



**NATIONAL
BANK**

INSURANCE Life | Health

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 individual Insurance Policy has 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.

 <p>NATIONAL BANK</p> <p>INSURANCE Life Health</p> <p>Travel insurance and assistance card</p> <p>Policyholder: _____</p> <p>Policy Number: _____</p> <p>Questions?</p> <p>Contact our Customer Service Department:</p> <p>1-866-229-0039</p> <p>514-866-7419</p>	<p>Contact the assistance provider before incurring expense:</p> <ul style="list-style-type: none"> > In case of emergency or accident, or > if you need assistance <p>From Canada or the United States</p> <ul style="list-style-type: none"> > 1-844-783-7603 <p>Elsewhere in the world (collect)</p> <ul style="list-style-type: none"> > 514-394-0075 
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CONDITIONS SUMMARY

Policy No.

National Bank Travel Insurance

Insurer

Insurance plan

POLICY HOLDER

Name

First Name

Date of birth (YYYY MM DD)

Address

INSURED PERSON

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: \$100,000 Public transport: \$100,000 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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32196-502 (2023-03-24)

RECAP OF THE INFORMATION COLLECTED

Eligibility

- 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, 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](#)
- [Police 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-insurance.ca. I understand

Solicitation

Do you consent that National Bank Life Insurance (NBLI) shares your contact information or the contact information you may provide to NBIL in the future and your personal and financial information, with National Bank of Canada and its subsidiaries so that they may also send you offers, information or invitations that may interest you? Postal
 Phone
 Email
 None of the above

Please note that you may customize your subscription or withdraw your consent at any time by mail or by phone. Our address is 1100 Robert-Bourassa Blvd, 5th floor, Montreal, Quebec, H3B 2G7 and the phone number of our customer service is 1-877-871-7500.