

Date: _____
YYYY MM DD

Name: _____

Address: _____

Congratulations! This document confirms your purchase of travel insurance.

You will find attached your Insurance and assistance card, your Conditions Summary and Your Recap of the information collected. The Travel Insurance Certificate have been emailed to you at [EMAIL](#).

Read them carefully to confirm that:

- The information is accurate,
- You still meet the eligibility criteria before your departure,
- You understand the terms and conditions of your insurance and it meets your needs.

Insurance and assistance card

Detach it and bring it on your trip.

 NATIONAL BANK Travel insurance and assistance card Certificate holder: Certificate number: Questions? Contact our Customer Service Department: 1-866-229-0037 514-866-7418	Contact the assistance provider before incurring expense: <ul style="list-style-type: none">> In case of emergency or accident, or> if you need assistance From Canada or the United States <ul style="list-style-type: none">> 1-844-783-7603 Elsewhere in the world (collect) <ul style="list-style-type: none">> 514-394-0075 
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CONDITIONS SUMMARY

Certificate No.

National Bank Life Insurance Company

Insurer

Insurance plan

CERTIFICATE HOLDER

Last Name

First Name

Date of birth (YYYY MM DD)

Address

INSURED PERSONS

Name

Province of residence

Date of birth (YYYY MM DD)

TRAVEL INFORMATION

Date of departure (YYYY MM DD)

Date of return (YYYY MM DD)

Cost of the trip

Coverage	Maximum insured amount	Effective date	Premium
Emergency medical care	\$5,000,000 per insured person and per trip	The moment you leave your province of residence	
Cancellation	\$2,500 per insured person and per trip	The later of the following dates: <ul style="list-style-type: none">the purchase date of the trip, orthe effective date indicated on the Coverage Summary	
Interruption	\$5,000 per insured person and per trip		
Baggages	\$1,500 per insured person and per trip	The moment you leave home	
Accidental death and dismemberment	For each accident, per insured person and per trip: Air transport: \$50 000 Public transport: \$50 000 Other accident: \$25 000	The moment you leave your province of residence	
Travel assistance	Included		

Total premium _____

Taxes _____

Total _____

PAYMENT INFORMATION

You have authorized National Bank Life Insurance Company to charge the applicable premium for this travel insurance contract to your credit card.

You have confirmed that you have the right to authorize a payment on your credit card.

You have authorized National Bank Life Insurance Company to communicate to your financial institution: your name, address, payment information and the purpose and premium amount.

Insurer: National Bank Life Insurance Company.

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32191-502 (2024-07-18)

RECAP OF THE INFORMATION COLLECTED

Eligibility

Are you a client of the Bank, one of its subsidiaries, its affiliated companies, or a family member of such a client? Yes No

Your personal information will be used to produce an automated decision further to your travel insurance application. If your insurance application is for more than one traveler, this question applies to every traveler.

Are you currently covered by the public health insurance plan of your province of residence? Yes No

To be eligible, the coverage must be valid for the duration of your trip.

Has a doctor advised you **NOT** to undertake the trip for which you are applying for insurance? Yes No

In the past 12 months, have you been prescribed or have you used oxygen therapy (home oxygen use) for a chronic lung condition? Yes No

Have you ever been diagnosed with a terminal illness? Yes No

In the last 24 months, have you ever had any cancer with metastasis (which includes positive lymph nodes), or undergone chemotherapy? Yes No

At the present time, do you have:

Kidney problems that require dialysis? Yes No

Heart failure? Yes No

Liver cirrhosis? Yes No

AIDS? Yes No

Have you been prescribed or do you take ENTRESTO (sacubitril/valsartan)? Yes No

Are you waiting for a transplant or have you ever received a transplant (excluding corneal transplants)? Yes No

Consents

Exclusions, limitations and reductions

Travel insurance involves coverage exclusions, limitations and reductions for which we may refuse to pay your claim. I understand

Avoid unpleasant surprises. Before leaving, review the following articles in the certificate corresponding to your choice to confirm that you are covered and that this travel insurance works for your situation:

[Emergency medical care Travel Insurance Certificate](#): Section A, article 4.3 and Section B, article 3.

[All-inclusive Travel Insurance Certificate](#): Section A, article 4.3 and Section B, articles 1.3, 2.4, 3.3 and 4.3.

Please read the 3 following warnings:

WARNING – Exclusion for pre-existing conditions

If you were injured or ill in the 3, 6 or 12 months prior to your travel date of departure, the exclusion for pre-existing conditions may apply.

WARNING – Medical questionnaire

If you completed a medical questionnaire but your health status changes before your departure date, the exclusion for pre-existing medical conditions may still apply to your situation even if the medical condition was not present when you filled out the medical questionnaire.

WARNING – False declaration

If you make a false declaration, we may refuse your claim and cancel your insurance coverage.

As with any insurance product, you must always provide accurate information about your health condition, trip details and any other information we deem necessary.

We will refuse your claim if we obtain, as part of a claim or at any other time during the duration of the insurance, any information that differs from the information you previously provided. We may also cancel your insurance.

To determine eligibility for insurance, verify your identity, process the insurance application, conduct the necessary investigations, administer your file and process any claims, the insurer, its reinsurers and the assistance provider must be able to collect, use and disclose personal information about the insured persons, including information on their health status. For the same purposes, the insurer will disclose your information to its reinsurers and the assistance provider CanAssistance Inc., which offers assistance services to travellers covered by this insurance. I confirm

The Privacy Policy of National Bank and its subsidiaries, available at <https://www.nbc.ca/privacy-policy.html>, sets out the other purposes for which the insurer collects your personal information, the other parties it may be disclosed to, how it is stored, what your options and rights are, and how to manage your consent.

The insurer will establish an insurance file that includes all information concerning your insurance application and any claims made thereunder. Your file will be kept in the insurer's offices. Each insured person will be entitled to access the personal information contained in their file and have it corrected, if necessary. For more information about your right to access your information, see the Privacy Policy.

Your personal information will be kept by the insurer for a reasonable period of time following the end of the business relationship to comply with legal obligations.

If you have any questions, you can contact the Chief Privacy Officer at confidentiality@nbc.ca.

I confirm that each insured person has agreed to allow the insurer, its reinsurers and the assistance provider (CanAssistance Inc.) to collect the necessary information about them and their health status from any physician, hospital, clinic or insurance company, or any other organization or institution having such information.

Upon acceptance of your insurance application, do you agree to be bound by all of the terms and conditions of the insurance certificate? Yes No

Do you declare that all information provided to the insurer and its reinsurers is accurate? Yes No

Do you understand that this consent is valid as of today and will remain so for the time period permitted by law? Yes No

I confirm it is my wish that this conditions summary and the insurance certificate and all related documents be drawn up in English. *Je confirme ma volonté que ce résumé des conditions et le certificat d'assurance ainsi que tous les documents s'y rattachant soient rédigés en anglais.*

The French version of this conditions summary and the insurance certificate is available here: assurances-bnc.ca/documentation.html, under the Travel insurance - Group insurance section. I confirm having received this version. *La version française du résumé des conditions et du certificat d'assurance est disponible ici : assurances-bnc.ca/documentation.html sous la section Assurance voyage - Collective. Je confirme avoir reçu cette version.*

- [Résumé des conditions](#)
- [Certificat d'assurance voyage soins Médicaux d'urgence](#)
- [Certificat d'assurance voyage Tout inclus](#)

Solicitation

Do you accept that National Bank of Canada may use and disclose your personal information to offer you other products and services offered by the Bank, its subsidiaries, and affiliates?

- Postal
 Phone
 Email
 None of the above

Please note that you may customize your subscription or withdraw your consent at any time by calling 514-394-5555 or 1-888-835-6281