consent to the collection, use and disclosure of such information. If your consent is withdrawn, you will restrict GMS' ability to administer your policy. Further, if you withdraw your consent, GMS may not be able to offer you GMS products and services and you will limit GMS' ability to pay your claim(s).
18. **Obligation to Cooperate** - you agree to fully cooperate with GMS to provide the documentation and authorization required by GMS to administer your policy, including the assessment of your claims. Failure to do so with respect to the assessment of your claims will result in the non-payment of claims, in accordance with the General Conditions.
19. **Right If Premium Is Owed** - GMS reserves the right to suspend claims reimbursement until such time as payment of premium in full is received. In the event of non-payment of premium, GMS reserves the right to terminate the policy, with notice.
20. **Policy Evaluation Period** - for Single-Trip plans greater than one hundred ninety (190) days and all Emergency Medical or Trip Cancellation & Interruption Multi-Trip Annual plans, you have ten (10) days from the day you apply for your policy to return it to GMS for cancellation. The policy will be considered null and void and any premium paid up to the end of the 10-day examination period will be refunded, provided no claim has been incurred. If a claim has been paid, the amount of the claim must be immediately repaid to GMS, less the premium amount, before the policy will be deemed null and void. This period of examination expires ten

(10) days after you apply for your policy and have received a copy of the policy. Failure to return the policy will be considered an acceptance of all of its terms, conditions and limitations. All other requests for termination are subject to the conditions provided for in the Statutory Conditions.

21. **Statutory Limitation** - every action or proceeding against an insurer for the recovery of insurance money payable under the policy is absolutely barred unless commenced within the time set out in the Insurance Act (BC, AB, MB, NS, PE – title of act may vary by jurisdiction), Limitations Act (SK, NF), Limitations Act, 2002 (ON) or other applicable legislation.
22. **Statutory Conditions** - despite any other provision of the policy, the policy is subject to the statutory conditions in the applicable insurance act respecting contracts of accident and sickness insurance of the Canadian province where the policy was issued.

STATUTORY CONDITIONS

Pursuant to the Accident and Sickness Insurance Act, the relevant statutory conditions which relate to individual health and travel insurance products have been provided below.

1. The contract

- (1) The application, this policy, any document attached to this policy when issued, and any amendments to the contract agreed upon in writing after the policy is issued, constitute the entire contract, and no agent has authority to change the contract or waive any of its provisions.

Waiver

- (2) 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

- (3) The insurer shall, upon request, furnish to the insured or to a claimant under the contract a copy of the application.

2. Material facts

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

5. Termination by insured

The insured may terminate this contract at any time by giving written notice of termination to the insurer by registered mail to its head office or chief agency in the province, or by delivery thereof to an authorized agent of the insurer in the province, and the insurer shall upon surrender of this policy refund the amount of premium paid in excess of the short rate premium calculated to the date of receipt of such notice according to the table in use by the insurer at the time of termination.

6. Termination by insurer

- (1) The insurer may terminate this contract at any time by giving written notice of termination to the insured and by refunding concurrently with the giving of notice the amount of premium paid in excess of the pro rata premium for the expired time.
- (2) The notice of termination may be delivered to the insured, or it may be sent by registered mail to the latest address of the insured on the records of the insurer.
- (3) The insurer may deliver notice of termination to the insured by personal delivery, regular post (notice by regular post not valid in AB, ON & BC) or registered mail. Where notice is delivered by:

- (i) personal delivery, 5 days' notice of termination shall be given which notice shall begin on the date of personal delivery;
- (ii) regular post, 10 days' notice of termination shall be given which notice shall begin on the day following the date of mailing of notice; or
- (iii) registered mail, 15 days' notice of termination shall be given which notice shall begin on the day following delivery of the registered letter to the insured's address.

7. Notice and proof of claim

- (1) The insured or a person insured, or a beneficiary entitled to make a claim, or the agent of any of them, shall:
- (a) give written notice of claim to the insurer:
 - (i) by delivery thereof, or by sending it by registered mail to the head office or chief agency of the insurer in the province; or
 - (ii) by delivery thereof to an authorized agent of the insurer in the province; not later than 30 days from the date a claim arises under the contract on account of an accident, sickness or disability;
 - (b) within 90 days from the date a claim arises under the contract on account of an accident, sickness or disability, furnish to the insurer such proof as is reasonably possible in the circumstances of the happening of the accident or the commencement of the sickness or disability, and the loss occasioned thereby, the right of the claimant to receive payment, his age, and the age of the beneficiary if relevant; and
 - (c) if so required by the insurer, furnish a satisfactory certificate as to the cause or nature of the accident, sickness or disability for which claim may be made under the contract and as to the duration of such disability.

Failure to give notice of proof

- (2) Failure to give notice of claim or furnish proof of claim within the time prescribed by this statutory condition does not invalidate the claim if the notice or proof is given or furnished as soon as reasonably possible, and in no event later than one year 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.

8. Insurer to furnish forms for proof of claim

The insurer shall furnish forms for proof of claim within 15 days after receiving notice of claim, but where the claimant has not received the forms within that time he may submit his proof of claim in the form of a written statement of the cause or nature of the accident, sickness or disability giving rise to the claim and of the extent of the loss.

9. Rights of examination

As a condition precedent to recovery of insurance moneys under this contract:

- (a) the claimant shall afford to the insurer an opportunity to examine the person of the person insured when and so often as it reasonably requires while the claim hereunder is pending; and
- (b) in the case of death of the person insured, the insurer may require an autopsy subject to any law of the applicable jurisdiction relating to autopsies.

10. When moneys payable other than for loss of time

All moneys payable under this contract, other than benefits for loss of time, shall be paid by the insurer within 60 days after it has received proof of claim.

DEFINITIONS

These apply to all insurance coverage and additional coverage purchased.

accident/accidental: a happening due to external, sudden, fortuitous causes beyond *your* control.

accommodation: includes but is not limited to lodging in a hotel, motel, hostel or a private home offering lodging for commercial purposes (i.e. bed and breakfast or vacation rental by owner). It does not include non-commercial lodgings which include but are not limited to homes of friends or family, or tents or campers.

alteration: includes any newly prescribed medication, change in medication type or the increase, decrease or discontinuation of a medication and the adjustment (stop and start) in an anticoagulation medication dosage due to surgery within ten (10) days prior to *your effective date*, except:

- a. a dosage adjustment for an anti-hypertensive or cholesterol lowering medication;
- b. a change from a brand name medication to a generic brand medication of the same dosage;
- c. if *you* are taking Coumadin/Warfarin for anticoagulation therapy and are required to have *your* blood levels tested on a regular basis (INR) and *your medical condition* remains unchanged, yet *you* are adjusting the dosage of *your* anticoagulation medication to ensure *your* INR is maintained within therapeutic range as directed by *your physician(s)*; or
- d. if *you* are taking insulin or oral anti-diabetic medication for diabetes and are required to have *your* blood levels tested on a regular basis and *your medical condition* remains unchanged, yet *you* are adjusting the dosage of *your* medication to ensure *your* blood glucose level is maintained within therapeutic range as directed by *your physician(s)*.

application date: the date *you* apply and pay for *your* insurance policy.

booking date: the first day on which *you* contracted *your trip* and issued payment in full or in part for the *trip*.

caregiver: a person *you* have entrusted with the care of *your dependant* on a permanent, full-time basis and whose services cannot be easily replaced.

common carrier: a conveyance (bus, taxi, train, boat, airplane or other vehicle), that is licensed, intended and used to transport paying passengers.

contracted: describes an agreement entered into where there is reference to a destination, a date and/or the time and place of arrival and/or departures for the *trip*.

deductible: the portion of eligible expenses *you* are responsible to pay out-of-pocket. *GMS* is only liable to pay sums in excess of this amount.

departure date: the day *you* leave *your province of residence*.

dependant(s): any unmarried child of *you* or *your spouse* (including step-child, adopted child or a child for whom *you* have been granted custody pursuant to an Order of the Court) who is chiefly dependent upon *you* or *your spouse* for support and maintenance, and is:

- a. eighteen (18) years of age and under; or
- b. twenty-four (24) years of age and under if the child is undergoing full-time student educational training in the same province as the *policyholder*; or
- c. a developmentally or physically disabled child, regardless of age, if satisfactory proof of disability is received at time of application.

diagnosis: identification of *medical conditions*, illness or injury through investigation or analysis of the signs and symptoms.

effective date: means the date coverage starts as indicated in the section of this policy titled Coverage Starts and Ends for the specific plan purchased. For additional coverage or for coverage where it is not specified, the *effective date* is the date shown on your application.

expiry date: means the date coverage ends as indicated in the section of this policy titled Coverage Starts and Ends for the specific plan purchased. For additional coverage or for coverage where it is not specified, the *effective date* is the date shown on your application.

family member: your legal or common-law spouse, parent, brother, sister, legal guardian, step-parent, step-child, step-brother, step-sister, grandparent, grandchild, in-law or natural or adopted child.

GMS: Group Medical Services and/or its authorized agents, representatives, affiliates or assistance service provider.

GMS Travel Assistance: the assistance service which has been appointed by *GMS* to perform all assistance services where indicated under this policy.

government health plan: any insurance provided by or under the administrative control of any government or governmental agency in accordance with any law (other than The Employment Insurance Act of Canada) or any insurance coverage regulated by any government.

hospital: an institution licensed, accredited or otherwise officially designated as a *hospital* and which is primarily engaged in providing medical, diagnostic and surgical services for the care and *medical treatment* of sick or injured persons on an in-patient basis, and, which has a laboratory, a registered graduate nurse and a *physician* always on duty and an operating room where surgical operations are performed by legally licensed *medical physicians*.

In no event shall the term "*hospital*" or "*general active medical treatment hospital*" mean any *hospital* or institution or part of such *hospital* or institution licensed or used principally as a clinic, continued care or extended care facility, convalescent facility, rehabilitation centre, rest home, personal care home, nursing home, health spa or *medical treatment centre* for drug addiction or alcoholism.

key employee: an employee or business partner whose continued presence is critical to the ongoing affairs of the business during your absence.

medical condition(s): are any irregularities in your health:

- a. for which you received *medical treatment* or *medical consultation*;
- b. related to undiagnosed symptoms for which you received *medical treatment* or *medical consultation*; or
- c. related to undiagnosed symptoms which would have caused an ordinary person to seek *medical treatment* or *medical consultation*.

medical consultation: the act of meeting with a *physician* for the purpose of discussing and evaluating signs or symptoms in an effort to diagnose a *medical condition*, illness or injury; or for the purpose of evaluating your progress and *medical treatment* of a *medical condition*, illness or injury.

medical emergency: a sudden, unexpected, unforeseeable and/or urgent happening that is acute and poses an immediate risk that requires immediate *medical consultation* and/or *medical treatment*. In the case of a *medical emergency* incurred during your trip, a *medical emergency* no longer exists when the medical evidence indicates that no further *medical treatment* is required at your destination, or indicates you are able to return to your *province of residence* for further *medical treatment*.

medical treatment: any medical, therapeutic or diagnostic measure prescribed or recommended by a *physician* in any form, including: *prescription drugs*; investigative testing; in-*hospital* care; surgery; or other prescribed or recommended action directly referable to the applicable condition, symptom or problem.

physician: a duly qualified doctor of medicine entitled under the laws of the province, state or country where the services are rendered to practice medicine and surgery without restriction, but does not include a naturopath, herbalist or homeopath.

policyholder: a person in whose favour an insurance policy is issued.

policy year: three hundred sixty-five (365) days following the *effective date* of the policy.

prescription drug: a licensed medicine that is regulated by legislation to require a prescription before it can be obtained. The term is used to distinguish it from over-the-counter drugs which can be obtained without a prescription. When referring to a prescription drug for a specified condition it includes but is not limited to those prescribed for the direct *medical treatment* of the diagnosed condition, the *medical treatment* of the symptoms associated with the diagnosed condition and the prevention of symptoms associated with the diagnosed condition.

province of residence: the province that you have declared as your permanent residence and you reside in for the required number of days outlined by your provincial health care legislation and/or *government health plan* in order to maintain your provincial health coverage.

reasonable and customary: charges that are reasonably comparable to those normally charged for the applicable goods or services in the particular area where the goods or services are purchased or received.

return date: the date you are contracted to return to your *province of residence*.

spouse: a legal spouse by virtue of religious or civil marriage, or a person who has been residing with the *policyholder* continuously for a least one (1) year and who has been maintained and publicly represented by the *policyholder* as the *policyholder's spouse*.

stable: a *medical condition* is *stable* if, during the period of time specified in the policy, you:

- a. have not received new *medical treatment*;
- b. have not been prescribed a new *prescription drug*;
- c. have not had a change in *medical treatment*;
- d. have not had an *alteration* in a prescribed drug;
- e. have not experienced a deterioration in your condition;
- f. have not experienced new, more frequent or more severe symptoms;
- g. have not had or required *medical consultation* to investigate symptoms that remain undiagnosed;
- h. have not required in-*hospital* care or a referral to a specialist, including initial follow-up visits, tests or investigations related to the *medical condition* and pending results; and/or
- i. do not anticipate further *medical treatment* after departure from your *province of residence*.

sum insured: the maximum sum payable, which you selected at the time of purchase, or which applies automatically to, a given insurance coverage.

terrorism: an act, including but not limited to the use of force or violence and/or the threat thereof, including hijacking or kidnapping, of an individual or group in order to intimidate or terrorize any government group, association or the general public, for religious, political or ideological reasons or ends, and does not include any act of war, act of foreign enemies or rebellion.

transportation: means economy class transport on a *common carrier* whether by land, air or sea.

transportation hazards: *accidental* loss or damage caused by collision, upset, overturn, derailment, stranding or sinking of any *common carrier*.

travel arrangements: means any pre-arranged provisions made as part of a *trip* including but not limited to *accommodations*, food, car rentals, excursions or events.

travel supplier: a licensed, registered or otherwise legally authorized tour operator, travel wholesaler, ground transporter, airline, cruise line or provider of *accommodations* that has been contracted by you or on your behalf to provide travel services to you.

travelling companion: is a person who is listed on your application or a person with whom you have pre-paid *accommodations* or *transportation* for the same *trip* and who will accompany you throughout the *trip*, to a maximum of four (4) persons including yourself.

trip: the entire period of travel contracted by you, and for which a premium was paid.

war: armed conflict, whether or not war has been declared, between nations or factions within a nation.

you or your: any person who is eligible for coverage for any benefit under this policy.



TravelStar[®] Travel Insurance

Travel insurance is the best way to safeguard your finances should something unexpected happen while you travel. Whether you're a snowbird, a family on vacation, a backpacker or a cross-border shopper, you can travel feeling protected with emergency medical, trip and baggage coverage from GMS. We'll help you feel safe between the lines.

If you have any questions about your TravelStar Plan you can always contact GMS Customer Care toll-free at **1.800.667.3699** or email **info@gms.ca**.

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Group Medical Services

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