

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.



Certificate holder:

Certificate number:

**Questions?**

Contact our Customer Service Department:

1-866-229-0037

514-866-7418

Contact the assistance provider before incurring expense:

- > In case of emergency or accident, or
- > if you need assistance

From Canada or the United States

- > **1-844-783-7603**

Elsewhere in the world (collect)

- > **514-394-0075**



## CONDITIONS SUMMARY

Certificate No.

National Bank Travel Insurance

Insurer

Insurance plan

## CERTIFICATE HOLDER

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"><li>the purchase date of the trip, or</li><li>the effective date indicated on the Coverage Summary</li></ul>	
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: <b>\$50 000</b> Public transport: <b>\$50 000</b> Other accident: <b>\$25 000</b>	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 (2023-03-24)

## 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

Please select your province or territory of residence.  Yes  No

If your insurance application is for more than one traveler, this question applies to every traveler

Are you covered by public health and hospitalization insurance plan for services provided in your province of residence and will you be at all times during your trip?  Yes  No

If your insurance application is for more than one traveler, this question applies to every traveler

Have you been advised by a physician not to travel at this time?  Yes  No

If your insurance application is for more than one traveler, this question applies to every traveler

Have you received a diagnosis of a medical condition in terminal phase?  Yes  No

If your insurance application is for more than one traveler, this question applies to every traveler

Do you suffer from a condition requiring kidney dialysis?  Yes  No

If your insurance application is for more than one traveler, this question applies to every traveler

Have you ever been diagnosed or been treated for metastatic cancer?  Yes  No

If your insurance application is for more than one traveler, this question applies to every traveler

Have you received a transplant or are you waiting to receive a transplant, other than a cornea transplant?  Yes  No

If your insurance application is for more than one traveler, this question applies to every traveler

Have you received a prescription or used oxygen at home in the 12 months preceding the purchase of the insurance?  Yes  No

If your insurance application is for more than one traveler, this question applies to every traveler

### Consents

To determine eligibility for insurance, process the insurance application, conduct the necessary investigations, administer the file and process any claims, the insurer, its reinsurers and the assistance service provider must be able to collect, use and disclose personal information about the insured persons, including information on their health status.  I confirm

To that end, I confirm that each insured person authorizes the insurer, its reinsurers and the assistance provider to collect the necessary information about them and about their health status from any physician, hospital, clinic, insurance company and any other organization or institution having such information.

### 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 2 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 – 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.

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](https://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](https://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](#)

#### Access to personal information

The insurer will establish an insurance file in which all information concerning your insurance application and any claims made thereunder is included. Your file will be kept in the insurer's offices. Each insured person will be entitled to have access to the personal information contained in their file and, if applicable, have it corrected. For more information, consult the confidentiality policy of the insurer, which is available online at [www.nbc.ca](http://www.nbc.ca).  I understand

#### 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