



National Bank Travel insurance

Emergency medical care outside
of your province of residence

Insurance certificate

Effective March 1, 2022

Collective Insurance Policy no. AVS-19
Travel Insurance



IMPORTANT NOTICE CAREFULLY READ THE FOLLOWING BEFORE TRAVELLING

You have purchased travel *insurance*—what's next? We want you to understand (and it is in your best interest to know) what the certificate includes, what it excludes and what is limited (payable but with limits). **Please take time to read through the certificate before you travel.**

Italicized terms are defined at the end of the certificate.

- › *Travel insurance* covers claims arising from sudden and unexpected situations (i.e., *accidents* or *emergency situations*) and typically does not cover follow-ups or recurrent care.
- › To qualify for this insurance, you must meet all the eligibility criteria and medical requirements outlined in section A, articles 4.1 and 4.2.
- › This insurance contains limitations and exclusions (for example, medical conditions that are unstable, pregnancy, a child born during a *trip*, excessive use of alcohol, high-risk activities, etc.). You will find all of them listed in the following places in the certificate: section A, article 4.3, and section B, article 3.
- › This insurance may not cover claims related to **pre-existing medical conditions**, whether disclosed or not at the time of certificate purchase.
- › **You must contact the assistance provider before seeking treatment and incurring fees, or your claim may be limited or denied.**
- › In the event of a claim, your prior medical history may be reviewed.
- › If you have been asked to complete a medical questionnaire and any of your answers are not accurate or complete, your insurance could be voided, and your claim denied.

**IT IS YOUR RESPONSIBILITY TO UNDERSTAND YOUR COVERAGE. IF YOU HAVE QUESTIONS,
CONTACT US AT 1-877-871-7500 OR VISIT OUR WEBSITE nbc.ca.**



Insurer

**National Bank
Life Insurance Company**
1100 Robert-Bourassa Blvd., 5th floor
Montreal, Quebec H3B 2G7
Telephone
1-877-871-7500 | 514-871-7500
Fax: 514-394-6992
nbc-insurance.ca

Policyholder and distributor

National Bank of Canada
600 De la Gauchetière Street West
Montreal, Quebec H3B 2G7
Telephone Montreal: 514-394-5555
Elsewhere: 1-888-835-6281
nbc.ca

Assistance provider

CanAssistance Inc.
1981 McGill College Avenue, Suite 400
Montreal, Quebec H3A 2W9
Telephone
Canada and the US: **1-844-783-7603**
Elsewhere in the world (call collect): **514-394-0075**

**IN CASE OF EMERGENCY, CONTACT
THE ASSISTANCE PROVIDER.**

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Some rules of interpretation to facilitate your reading

- › “We” designates the *insurer*, National Bank Life Insurance Company.
- › “You” designates any *insured person* covered by this insurance certificate. When we specifically address the *certificate holder*, it will be indicated.
- › “Province” includes territories.
- › Words in one gender include all genders and words in singular include the plural and vice versa.
- › The words in *italics* have a special meaning. You will find their definitions in section D of this certificate.

SECTION A

General information about your travel insurance

1. Coverage and maximum amount we pay

Whether you're taking a *trip* for 3 days or 3 months, you can leave with peace of mind.

The amount payable for a claim can go up to a maximum of \$ 5,000,000.

Coverage	Maximum
Emergency medical care outside of your province of residence	\$5,000,000

There is also a maximum amount based on the type of fees disbursed.



For more detailed information, see section B, article 2.

2. You can choose to cover a single *trip* or choose an annual coverage plan

Coverage for a single *trip* provides coverage for the duration of a single *trip*, based on the *dates of departure* and *return* indicated on your *Conditions Summary*.

The annual coverage plan covers all of your *trips* carried out during the period indicated on your *Conditions Summary*.

Your choice appears on your *Conditions Summary*.

3. Your *trip* is covered and *Emergency medical care outside of your province of residence coverage* is in effect under certain conditions

SINGLE TRIP	ANNUAL COVERAGE PLAN
<ul style="list-style-type: none">› You must purchase the insurance and pay the entire premium before the <i>date of departure</i>.› The departure and return of your <i>trip</i> must be carried out in your province of residence.	<ul style="list-style-type: none">› The planned duration of the <i>trip</i> must be less than or equal to the maximum <i>trip</i> duration indicated on your <i>Conditions Summary</i>. For example, if the maximum duration indicated in your <i>Conditions Summary</i> is 15 days, all your trips of 15 days or less, carried out during the period indicated in your <i>Conditions Summary</i>, are covered.› You must meet all the eligibility criteria and medical requirements outlined in article 4 of section A at the <i>date of departure</i> of <u>each <i>trip</i></u>.› The complete duration of the <i>trip</i> must be included in the period indicated on your <i>Conditions Summary</i>. If the <i>date of return</i> is after the <i>date of termination</i>, the annual coverage plan must have been renewed before the <i>date of departure</i> of the <i>trip</i>.
<ul style="list-style-type: none">› The departure and return of the <i>trip</i> must be made on the dates or within the dates indicated in your <i>Conditions Summary</i>.› You must meet all the eligibility criteria and medical requirements outlined in article 4 of section A at the <i>date of departure</i>.	



WHAT YOU SHOULD KNOW concerning the annual coverage plan

If your health condition changes between two *trips*, the exclusion for pre-existing *medical conditions* may apply to your situation, even if it did not apply during your previous *trip*.

4. You must meet the eligibility criteria and medical requirements to sign up for insurance

4.1 Eligibility

- › Be aged 31 days to 74 years old on the date of *departure* of the *trip*;
- › Be a client of the *Bank*, one of its subsidiaries, its affiliated companies, or be a *family member* of such a client;
- › Be domiciled in Canada; and
- › Be covered by the public health and hospitalization insurance plan for services provided in your province of residence at all times during your *trip*.

4.2 Medical requirements

You can be insured if:

- › a *physician* has not advised you not to travel before your departure;
- › you have not received a diagnosis of a *medical condition* in terminal phase;
- › you are not suffering from kidney problems requiring dialysis;
- › you have not had a cancer with metastases;
- › you have not received a transplant or you are not waiting to receive a transplant, other than a cornea transplant; or
- › you have not received a prescription or you have not used oxygen at home in the 12 months preceding the purchase of the insurance.



WHAT YOU SHOULD KNOW concerning a child born during a *trip*

A child born to an *insured person* during a *trip* is covered only if the birth takes place during the first 32 weeks of pregnancy.



4.3 CAUTION – Coverage exclusions, limitations and reductions

a) Misrepresentation of your health condition and medical information

This insurance is established based on information provided on or in line with the insurance application (including responses to the medical questionnaire, if applicable). When you fill out the insurance application and answer the medical questions, your answers must be complete and accurate.

In the event of a claim, we will review your medical history and the answers you provided on the medical questionnaire, if applicable. If one of your answers is incomplete or inaccurate:

- › your insurance could be cancelled;
- › your claim could be denied.

b) Misrepresentation of important facts other than your health condition or medical information

We will not pay the claim if you, or anyone acting on your behalf, attempts to deceive us or make a fraudulent, false or exaggerated statement or claim.

c) Non-compliance with the requirement to be covered by a public health and hospitalization insurance plan

We will not pay any benefit if you are not covered by the public health and hospitalization insurance plan in your province of residence **for the total duration of the *trip***. It is your responsibility to ensure that you have this coverage.

If your public health and hospitalization insurance plan ends, your insurance will end and we will refuse any claim, if applicable.



To know the exclusions specific to the *Emergency* medical care coverage, see article 3 of section B.

5. We use several factors to calculate the insurance premium

The premium is the amount you must pay in order to be insured. The following information is used to calculate the insurance premium:

- › age of *insured persons*
- › duration of the *trip*
- › type of package (single trip or annual coverage plan)

Visit nbc.ca to find out applicable tax rates for the insurance premium based on your province of residence.

6. The certificate holder may extend the travel insurance in 2 situations

6.1 Extension in case of emergency (free of charge)

SITUATION	EXTENSION TIME
You are hospitalized on a covered <i>trip</i> and you must delay your return.	Your coverage can be extended, if necessary, up to 72 hours after you are discharged from the hospital.
You must postpone your return from a <i>trip</i> due to an accident or <i>medical condition</i> that you or a travelling companion suffers within 24 hours before the <i>return date</i> .	Your coverage can be extended, if necessary, up to 72 hours following the planned <i>date of return</i> or the <i>termination date</i> for an annual coverage plan.

6.2 Extension for any other reason (for an additional premium)

- › If you extend your *trip* for pleasure, necessity or for any other reason which does not correspond to the situations described in the previous table, it is possible to purchase an extension of *travel insurance*.
- › The total duration of the *trip* must not exceed the maximum duration of a trip depending on age, from the initial *date of departure* until the end of the extension:
 - 31 days to 54 years: 180 days
 - 55 to 69 years: 31 days
 - 70 to 74 years: 15 days
- › You must meet the eligibility criteria and medical requirements describe in section A, article 4.
- › Extension may be declined or exclusions may apply.



WHAT YOU SHOULD KNOW concerning coverage extension

In case of emergency

- › The **certificate holder** must contact the **assistance provider at 1-844-783-7603 or 514-394-0078 (call collect) to extend the travel insurance.**
- › Any event that leads to an extension of coverage must be supported by any proof that the *assistance provider* deems necessary and sufficient. Exclusions may apply.

For any other reason

- › The **certificate holder** must contact us before the planned **date of return at 1-877-871-7500 or 514-871-7500.**

7. The insurance beneficiary is generally the *certificate holder*

The compensation we pay goes to the *certificate holder* whose name appears on your *Conditions Summary*, or his estate. However, we reserve the right to directly compensate service providers or any other *insured person* or any other entity that has suffered a loss related to the coverage in effect.

8. Insurance duration

8.1 Beginning of coverage

When the insurance is in effect and the *trip* is covered, the *Emergency* medical care outside of your province of residence coverage starts when you leave your province of residence.

8.2 End of coverage

Your coverage ends on the first of the following events:

SINGLE TRIP AND ANNUAL COVERAGE PLAN (including the extension of coverage)

- › The moment you return to your province of residence.
- › The moment your *trip* is cancelled before the *date of departure*.
- › At 11:59 p.m. (according to your time zone) on the *date of return* or on the *date of termination* (annual coverage plan), unless you benefit from coverage extension, outlined in article 6 of section A.
- › Before the *date of departure* when you no longer meet the eligibility criteria or medical requirements outlined in article 4 of section A.
- › The moment you cancel your insurance.

9. You can cancel your insurance and, in certain situations, receive a premium refund

You could receive a full or partial refund if you cancel your insurance within the following deadlines, unless you have submitted a claim for your trip and it was accepted:

Before the *date of departure* AND In the 10 days following the purchase of insurance

You have a right of inspection of 10 days to read the certificate and deem if this insurance meets your needs entirely.

We will refund the total premium if you decide to cancel your insurance within these 10 day.

Before the *date of departure* AND more than 10 days following the purchase of insurance (for a single trip only)

If the cancellation precedes your *date of departure*, we will refund your coverage premium.

At the *date of departure* OR after (for a single trip only)

You may end your travel insurance if all *insured persons* return to their departure point before the planned *date of return*.

We will then refund the portion of the coverage premium for the unused insurance period.



WHAT YOU SHOULD KNOW concerning premium refunds

- › The unused insurance period will be calculated from the date we receive your request via telephone or the date of the postmark.
- › Administrative fees may apply.

Contact us at **1-877-871-7500** or **514-871-7500** for any questions regarding your insurance or to make changes to your coverage.

10. 3 steps to follow to submit a claim and the deadlines in which to do so

STEP 1 Contact the <i>assistance provider</i>	<p>As soon as one of the events covered by <i>travel insurance</i> occurs, contact the <i>assistance provider</i> at 1-844-783-7603 or 514-394-0075 (collect calls accepted) to confirm your coverage before incurring costs.</p> <p>If, from a medical perspective, it is impossible for you to call the <i>assistance provider</i> before receiving a <i>treatment</i>, please ask someone to do so for you, or call as soon as possible.</p> <p>If you do not call the <i>assistance provider</i> before receiving a <i>treatment</i>, you will be responsible for the total medical costs normally covered by this insurance.</p>
STEP 2 Fill out the form	<p>The <i>assistance provider</i> will send you a claim form. You must fill out the form and return it as soon as possible, ideally within 90 days of the event to which the claim relates.</p>
STEP 3 Provide requested documents	<p>The <i>assistance provider</i> may request supporting documents in order to complete the claim assessment, such as:</p> <ul style="list-style-type: none">› certificate from the attending <i>physician</i>› police or coroner report› proof of the scheduled length of the <i>trip</i>› original travel tickets, invoices, account statements, receipts› any other proof deemed necessary <p>The <i>assistance provider</i> may ask you to submit medical examinations (or request an autopsy in the event of a death), at their cost, before accepting a claim.</p>

Return the requested documents within 90 days and **NO LATER THAN 1 YEAR** after the event to which the claim relates.



WHAT YOU SHOULD KNOW concerning response times

- › When we accept the claim, we pay the benefit **within 60 days of receiving all the requested documents**.
- › When we deny the claim, we notify the *insured person* within 60 days of receiving all the requested documents.

11. When you receive compensation from another source, we deduct it from the total amount of your claim

11.1 Multiple coverage

The coverage described in the *travel insurance* applies once you have claimed the maximum compensation provided for by the other insurance contracts you have.

However, if your other insurance contracts include a clause similar to ours, we adjust the compensation payment according to the proportion of the insurance amounts provided for in the different contracts.

This way, the total compensation you receive will not exceed the amount of your application.

When you submit an application to multiple *insurance providers*, we ask that you provide proof of these applications as well as any refusals or compensation you may receive.

11.2 Other entities

The coverage described in the *travel insurance* applies once you have claimed the reimbursements payable by other entities, such as:

- › public health and hospital insurance plans; and
- › any other government program.

This means that we subtract the amounts you receive from another entity from the total amount of your application.

When you submit a reimbursement application to multiple entities, we ask that you provide proof of these applications as well as any refusals or reimbursements you may receive.

Example

Covered *Emergency* medical care cost: \$200,000

Compensation from your private insurance or any other entity	\$50,000
Remainder	$\$200,000 - \$50,000 = \$150,000$
Maximum compensation	\$5,000,000
Compensation we pay to you	\$150,000

SECTION B

Your Emergency medical care outside of your province of residence coverage details

1. Conditions to meet in order to be covered during a trip

- › You must meet all the eligibility criteria and medical requirements outlined in section A, article 4 on the *date of departure*.
- › The *trip* must be covered, as explained in section A, article 3.

Coverage applies only when you are outside your province of residence. Costs incurred when you are back in your province of residence are not covered.

2. Covered expenses and maximum benefits payable


The maximum benefit payable is \$5,000,000 per *insured person*, per *trip*.

Medical, paramedical and hospitalization expenses

We cover customary, reasonable and essential expenses in the region visited for *emergency treatment* of a *medical condition* occurring during a *trip*.

We will refund the expenses indicated in the following table only if they are first approved by the *assistance provider*.

Type of expenses	What is covered
Hospitalization expenses	Hospital expenses for a private or semi-private room and any <i>treatment</i> received during a <i>hospitalization</i> .
Incidental expenses	<ul style="list-style-type: none">› Other expenses related to a <i>hospitalization</i>, such as telephone, television or parking fees.› Maximum: \$50 per day of <i>hospitalization</i>.
Healthcare professional fees	<ul style="list-style-type: none">› Fees charged by a <i>physician</i> or by a licensed nurse, if these services are prescribed by a <i>physician</i>.› Professional services of a physiotherapist, chiropractor, osteopath or podiatrist, if these services are prescribed by a physician. Maximum: \$300 per discipline.› The professional must not be related to the <i>insured person</i> in order to cover his fees.


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Type of expenses	What is covered
Dental care	<ul style="list-style-type: none"> › Expenses for a dentist to perform an <i>emergency</i> dental treatment on natural and healthy teeth. › Maximum: \$500 per <i>trip</i>, except in the event of an accidental blow to the mouth; the maximum coverage for an accidental blow to the mouth is \$2,000, per <i>accident</i>. <div style="border: 1px solid #ccc; padding: 10px; margin: 10px 0;"> <ul style="list-style-type: none"> › An accidental blow to the mouth is an accidental blow that causes a fracture or dislocation of the jaw or damage to one or more natural and healthy teeth. › Coverage for an accidental blow to the mouth does not include voluntary introduction of objects into the mouth, chewing accidents or damage to artificial, unhealthy or previously treated teeth. › You must submit X-rays taken before and after the accident. </div> <ul style="list-style-type: none"> › When treatment for an accidental blow to the mouth occurs following a return from a <i>trip</i>, expenses are covered for up to 6 months after the date of the accident.
Medical equipment	<ul style="list-style-type: none"> › Expenses for the purchase or rental of crutches, canes or splints. › Rental expenses for other medical equipment or devices, such as a wheelchair or orthotic. › The use of such medical equipment or devices must be prescribed by a <i>physician</i>.
Diagnostic fees	Fees for laboratory, X-ray or other diagnostic tests ordered by a <i>physician</i> .
Prescription medication	Medication prescribed by a <i>physician</i> to treat a <i>medical condition</i> that is not included in the list of excluded products. For more details, see article 3 d) in section B.

Transportation and subsistence expenses

We refund transportation and subsistence expenses planned and approved by the *assistance provider* during the *trip*.

Type of expenses	What is covered
Medical transportation expenses	<ul style="list-style-type: none"> › Expenses to transport you to the closest suitable medical facility or, if necessary, the transfer from one medical facility to another. Transportation may be carried out via road, sea or air.
Repatriation expenses	<ul style="list-style-type: none"> › Expenses to return you to your province of residence following an <i>emergency</i> to receive <i>treatments</i>. › Return expenses for <i>family members</i> are covered if the <i>medical condition</i> you are suffering from inhibits their planned return. › Repatriation must be approved by the <i>assistance provider</i>. › Medical attendant expenses are included if they are approved by the <i>assistance provider</i>. › If you are travelling with children under your care and you are hospitalized for more than 24 hours, childcare expenses or repatriation of children are covered. › Child attendant expenses are included if they are approved by the <i>assistance provider</i>.

Continued on the next page 

Type of expenses	What is covered
<p>Transportation to the bedside of the <i>insured person</i></p>	<ul style="list-style-type: none"> › Some expenses incurred by a member of your family or a friend to travel to your bedside are covered if: <ul style="list-style-type: none"> – you remain hospitalized for at least 7 consecutive days; and – the <i>physician</i> confirms in writing that the visit is necessary. › The expenses covered are: <ul style="list-style-type: none"> – round trip travel (economy class); – accommodations, meals and childcare, up to \$300 per day for a maximum of 10 days; – <i>travel insurance</i>. › In the event of death, these expenses are also covered if a <i>family member</i> or a friend must travel to identify the body of the <i>insured person</i>.
<p>Return of vehicle</p>	<ul style="list-style-type: none"> › Expenses to return your personal vehicle to your residence, or to return a rental vehicle to the nearest rental agency, if you are incapable of driving due to a <i>medical condition</i> occurring during the <i>trip</i>. › Maximum of \$5,000. › The <i>physician</i> must submit a written attestation to confirm your inability to drive.
<p>Return of baggage</p>	<ul style="list-style-type: none"> › Expenses to return your baggage to your residence in the event of an <i>emergency</i> repatriation to receive medical care. › Maximum of \$500. › The <i>assistance provider</i> must approve your repatriation beforehand.
<p>Return of an animal</p>	<ul style="list-style-type: none"> › Expenses to return your pet to your residence in the event of an <i>emergency</i> repatriation to receive medical care. › Maximum de 500\$. › The <i>assistance provider</i> must approve the repatriation beforehand.
<p>Return of deceased</p>	<ul style="list-style-type: none"> › In the event of your death during a <i>trip</i>, one of the following expenses: <ul style="list-style-type: none"> – preparation and transportation of your body to your province of residence; or – cremation or burial in the place of death. › Maximum of \$10,000. › The cost of a casket, urn or headstone is not covered.
<p>Subsistence expenses</p>	<ul style="list-style-type: none"> › Expenses for accommodations and meals if you must postpone your <i>date of return</i> because you or a <i>travel companion</i> suffered a <i>medical condition</i> requiring <i>emergency</i> medical care. › Maximum of \$300 per day, \$3,000 total per person.



3. CAUTION – Coverage exclusions, limitations and reductions

a) Pre-existing conditions

We do not pay any benefits for a pre-existing *medical condition* (other than a *minor ailment*) that has not been stable within 3 months (6 months if you are 55 to 64 years old or 12 months if you are 65 years or older) before the *date of departure*.

A *medical condition* is considered stable when all of the following statements are true:

1. No new *treatment* has been prescribed or recommended, or the current *treatment* has not been modified or interrupted;
2. No changes have been made to a prescribed medication (increase or decrease in dosage, or stopping the medication), or no other medication has been prescribed or recommended;
3. The *medical condition* has not worsened;
4. No new symptoms have appeared, or there is no worsening or increase in the frequency of existing symptoms;
5. There has been no *hospitalization* or recommendation to consult a specialist;
6. There is no exam, medical test for investigative purposes or *treatment* that has been recommended, is incomplete or is awaiting results;
7. There are no scheduled or pending *treatments*.

b) Circumstances under which no benefit is payable

We do not pay any benefits if the *medical condition* is directly or indirectly related to one of the following causes:

1. Any symptom or condition:
 - › you have ignored, even though it would have been reasonable to consult a *physician*
 - › for which you did not get a diagnostic exam ordered by your *physician*
 - › for which you have not taken the medication or followed the *treatment* recommended before or during the *trip*

- › for which it was reasonable to expect, on the *date of departure*, to require medical care during the *trip*.
2. Pregnancy, childbirth or resulting complications, occurring after the first 32 weeks of pregnancy.
 3. Participation in an athletic or high-risk activity:
 - › any athletic activity for which you are compensated
 - › any sporting event for which the winners receive cash prizes.
 4. Any extreme sport or high-risk activity including, but not limited to:
 - › hang-gliding and paragliding
 - › parachuting and skydiving
 - › bungee jumping
 - › rock climbing or mountain climbing (grade 4 or 5 on the YDS)
 - › freestyle skiing
 - › kite surfing
 - › scuba diving activity outside the limits of your certification or below 30 metres
 - › any combat sport
 - › any speeding competition or event, including training
 - › any risky activity requiring the use of a motorized vehicle on land, in the water or in the air, including training taking place on approved circuits or elsewhere
 - › any sport or activity for which you have to sign a liability waiver. This clause does not apply to sports or activities that are normally offered to the general public without training or specialized qualifications.
 5. Any risky behaviour including, but not limited to:
 - › non-compliance with safety instructions, warning signs
 - › finding yourself or being in prohibited areas.
 6. Abuse (i.e., consuming more than the recommended amount) of prescription or over-the-counter medication, or alcohol abuse (blood alcohol level greater than 80 milligrams per 100 millilitres of blood).

7. Use of drugs or non-prescription medication or any form of addiction or alcoholism, including the effects of withdrawal.
8. Participation in a criminal act or an attempted criminal act (in the country where the expenses were incurred).
9. The primary or secondary purpose of the *trip* is for a medical consultation or to receive medical *treatments* or assisted reproduction *treatments*, even if recommended by a *physician*.
10. Travelling to a place for which the government of Canada has issued, before your *date of departure*, a travel advisory to avoid all *trips* or any non-essential *trips* there. If the government of Canada issues an advisory during your stay at the location affected by this notice, you must make the necessary arrangements to comply with this recommendation as soon as possible. For travel warnings, visit the Government of Canada's travel website.
11. Suicide, attempted suicide or self-inflicted injury, regardless of your mental state at the time.
12. Any mental, psychological, psychiatric or nervous problems, unless you have been hospitalized for this condition.
13. One of the following circumstances:
 - › war, declared or undeclared;
 - › voluntary participation in a riot or insurrection;
 - › a rebellion;
 - › a revolution;
 - › a hijacking;
 - › a kidnapping;
 - › an *act of terrorism*;
 - › exposure to nuclear reaction or radiation;
 - › radioactive, biological or chemical contamination;
 - › any participation in the armed forces.

c) Care not covered

We do not pay any benefits for the following types of care or any expenses directly or indirectly related to these types of care or associated complications:

1. any care for a child born during a *trip* after 32 weeks of pregnancy
2. any care given when you are back in your province of residence, except expenses for the *treatment* of a blow to the mouth

3. any care or *treatment* that is not insured by your public health and hospitalization insurance plan
4. any non-emergency, experimental or elective treatment (e.g., plastic surgery, chronic care, rehabilitation, including costs arising from direct or indirect complications).

d) Medications or products not covered

We do not pay any benefits for medications prescribed before the *trip* departure or for medications or products available over the counter, even if prescribed.

e) Treatment without prior approval from the assistance provider

We do not pay any benefits if you undergo medical tests for investigative purposes, receive a *treatment* or undergo a surgical operation without receiving prior approval from the *assistance provider* or when these tests and treatments are not considered an *emergency* by the *assistance provider*.

f) Failure to contact the assistance provider

We may reject your claim if you have not submitted the fees to the *assistance provider* in advance for approval. You must therefore contact the *assistance provider* at 1-844-783-7603 or 514-394-0075 (call collect) to report a *medical condition* before incurring medical or transportation expenses.

You must also contact the *assistance provider* before incurring new expenses if the *medical condition* recurs or presents complications and requires a new care, a new *treatment*, a new exam or requires a care or *treatment* to be prolonged, resumed or modified.

g) Travel against medical advice

We do not pay any benefits if a *physician* advises you not to travel.

h) Failure to follow physician's or assistance provider's recommendations

Your coverage will be terminated immediately if you refuse repatriation, a transfer to another healthcare facility, a diagnostic exam or a *treatment* recommended by your attending *physician* or the *assistance provider*.

We will not refund any expenses incurred thereafter.

SECTION C

Additional information regarding the insurance

1. Currency

Amounts payable under the terms of this present certificate, whether to the *insurer* or by the *insurer*, will be in Canadian dollars.

2. Interest

Benefits paid under the terms of this present certificate do not earn interest.

3. Fraud or attempted fraud

You must be honest with the *insurer* at all times. If you knowingly make a false or fraudulent claim in any way, you will not be eligible for benefits and no further benefits will be paid for the coverage for which a claim is made. Fraud or attempted fraud includes deliberate misrepresentation of facts or circumstances surrounding a claim.

4. Subrogation

The *insurer* reserves the right of action against any third party responsible for damages that lead to a claim. The *insurer* will be responsible for legal fees and will receive any compensation payable by the third party, up to the maximum amount of the coverage. You must submit any documents required by the *insurer* to take action for damages. You retain the right to take action against the third party for compensation in addition to benefits paid by the *insurer*.

5. Changes to the certificate

Any changes to the present certificate are only valid and applicable if confirmed in writing by the *insurer*.

6. Quality and availability of care

The *assistance provider* and the *insurer* are not responsible for the quality of care received or if care is difficult or impossible to obtain.

7. Complaints and appeals regarding a claim

Any *insured person* can file a complaint against the *insurer* or appeal a decision by the *insurer* concerning a claim by contacting the *insurer*:

National Bank Life Insurance Company

1100 Robert-Bourassa Blvd., 5th floor
Montreal, Quebec H3B 2G7
Tel.: 1-877-871-7500

You can consult the *insurer's* Complaint Examination Certificate on the website **nbc-insurance.ca**.

The maximum time limits to appeal from a decision are indicated in article 8, section C.

If we have not responded to your complaint or if you are not satisfied and would like to take your case further, you can, at your discretion and concurrently:

- › ask your *insurer* to review your file; or
- › contact your legal counsel; or
- › contact one of the following organizations:

Residents of Quebec

Contact the Autorité des marchés financiers (AMF). The contact information for the AMF is found in the Autorité des marchés financiers contact information section below.

Residents of other provinces

Contact:

The OmbudService for Life & Health Insurance (OLHI)

401 Bay Street, Suite 1507, P.O. Box 7
Toronto, Ontario M5H 2Y4

Toll-free within Canada: 1-888-295-8112

In Toronto: 416-777-9002

Website: olhi.ca

8. Limitation of action – Specific rules depending on your province of residence

For residents of New Brunswick

An action or proceeding against the *insurer* for the recovery of a claim under this contract shall not be commenced more than one year after the date the insurance money became payable or would have become payable if it had been a valid claim.

For residents of Ontario

Every action or proceeding against an *insurer* for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in *The Limitations Act, 2002*.

For residents of Quebec

Every action or proceeding against an *insurer* for the recovery of insurance money payable under the contract is absolutely barred unless commenced within 3 years.

For residents of other provinces

For the applicable time limitation period, please refer to the regulatory agency of your province or consult with your legal counsel.

9. Copy of the group travel insurance policy

Upon request, the *certificate holder* may obtain a copy of the *group travel insurance policy*.

10. Access to personal information

We will establish an insurance file to preserve any information about claims. This file will be kept in our offices. You are entitled to have access to the personal information contained in your file and, if applicable, have it corrected.

For more information, consult our privacy certificate, available online at nbc-insurance.ca.

11. Similar insurance products

Other insurance products offer the same coverage as the *travel insurance* described in this certificate. There are also products that offer coverage to supplement the *travel insurance*.

12. Insurer's deadline for replying after receiving a claim

Usually, we will communicate to the *certificate holder* or the *insured person* our decision on whether benefits are payable or not within 60 days after receiving all requested documents. Once we decide to approve a claim, it must be paid within the same 60 days following the receipt of all requested documents.

13. Autorité des marchés financiers contact information

For more information about the *insurer's* and distributor's obligations within the province of Quebec, contact the Autorité des marchés financiers:

Autorité des marchés financiers

Place de la Cité, Cominar Tower
2640 Laurier Blvd., 4th floor
Quebec City, Quebec G1V 5C1

Quebec City: 418-525-0337

Montreal: 514-395-0337

Elsewhere in Quebec: 1-877-525-0337

Fax: 1-877-285-4378

lautorite.qc.ca

14. Beneficiary Designation

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

15. Statutory Conditions

Despite any other provision of this contract, this contract is subject to the statutory conditions in the insurance legislation, applicable in your province of residence, respecting contracts of accident and sickness insurance.

SECTION D

Definitions

Words in italics in the certificate have the following meaning:

Accident: a sudden, unintentional and unforeseen event that directly and independently of all other causes results in damages, loss or injury.

Act of terrorism: a series of acts of violence (attacks, hostage-taking) committed by an organization or individual to create a climate of insecurity, blackmail a government or fuel hatred of a community, country or system.

Assistance provider: CanAssistance Inc., the company mandated by the *insurer* to receive claims and requests for assistance services.

Bank or distributor: National Bank of Canada is the policyholder for the *group insurance policy AVS-19* and acts as a distributor of this insurance product.

Certificate holder: person whose name appears first on your *Conditions Summary*.

Conditions Summary: custom document entitled Conditions Summary given to you. This document summarizes the coverage you benefit from by paying the premium.

Date of departure: the date on which you leave your province of residence. For a coverage extension, the *date of departure* is the day following the *date of return* of the original insurance contract.

Date of return: the date on which you return to your province of residence.

Date of termination: date of termination of the contract indicated on your *Conditions Summary*.

Emergency: a sudden and unexpected *medical condition* requiring immediate *treatment*. An emergency ends when it is established by the *assistance provider* that no treatment is required at your destination or you are able to return to your province or territory of residence to receive such *treatments*.

Family member: *spouse*, child, father, mother, grandparents, brother or sister of the *certificate holder* or of the *spouse*.

Group travel insurance policy: group travel insurance policy AVS-19 subscribed and distributed by the *Bank*.

Hospital: a registered facility whose staff provide care and treatments to inpatients and outpatients. The *treatments* must be supervised by *physicians*, and licensed nurses must be present 24 hours a day. Surgical and diagnostic services must be available on-site or in facilities managed by the establishment.

The following facilities are not considered hospitals:

- › facilities licensed or used primarily as a clinic;
- › extended or palliative-care facilities, chronic-care hospitals or the chronic-care wing of a hospital;
- › convalescent homes or rest homes;
- › health resorts or nursing homes;
- › drug or alcohol treatment centres.

Hospitalization: admission to a *hospital* as an inpatient to receive preventative, diagnostic or medical *treatment*. Day surgery is also considered a hospitalization. A *hospital* stay for convalescent or rehabilitation care is not considered a hospitalization.

Insured person: eligible person whose name appears on your *Conditions Summary* and for whom the premium has been paid.

Insurer: National Bank Life Insurance Company.

Medical condition: any health disorder, illness or injury (including symptoms of undiagnosed conditions). To be considered a medical condition, the illness must be certified by a *physician*. Pregnancy is not considered an illness unless there are complications within the first 32 weeks.

Minor ailment: an injury or *medical condition* that was no longer present at least 30 days before the *trip* departure and which did not require:

- a) prescription medication to be taken for a period of more than 15 days;
- b) treatment at a *hospital* as in inpatient or outpatient;
- c) surgical intervention;
- d) consultation with a specialist *physician*.

Any chronic *medical condition* or complication of a chronic *medical condition* is not a minor ailment.

Physician: doctor of medicine legally authorized to prescribe and provide medical care in the country where the care is given and who is not an *insured person*, a *travel companion* or a person related to them.

Spouse: the person married to, in a civil union with or living in a conjugal relationship with the *insured person* for at least 12 months. This person is no longer considered a spouse if the union has been legally dissolved or this person has been living separately from the *insured person* for more than 3 months.

Travel companion: individual who accompanies the *insured person* for the entire duration of the *trip*.

Travel insurance: the travel insurance product offered by the *insurer* that appears on your *Coverage Summary*.

Treatment, treat: medical act prescribed, supported or recommended by a *physician* related to a *medical condition*. This includes, but is not limited to, the following examples: prescription of medication, medical tests for investigative purposes, surgical intervention.

Trip: travel outside of your province of residence for recreational or business purposes. In the case of an annual coverage plan, trip means each of the trips taken outside your province of residence for recreational or business purposes, carried out during the period indicated on your *Conditions Summary*.

Assistance

Assistance services are available free of charge while your *travel insurance* is in effect. Assistance services do not offer insurance benefits.

For 24-hour assistance, 7 days a week, contact the *assistance provider*:

CanAssistance

- › Canada and the United States
1-844-783-7603
- › Elsewhere in the world, collect
514-394-0075



CAUTION

- › Assistance services are not available in countries considered a high risk by the *assistance provider*. Contact the *assistance provider* for a list of high-risk countries.
- › The *assistance provider* is not responsible if assistance is difficult or impossible to obtain or for the quality of assistance received.
- › The *assistance provider* may request any information required to properly identify you and confirm that you are eligible for assistance services.

General and medical assistance

Assistance services:

- › Before the *trip*, the *assistance provider* will supply you with, upon request, information regarding required visas and vaccines.
- › During the *trip*, if you suffer an *accident* or sudden illness that requires medical attention from a *physician* or *hospitalization*, the *assistance provider* can provide you with the following assistance services:
 - refer you to a clinic or *hospital*
 - ensure follow-up of your medical file and contact your attending *physician*
 - arrange the return of dependent children if you are hospitalized
 - deliver urgent messages to you
 - offer interpretation services for emergency telephone calls
 - handle formalities following a death
 - assistance for lost or stolen identity documents (limited to contacting appropriate authorities)
 - provide information on embassies and consulates.
- › If you incur medical expenses during your *trip*, the *assistance provider* can provide assistance regarding the procedures to follow to submit a claim to the public health insurance plan in your province of residence.

Should you have any questions,
do not hesitate to contact us.

1-877-871-7500

[nbc.ca](https://www.nbc.ca)

Insurer: National Bank Life Insurance Company.

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