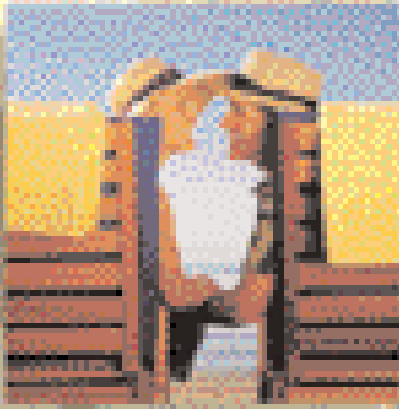


Travel Insurance Policy

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RBC
Insurance

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**CLICK HERE
TO VIEW CANCELLATION AND
INTERRUPTION CHART**

PLEASE READ THIS IMPORTANT INFORMATION

This booklet contains the terms of several classes of insurance available from RBC Travel Insurance Company. **Some of these terms may limit benefits and amounts payable to you.** Please read the policy carefully, noting the information for each class of insurance for which a premium has been paid, and take this policy with *you on your trip*. **Your insurance coverage is subject to the terms set out in this policy document.**

Emergency Medical Assistance

Wherever you go, Assured Assistance Inc. and PAY-ASSIST® are just a phone call away - 24 hours a day, 7 days a week.

If *you* require medical treatment during *your trip*, or for any other emergency, *you* must contact Assured Assistance Inc. immediately at one of these numbers:

- 1-800-387-2487 (toll-free call from the USA or Canada)
- 001-800-514-1890 (toll-free call from Mexico)
- 905-816-2561 (collect call from anywhere)
- 1-888-298-6340 (toll-free fax from the USA or Canada)
- 905-813-4719 (fax)

Please remember that *your emergency* medical coverage provides for a reduction of benefits if *you* do not call. Of course, if *your medical condition* prevents *you* from calling, we understand. *You* must call as soon as medically possible or, as an alternative, someone else may call on *your* behalf.

Teams of specially trained, multilingual coordinators, doctors and nurses will help *you* get the care *you* need, contact *your* family, arrange *emergency* transportation home, if necessary, and even transmit messages for *you*. They will also communicate with *your* medical provider, discuss the billing arrangements and usually coordinate the payment of the *emergency* services *you* receive through PAY-ASSIST®.

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Summary of Insurance Coverages

Good planning is essential to the success of any journey. That's why, as a wise traveller, *you* have consulted a professional: *your* Travel Agent. Knowledgeable, and dedicated to the success of *your* vacation or business *trip*, *your* Travel Agent recommends travel insurance from RBC Travel Insurance Company for worry-free travel, worldwide.

Your coverage includes the following insurances when marked with *

What coverage did you purchase?	Emergency Medical page 18	Cancellation & Interruption page 20	Flight Accident page 25	Travel Accident Effects page 25	Baggage & Personal Damage page 27	Rental Car Physical page 29
Package Coverages						
Deluxe Package	*	*	*	*	*	
Travel Within Canada Package	*	*	*	*	*	
Standard Package	*	*	*	*	*	
Non-Medical Package		*	*	*	*	
Medical Coverages						
Classic Medical	*					
TravelCare® - HealthSelect® Coverage	*					
TravelCare® - Gold Coverage	*					
TravelCare® - Silver Coverage	*					
TravelCare® - Bronze Coverage	*					
Multi-Trip Annual Plan	*					
Other Coverages						
Cancellation & Interruption		*				
Flight Accident			*			
Baggage & Personal Effects					*	
Rental Car Physical Damage						*

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Package Coverages	Deluxe	Travel Within Canada	Standard	Non-Medical
Cancellation & Interruption Insurance				
MAXIMUM SUMS PAYABLE				
Before Departure	Up to the sum insured	Up to the sum insured	Up to the sum insured	Up to the sum insured
After Departure	Unlimited	Unlimited	Up to the sum insured	Unlimited
Subsistence Allowance	\$3,000	\$3,000	\$1,500	\$3,000
HolidaySure Plan®	\$750 Travel Coupon	\$750 Travel Coupon	Not Applicable	\$750 Travel Coupon
Connection Benefit	Available	Available	Available	Available
Emergency Medical Insurance				
Medical & Other Benefits	Unlimited*	Unlimited*	Unlimited*	Not Applicable
Subsistence Allowance	\$3,000	\$3,000	\$1,500	Not Applicable
Baggage & Personal Effects Insurance				
Loss of, or Damage to, Baggage & Personal Effects	\$1,000**	\$1,000**	\$500**	\$1,000**
Delay of Baggage & Personal Effects	\$400	\$400	\$200	\$400
Flight Accident Insurance				
PRINCIPAL SUMS				
Death, Double <i>Dismemberment</i> , <i>Loss of Sight</i> of both eyes, or complete and irrecoverable loss of speech or hearing***	\$100,000	\$100,000	\$50,000	\$100,000
Travel Accident Insurance				
PRINCIPAL SUMS				
Death, Double <i>Dismemberment</i> , <i>Loss of Sight</i> of both eyes, or complete and irrecoverable loss of speech or hearing***	\$50,000	\$50,000	\$25,000	\$50,000

* This insurance is subject to a maximum of \$20,000 if you do not have valid *government health insurance plan* coverage.

** The maximum for any one item or set of items is \$300.

*** You are entitled to a maximum of the largest amount specified for one of these benefits.

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Definitions

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The following definitions apply when written in *italics* throughout this document.

Accidental bodily injury - bodily injury caused by an accident of external origin occurring during the period of insurance and being the direct and independent cause of the loss.

Bedside companion - a person of *your* choice who is required at *your* bedside while *you* are hospitalized during *your* trip.

Business meeting - a meeting scheduled before *your* effective date between companies with unrelated ownership, pertaining to *your* full-time occupation or profession and that is the sole purpose of *your* trip. Legal proceedings are not considered to be a *business meeting*.

Caregiver - the permanent, full-time person entrusted with the well-being of *your* dependant(s) and whose absence cannot reasonably be replaced.

Children - unmarried persons:

- under 21 years of age; or
- under 26 years of age if full-time students; or
- mentally or physically handicapped and over 20 years of age; and who are dependent on *you* for support.

Commercial rental agency - a car rental agency licensed under the law of its jurisdiction.

Contamination - the *contamination* or poisoning of people by nuclear and/or chemical and/or biological substances which causes illness and/or death.

Departure point - the place *you* depart from on the first day, and return to on the last day, of *your* intended *travel period*.

Dismemberment - actual severance through or above *your* wrist or ankle joint.

Effective date -

- a) for all *emergency* medical coverages, and Baggage & Personal Effects coverages:
the date on which *you* are scheduled to leave *your* departure point, as shown on *your* insurance application. For TravelCare® - HealthSelect®, Gold, Silver and Bronze coverages, this date cannot be more than 120 days from the date of *your* insurance application.
- b) for Cancellation & Interruption coverages:
the date and time the required premium is paid, as shown on *your* insurance application.
- c) under Multi-Trip Annual Plan:
the date on which *you* are scheduled to leave *your* departure point.
- d) under *Rental Car* Physical Damage:
the date on which *you* are scheduled to take possession of *your* rental car, as shown on *your* insurance application.
- e) under Flight Accident:
the date and time shown on *your* transportation ticket.
- f) under *Top-up* coverage:
12:01 a.m. on the day following the date of expiry of *your* prior coverage.

Emergency - an unforeseen event that occurs during the period of insurance and makes it necessary to receive immediate treatment from a licensed *physician* or to be hospitalized.

Emergency treatment - medical treatment or surgery for an *emergency*, that is required for the immediate relief of an acute symptom, or upon the advice of a licensed *physician* cannot be delayed until *you* return to *your* home country, and has to be received during *your* trip because *your* medical condition prevents *you* from returning to *your* home country. The treatment or surgery must be:

- a) ordered by or received from a licensed *physician* during *your* trip; or
- b) received in a *hospital* during *your* trip; or
- c) received from a licensed physiotherapist, chiropractor, chiropodist, podiatrist or osteopath, as a result of an *emergency* that occurs during *your* trip.

Expiry date - the date on which *your* coverage ends under this insurance, as shown on *your* insurance application.

Family coverage - the coverage that *you* and *your* children have when a *family coverage* option is available and the required premium has been paid.

Government health insurance plan - the health insurance coverage that Canadian provincial and territorial governments provide for their residents.

Hospital - an establishment that is licensed as a *hospital*, is operated for the care and treatment of in-patients, has a Registered Nurse always on duty, and has a laboratory and an operating room on the premises or in facilities controlled by the *hospital*.

Hospital does not mean any establishment used mainly as a clinic, extended or palliative care facility, rehabilitation facility, addiction treatment centre, convalescent, rest or nursing home, home for the aged or health spa.

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Immediate family - spouse, parent, legal guardian, step-parent, grandparent, grandchild, in-law, natural or adopted child, step-child, brother, sister, step-brother, step-sister, aunt, uncle, niece, nephew.

Infant - a person who was born before *your effective date*, is under 2 years of age, is *your immediate family* member and travels with you during *your trip*.

Insurance application - the printed form, computer printout, invoice or document provided by *your* Travel Agent which confirms the insurance coverage you have purchased. The *insurance application* forms part of the insurance contract.

Key employee - an employee whose continued presence is critical to the ongoing affairs of the business during *your* absence.

Loss of sight - entire and permanent loss of eyesight.

Medical condition - *accidental bodily injury* or sickness (or a condition related to that *accidental bodily injury* or sickness), including disease, acute psychoses and complications of pregnancy occurring within the first 31 weeks of pregnancy.

Medical questionnaire - the form that contains questions that must be answered correctly at the time of *insurance application*, and that, once completed and signed, forms part of the insurance contract. *Your medical condition* at the time of completion of the *medical questionnaire* determines the terms of coverage and/or the premium that apply to you. You must complete the *medical questionnaire* if you are applying for:

- a) TravelCare® - HealthSelect®, Gold, Silver or Bronze coverages; or
- b) any coverage that includes Cancellation & Interruption, when the non-refundable portion of *your* prepaid travel arrangements exceeds \$10,000; or
- c) Classic Medical or TravelCare® - Gold coverage if *your trip* exceeds 183 days.

Mountain climbing - the ascent or descent of a mountain requiring the use of specialized equipment, including crampons, pick-axes, anchors, bolts, carabiners and lead- or top-rope anchoring equipment.

Network - the *hospitals, physicians* and other medical service providers recognized by us at the time of the *emergency*.

Passenger plane - a certified multi-engined transportation aircraft provided by a regularly scheduled airline on any regularly scheduled *trip* operated between licensed airports and holding a valid Canadian Air Transport Board or Charter Air Carrier licence, or its foreign equivalent, and operated by a certified pilot.

Physician - someone who is not you or a member of *your immediate family*, who is licensed to prescribe drugs and administer medical treatment (within the scope of such licence) at the location where the treatment is provided.

A *physician* does not include a naturopath, herbalist or homeopath.

Prescription drug - drug or medicine that can only be issued upon the prescription of a licensed *physician* or dentist and is dispensed by a licensed pharmacist. *Prescription drug* does not mean such drug or medicine, when you need (or renew) them to continue to stabilize a condition which you had before *your trip*, or a chronic condition.

Professional - engaged in a specified activity as *your* main paid occupation.

Rental car - a *vehicle* rented by you from a *commercial rental agency* for *your* personal use under a written rental agreement. *Rental car* does not mean truck; commercial van; bus; motorcycle; moped; motorbike; recreational vehicle; all-terrain vehicle; camper or trailer; limousine; an automobile that is more than 20 years old; or Aston Martin, Bentley, Bricklin, Daimler, De Lorean, Excalibur, Ferrari, Jensen, Lamborghini, Lotus, Maserati, Porsche, Rolls Royce, or any similar automobile. A *rental car* also does not mean a sport utility vehicle or any other automobile while you use it off-road.

Return date -

- a) for all coverages other than *Rental Car Physical Damage* and *Flight Accident*:

the date on which you are scheduled to return to *your departure point*.

This date is shown on *your insurance application*, under all coverages except Multi-Trip Annual Plan.

- b) under *Rental Car Physical Damage*:

the date on which you are scheduled to return *your rental car* to the *commercial rental agency*, as shown on *your insurance application*.

- c) under *Flight Accident*:

the return date and time shown on *your* transportation ticket.

Schedule change - the later departure of an airline carrier causing you to miss *your* next connecting flight via another airline carrier (or connecting cruise ship, bus or train), or the earlier departure of an airline carrier rendering unusable the ticket you have purchased for *your* prior connector flight via another airline carrier (or connecting cruise ship, bus or train). *Schedule change* does not mean a change resulting from a supplier default, strike or a labour disruption.

Spouse - the person who is legally married to you or *your travelling companion*, or has been living in a conjugal relationship with you or *your travelling companion* for a continuous period of at least one year and who resides in the same household as you or *your travelling companion*.

Stable - any *medical condition* or related condition (including any heart condition or any lung condition) for which there have been:

- no new treatment or new prescribed medication; and
- no change in treatment or change in prescribed medication (including the amount of medication to be taken, how often it is taken, the type of medication or change in treatment frequency or type); and
- no new symptom, more frequent symptom or more severe symptom experienced; and
- no test result showing a deterioration; and
- no hospitalization or referral to a specialist (made or recommended) or the results of further investigations recommended and not yet completed, for that *medical condition* or related condition (including any heart condition or any lung condition).

Start-up date - under Multi-Trip Annual Plan, the later of:

- the date of *your insurance application*; or
- the date *you* designate as the date of *your* departure on *your* first *trip* under this insurance, as entered on *your insurance application*, which date cannot be more than 180 days from the date of *your insurance application*.

Terrorism or act of 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 (whether declared or not), act of foreign enemies or rebellion.

Top-up - the coverage *you* purchase from *us*:

- a) to add to *your* insurance beyond the duration covered under Multi-Trip Annual Plan; or
- b) before *your* date of departure from *your departure point*, to complement travel insurance coverage that is in effect through another insurer for a portion of *your trip* duration or value.

Travel period - the period of time from *your* departure from *your departure point* up to and including *your return date*, as shown on *your insurance application*.

Travelling companion -

- a) under all coverages except *emergency* medical coverages:
the person who is sharing travel arrangements with *you*, to a maximum of three persons.
- b) under all *emergency* medical coverages:
the person who is sharing travel arrangements with *you*, to a maximum of three persons, and who is covered under one of *our* *emergency* medical coverages.

Trip - period between *your effective date* and *your return date*.

Vehicle - a private passenger automobile, minivan, mobile home, camper truck or trailer home, which *you* use during *your trip* exclusively for the transportation of passengers other than for hire. It can be either owned by *you* or leased by *you* from a *commercial rental agency*.

We, us and **our** refer to RBC Travel Insurance Company.

You, yourself and **your** refer to:

- a) the person named as the insured on the *insurance application* when the required insurance premium has been paid before the *effective date*; and
- b) *children*, when *family coverage* is applicable and in effect.

General Insurance Details

Your insurance coverage is subject to the terms set out in this document.

Who is eligible for coverage?

To be eligible for any insurance coverage *you* must:

- a) purchase coverage through a Canadian travel agency appointed by RBC Travel Insurance Company;
- b) purchase coverage for the full duration of *your trip*;
- c) purchase coverage for the full value of the non-refundable portion of *your* prepaid travel arrangements (if *you* are purchasing a package or stand alone Cancellation & Interruption coverage);
- d) have completed the *medical questionnaire* if that non-refundable portion exceeds \$10,000 (if *you* are purchasing a package or stand alone Cancellation & Interruption coverage); and
- e) be covered under *your government health insurance plan* for the full duration of *your trip* (if *you* are purchasing a package or stand alone *Emergency Medical Insurance* coverage).

In addition for:

- f) **Deluxe Package**, *you must*:
 - purchase *your* coverage:
 - at the time of initial travel deposit; or
 - if *you* purchased a cruise vacation, before any cancellation penalties are in effect; and
 - at the time the package is purchased, be:
 - under 60 years of age and travelling for a maximum of 183 days; or
 - 60 years of age or older and under 85 years of age and travelling for a maximum of 60 days.
- g) **Travel Within Canada Package**, *you must*:
 - purchase *your* coverage:
 - at the time of initial travel deposit; or
 - if *you* purchased a cruise vacation, before any cancellation penalties are in effect; and
 - be travelling within Canada, but outside of *your* province or territory of residence, for the entire duration of *your trip*; and
 - at the time the package is purchased, be under 85 years of age and travelling for a maximum of 183 days.
- h) **Standard Package**, *you must*:
 - purchase *your* coverage:
 - at the time of initial travel deposit; or
 - if *you* purchased a cruise vacation, before any cancellation penalties are in effect; and
 - at the time the package is purchased, be:
 - under 60 years of age and travelling for a maximum of 183 days; or
 - 60 years of age or older and under 75 years of age and travelling for a maximum of 60 days.
- i) **Non-Medical Package**, *you must*:
 - purchase *your* coverage:
 - at the time of initial travel deposit; or
 - if *you* purchased a cruise vacation, before any cancellation penalties are in effect; and
 - at the time the package is purchased, be under 85 years of age and travelling for a maximum of 183 days.
- j) **Classic Medical**, *you must*:
 - be a Canadian resident;
 - purchase *your* coverage before *your effective date*; and
 - at the time the coverage is purchased, be:
 - under 60 years of age and travelling for a maximum of 183 days; or
 - under 40 years of age and travelling for a maximum of 365 consecutive days; or
 - 40 years of age or older and under 60 years of age, travelling for a maximum of 365 consecutive days and have completed the *medical questionnaire*.
- k) **TravelCare® – HealthSelect® Coverage**, *you must*:
 - be a Canadian resident;
 - purchase *your* coverage before *your effective date*;

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- have completed the *medical questionnaire*; and
 - at the time the coverage is purchased, be 60 years of age or older and under 80 years of age and *you must* be travelling for a minimum 31 days to a maximum of 183 days.
- l) **TravelCare® – Gold Coverage**, *you must*:
- be a Canadian resident;
 - purchase *your* coverage before *your effective date*;
 - have completed the *medical questionnaire*; and
 - at the time the coverage is purchased, be
 - 60 years of age or older and travelling for a maximum of 183 days; or
 - 60 years of age or older and under 75 years of age and travelling for a maximum of 365 days.
- m) **TravelCare® – Silver Coverage**, *you must*:
- be a Canadian resident;
 - purchase *your* coverage before *your effective date*; and
 - at the time the coverage is purchased, be:
 - 60 years of age or older, travelling for a maximum of 183 days and have completed the *medical questionnaire*;
 - or
 - 60 years of age or older and under 75 years of age and travelling for a maximum of 15 days, and *you* have chosen not to complete the *medical questionnaire*.
- n) **TravelCare® – Bronze Coverage**, *you must*:
- be a Canadian resident;
 - purchase *your* coverage before *your effective date*;
 - have completed the *medical questionnaire*; and
 - at the time the coverage is purchased, be 60 years of age or older and travelling for a maximum of 183 days.
- o) **Multi-Trip Annual Plan**, *you must*:
- be a Canadian resident;
 - purchase *your* coverage before *your effective date*; and
 - at the time the coverage is purchased, be:
 - under 75 years of age; and
 - depending on which Multi-Trip Annual Plan *you* purchased, travelling for a maximum of 10 or 30 days per trip.
- The consecutive days include *your* date of departure from and *return date to your departure point*. If *you* are travelling for more than 10 consecutive days under the 10-Day plan or 30 consecutive days under the 30-Day plan, *you must top-up* this coverage as outlined under “What if *you* want to *top-up your* Multi-Trip Annual Plan?” in this booklet. If *you* do not *top-up* this coverage for a *trip* that is longer than *your* 10-Day or 30-Day plan, *you will not have coverage for any claim during that trip*.
- p) **Cancellation & Interruption Insurance**, *you must*:
- purchase *your* coverage:
 - at the time of initial travel deposit; or
 - if *you* purchased a cruise vacation, before any cancellation penalties are in effect.
- q) **Flight Accident Insurance**, *you must* purchase *your* coverage before *your effective date*.
- r) **Rental Car Physical Damage Insurance**, *you must*:
- be a Canadian resident;
 - purchase *your* coverage before *your effective date*; and
 - be renting the vehicle for a maximum of 60 days.
- s) **Baggage & Personal Effects Insurance**, *you must*:
- purchase *your* coverage before *your effective date*; and
 - be travelling for up to a maximum of 183 days.

How do *you* become insured?

You become insured and this booklet becomes an insurance contract:

- when *you* are named on *your* completed *insurance application*;
- upon payment of the required premium on or before *your effective date*; and
- upon completion of the *medical questionnaire*, where applicable.

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In addition, if:

- a) *you* are insured under Classic Medical or Multi-Trip Annual Plan, *your children* become insured under *your emergency* medical insurance contract when the required *family coverage* premium has been paid.
- b) *you* are an *infant* travelling with an *immediate family* member covered under Deluxe, Travel Within Canada or Standard Package, *you* are insured under the terms of *our* Classic Medical coverage, and *we* will not charge a premium for *your* coverage.

When does *your* insurance start and end?

Insurance starts on:

- a) *your effective date* under any insurance other than Multi-Trip Annual Plan;
- b) *your start-up date* under Multi-Trip Annual Plan.

Insurance ends on the earliest of:

- a) the date of the cause of cancellation if *your trip* is cancelled before *your* date of departure from *your departure point*;
- b) the date *you* return to *your* province, territory or country of residence, except in the circumstances outlined below *.
- c) midnight of *your return date*;
- d) midnight of *your expiry date*;
- e) 183 days after *your* date of departure from *your departure point* except in the circumstances outlined in f), g) and h);
- f) 365 days after *your* date of departure from *your departure point* if *you* are covered under Classic Medical or TravelCare® - Gold coverage, and *your government health insurance plan* covers *you* for the full duration of *your trip*;
- g) 365 days after *your* date of departure from *your departure point* under Flight Accident;
- h) the day before the one-year anniversary of *your start-up date* under Multi-Trip Annual Plan; or
- i)
 - the date and time the *commercial rental agency* reassumes control of the *rental car*;
 - the date and time the rental contract expires; or
 - 60 consecutive days after the rental contract started, under *Rental Car Physical Damage*.

* If *you* are covered under Classic Medical, TravelCare®-HealthSelect®, Gold, Silver or Bronze coverage, *your* insurance coverage will not end if *you* temporarily return to *your* province, territory or country of residence prior to *your return date* and then resume *your trip*, provided *you* do not have a claim under this insurance.

When does *your* coverage automatically extend?

- 1 If *you* cannot complete *your trip* by *your return date* because of the delay of a common carrier in which *you* are scheduled to travel, *your* coverage will automatically extend for the delay period to a maximum of 72 hours.
- 2 If *you* or *your travelling companion* are hospitalized on *your return date* or *expiry date*, *your* coverage will automatically extend for the period of hospitalization and up to an additional 5 days after discharge (not available for Cancellation & Interruption).
- 3 If *you* or *your travelling companion* are delayed beyond *your return date* because of a *medical condition* and are medically unable to travel, but are not hospitalized, *your* coverage will automatically extend for the delay period to a maximum of 5 days after *your return date* (not available for Cancellation & Interruption).
- 4 Regardless of the automatic extensions above, coverage will not continue beyond 365 days from *your* latest date of departure from *your departure point*.

What if *you* decide to extend *your trip*?

If *you* decide to extend *your trip*, any extension of *your* coverage is subject to the following conditions:

- 1
 - a) If *you* have not had a *medical condition* under *your* existing coverage under any of *our* insurances other than Multi-Trip Annual Plan, *you* must request the extension by contacting *your* Travel Agent before *your return date*.
 - b) If *you* have had a *medical condition* under *your* existing coverage under any of *our* insurances other than Multi-Trip Annual Plan, *you* must request the extension by contacting Assured Assistance Inc. before *your return date*, and the extension is subject to the approval of Assured Assistance Inc.
 - c) If *you* are covered under Multi-Trip Annual Plan, extensions are not available. Instead, *you* may *top-up your* coverage as outlined under "What if *you* want to *top-up your* Multi-Trip Annual Plan?" in this booklet.
- 2 *You* must pay the required additional premium before *your* original *return date*.

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- 3 If the insurance for which *you* require the extension is not available for the duration that includes the total number of days of *your trip* and any optional extension(s), *your* coverage cannot be extended. Instead, *you* may be able to purchase a new policy under the coverage:
- for which *you* are eligible; and
 - that is available for the duration that includes the period beginning with *your effective date* and ending at *your new return date*.

The terms, conditions and exclusions of the extension policy apply to *you* during the extension period.

What if *you* want to *top-up your Multi-Trip Annual Plan*?

If *you* are travelling for more than 10 consecutive days under the 10-Day plan or 30 consecutive days under the 30-Day plan, *you* must *top-up* this coverage as outlined below.

If *you* are covered under *our* Multi-Trip Annual Plan and *you* want to *top-up your coverage*, *you* may purchase a policy under the *emergency* medical insurance for which *you* are eligible, and that is available for the duration that includes the period beginning with *your effective date* and ending at *your new return date* for the additional number of days beyond the duration provided by *your* Multi-Trip Annual Plan:

- before *your effective date*, *you* may contact *your* Travel Agent to purchase *top-up* coverage.
- after *your effective date* and if *you* have not had a *medical condition* during *your trip*, *you* must contact *your* Travel Agent before *your* scheduled *return date* to purchase *top-up* coverage.
- after *your effective date* and if *you* have had a *medical condition* during *your trip*, *you* must contact Assured Assistance Inc. before *your* scheduled *return date* to purchase *top-up* coverage. The issuance of the *top-up* policy is subject to the approval of Assured Assistance Inc.
- the terms, conditions and exclusions of *our* new policy issued as *top-up* apply to *you*.
- you* must pay the required *top-up* premium on or before the *effective date* of the *top-up* period.

If *you* do not *top-up* this coverage for a *trip* that is longer than *your* 10-Day or 30-Day plan, *you* will not have coverage for any claim at any time during that *trip*.

What if *you* want to *top-up another insurer's travel insurance*?

If *you* are covered under another insurer's travel insurance, *you* may purchase *top-up* coverage from *your* Travel Agent only before *your* date of departure from *your departure point*, and:

- you* must pay the required *top-up* premium before *your* date of departure from *your departure point*.
- if the entire duration of *your* intended travel period is greater than 183 days (including the period of time in which *you* are covered under another insurer's travel insurance), *you* wish to purchase *top-up* coverage with one of *our emergency* medical coverages, and *you* are 60 years of age or older, *you* must complete the *medical questionnaire*.
- the terms, conditions and exclusions of *our* policy issued as *top-up* apply to *you*.

When can *your* premium be refunded?

- All requests for premium refunds must be submitted to the Travel Agent from whom *you* purchased the insurance.
- Under Cancellation & Interruption and/or any Package coverages, the premium *you* paid can be refunded only if *your trip* is cancelled before *you* depart on *your trip* and:
 - the supplier (tour operator, airline, etc.) cancels *your trip* and all penalties are waived; or
 - the supplier (tour operator, airline, etc.) changes the travel dates and *you* are unable to travel on these dates and all penalties are waived; or
 - you* cancel *your trip* before any cancellation penalties are in effect.
- under Multi-Trip Annual Plan:
the premium *you* paid can be refunded only before *your start-up date*.
- under TravelCare® - HealthSelect® coverage:
if *you* return to *your departure point* before *your return date*, the premium *you* paid for the unused days can be refunded, if *you*:
 - provide proof of *your* date of return; and
 - do not have a claim under the insurance.

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- You must, however, pay the minimum premium for 31 days.*
- 5 *under all coverages other than those outlined above in 2, 3 and 4:*
- if you return to your departure point before your return date, the premium you paid for the unused days can be refunded, if you:*
- *provide proof of your date of return; and*
 - *do not have a claim under the insurance.*

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Terrorism Coverage

Where an *act of terrorism* directly or indirectly causes a loss that would otherwise be payable under one of the covered risks in accordance with the terms and conditions of the policy this insurance will provide coverage as follows:

- a) *Terrorism* Coverage is not available under Flight and Travel Accident Insurance.
- b) We will, for Cancellation & Interruption Insurance claims, except in the case of a *catastrophic event*, reimburse you up to a maximum of 100% of your eligible loss.
- c) We will, for Cancellation & Interruption Insurance claims resulting in a *catastrophic event*, and subject to the limits described in paragraph f), reimburse you up to a maximum of 50% of your eligible loss.
- d) For all other classes of insurance, we will reimburse you up to a maximum of 100% of your eligible loss.
- e) The benefits payable in accordance with paragraphs b), c) and d) are excess to all other potential sources of recovery, including but not limited to, alternative or replacement travel options offered by airlines, tour operators, cruise-lines and other travel suppliers and other insurance coverage (even where such other coverage is described as excess) and will only respond after you have exhausted all such other sources.
- f) The benefits payable in accordance with paragraph c) shall be paid out of a fund and, where total claims exceed fund limits, eligible claims shall be reduced on a pro rata basis so that the maximum payment out of the fund for all policyholders shall be CDN\$5,000,000 per *act of terrorism* or series of *acts of terrorism* occurring within a 72 hour period. The total maximum payment out of the fund for all policyholders shall be CDN\$10,000,000 per calendar year regardless of the number of *acts of terrorism*. If, in our judgment, the total of payable claims for all policyholders under one or more *acts of terrorism* may exceed the applicable fund maximum limits, your prorated claim will be paid after the end of the calendar year.

Catastrophic Event means total eligible Cancellation and Interruption Insurance claims arising directly or indirectly from an *act of terrorism*, or series of *acts of terrorism*, occurring within a seventy-two hour period exceed \$1,000,000.

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Emergency Medical Insurance

Emergency Medical Insurance applies to you, if you purchased any of the following:

- Deluxe Package
- Travel Within Canada Package
- Standard Package
- Classic Medical
- Multi-Trip Annual Plan
- TravelCare®-HealthSelect® Coverage
- TravelCare®-Gold Coverage
- TravelCare®-Silver Coverage
- TravelCare®-Bronze Coverage

What must you do in a medical emergency?

You must contact Assured Assistance Inc. before seeking *emergency treatment*. In addition, all cardiac procedures, including cardiac catheterisation, must be approved in advance by the medical advisors of Assured Assistance Inc. When you contact Assured Assistance Inc., they will refer you or may transfer you, when medically appropriate, to one of the accredited medical service providers within the *network*. Assured Assistance Inc. will also request for the medical service provider within the *network* to bill the medical expenses covered under this insurance directly to us instead of to you. Failure to call may result in reduced benefits.

What coverage limitations apply?

- 1 If you are covered under TravelCare® - Bronze Coverage, you will be responsible for a deductible of \$500 for each claim. We will apply this deductible to any claim covered under this insurance in excess of your *government health insurance plan* coverage.
- 2 If you do not contact Assured Assistance Inc. at the time of your *medical emergency* or you choose to receive treatment from a medical service provider outside the *network*, you will be responsible for 30% of your medical expenses covered under this insurance and in excess of your medical expenses paid by your *government health insurance plan*. If your *medical condition* prevents you from calling Assured Assistance Inc. before seeking *emergency treatment*, you must call Assured Assistance Inc. as soon as medically possible. As an alternative, someone else (family member, friend, *hospital* or *physician's* office staff, etc.) may call on your behalf.
- 3 **This insurance is subject to a maximum of \$20,000 if you do not have valid *government health insurance plan* coverage at the time of claim.**

What risks are insured?

This insurance covers the reasonable and customary medical expenses you actually incur once you have left your *departure point* for necessary medical care or surgery, as part of the *emergency treatment* arising from a *medical condition*. This insurance only covers expenses in excess of those covered under your *government health insurance plan* and by any other insurance or benefit plan under which you are covered.

What are the benefits?

1 Emergency medical expenses

This insurance covers medical expenses related to the following when required as part of the *emergency treatment* and ordered by a licensed *physician* during your *trip*:

- a) *emergency treatment*, other than dental treatment;
- b) the services of a licensed private duty nurse while you are hospitalized;
- c) the lesser of the rental or purchase of a hospital-type bed, a wheelchair, brace, crutches and other medical appliances;
- d) X-rays; and
- e) *prescription drugs*.

2 Other emergency services

This insurance covers expenses for *emergency treatment* by a licensed physiotherapist, chiropractor, chiropodist, podiatrist or osteopath, to a maximum of \$250 per profession.

3 Ambulance

This insurance covers you for local ground ambulance service to a *hospital*, *physician* or medical service provider in an *emergency*. We will pay for local taxi fare in lieu of local ground ambulance service, where an ambulance is medically required but not available.

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4 Repatriation

If, during *your trip*, you die from a *medical condition* covered under this insurance, the insurance covers:

- a) the transportation of *your* remains in the common carrier's standard transportation container to *your departure point*, and up to \$3,000 for the preparation of *your* remains and for the cost of the common carrier's standard transportation container; or
- b) the transportation of *your* remains to *your departure point* and up to \$2,000 for the cremation of *your* remains at the location where *your* death occurred; or
- c) up to \$3,000 for the preparation of *your* remains and the cost of a standard burial container and up to \$2,000 for the burial of *your* remains at the location where *your* death occurred.

If someone is legally required to identify *your* remains, this insurance covers the cost of a return economy air fare on a commercial flight via the most cost effective route and up to \$300 for commercial accommodations and meals for that person. That person is covered under the terms of *your* insurance during the period in which he/she is required to identify *your* remains, but for no longer than 3 business days.

5 Return to your departure point

If the *physician* treating *you* recommends to *us* in writing that *you* return to *your* country of residence because of *your medical condition*, or if the medical advisors of Assured Assistance Inc. determine that *you* are able to and recommend that *you* return to *your* country of residence following *your emergency treatment*, this insurance covers *you* for one or more of the following, when pre-authorized and arranged by Assured Assistance Inc.:

- the extra cost of a one-way economy air fare on a commercial flight via the most cost effective route to *your departure point* to receive immediate *emergency* medical attention; or
- the cost of a stretcher fare on a commercial flight via the most cost effective route to *your departure point*, if a stretcher is medically necessary; and
- the cost of a return economy air fare on a commercial flight via the most cost effective route and the usual fees and expenses for a qualified medical attendant to accompany *you*, when the attendant is medically necessary or required by the airline; or
- the cost of air ambulance transportation if it is medically essential.

6 Subsistence allowance

a) This insurance covers *your* reimbursement for *your* commercial accommodations and meals, essential telephone calls and taxi fares, if, upon *physician's* advice:

- *you*, or *your travelling companion*, are relocated to receive medical attention; or
- *you* are delayed beyond *your return date* in order to receive *emergency treatment* or because *your travelling companion* requires *emergency treatment*, for an *emergency medical condition* covered under this insurance.

b) The benefit is as follows:

- up to \$300 per day to a maximum of \$3,000, if *you* are covered under Deluxe or Travel Within Canada Package; or
- up to \$150 per day to a maximum of \$1,500, if *you* are covered under any one of *our* other coverages that includes *emergency* medical insurance.

c) This benefit is subject to the pre-authorization of Assured Assistance Inc.

7 Bedside companion's travel to your bedside

a) If *you* are travelling alone and are hospitalized for more than 3 days during *your trip* and a *bedside companion* is required, this insurance covers:

- the cost of a return economy air fare on a commercial flight via the most cost effective route;
- up to \$300 for commercial accommodations and meals for the *bedside companion*; and
- *your bedside companion* under the terms of *your* insurance during the period in which this person is required as *your bedside companion*.

b) If *you* are over age 20 and physically handicapped, or under age 21 and dependant on *your bedside companion* for support, this insurance provides this benefit to *you* as soon as *you* are admitted to a *hospital*.

c) This benefit is subject to the pre-authorization of Assured Assistance Inc.

8 Emergency dental treatment

This insurance covers the following dental expenses when required as *emergency treatment* and ordered by or received from a licensed dentist:

- if *you* need dental treatment to repair or replace *your* natural or permanently attached artificial teeth because of an accidental blow to *your* face, *you* are covered for the *emergency* dental expenses *you* incur during *your trip* and *you* are also covered up to a maximum of \$1,000 to continue necessary treatment after *your* return to Canada. However, this treatment

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must be completed within 90 days after the accident.

- if you need other *emergency* dental treatment, you are covered for the *emergency* dental expenses you incur during your trip, up to a maximum of \$250, and the complete cost of *prescription drugs*.

9 Return of vehicle

If, as a result of a medical *emergency* during your trip, you are unable to return a *vehicle* to its point of origin, this insurance covers the reasonable costs for a commercial agency to return the *vehicle* to your residence or to a *commercial rental agency*, when pre-authorized by Assured Assistance Inc.

10 Return of children and escort for children to their departure point

If *children* insured under one of our *emergency* medical insurances travel with you or join you during your trip and you are hospitalized for more than 24 hours or you must return to Canada because of your *emergency medical condition* covered under this insurance, this insurance covers:

- the extra cost of a one-way economy air fare on a commercial flight via the most cost effective route for the return of those *children* to their *departure point*; and
- the cost of a return economy air fare via the most cost effective route on a commercial flight for an escort, if the airline requires that the *children* be escorted.

11 Return of travelling companion

If you are travelling with a *travelling companion*, this insurance covers him or her for the extra cost of a one-way economy air fare on a commercial flight via the most cost effective route to your *departure point*, if you must return to Canada because of a *medical condition* covered under this insurance.

What is not covered?

I – Exclusion Related To Your Pre-Existing Medical Condition

In addition to the exclusions outlined below under “II – Other Exclusions,” the following exclusion applies to you.

If you are covered under:	If you are under age 60	If you are age 60 or older and under age 75	If you are age 75 or older
Deluxe Package	Exclusion 1	Exclusion 1	Exclusion 3
Travel Within Canada Package			Exclusion 1
Standard Package		Coverage Unavailable	Coverage Unavailable
Multi-Trip Annual Plan			
Classic Medical	Coverage Unavailable	Exclusion 1	
TravelCare® - HealthSelect®		Exclusion 2	
TravelCare® - Gold		Exclusion 3	
TravelCare® - Silver			
TravelCare® - Bronze			

EXCLUSION 1

This insurance does not pay for any expenses incurred directly or indirectly as a result of:

- Your *medical condition* or related condition, if at any time in the 90 days before you depart on your trip, your *medical condition* or related condition has not been *stable*.
- Your heart condition, if at any time in the 90 days before you depart on your trip:
 - any heart condition has not been *stable*; or
 - you have taken nitroglycerin more than once per week specifically for the relief of angina pain.
- Your lung condition, if at any time in the 90 days before you depart on your trip:
 - any lung condition has not been *stable*; or
 - you have been treated with home oxygen or taken oral steroids (prednisone or prednisolone) for any lung condition.

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EXCLUSION 2

This insurance does not pay for any expenses incurred directly or indirectly as a result of:

- 1 *Your medical condition* or related condition, if at any time in the 180 days before *you* depart on *your trip*, *your medical condition* or related condition has not been *stable*.
- 2 *Your heart condition*, if at any time in the 180 days before *you* depart on *your trip*:
 - a) any heart condition has not been *stable*; or
 - b) *you* have taken nitroglycerin more than once per week specifically for the relief of angina pain.
- 3 *Your lung condition*, if at any time in the 180 days before *you* depart on *your trip*:
 - a) any lung condition has not been *stable*; or
 - b) *you* have been treated with home oxygen or taken oral steroids (prednisone or prednisolone) for any lung condition.

EXCLUSION 3

This insurance does not pay for any expenses incurred directly or indirectly as a result of:

- 1 *Your medical condition* or related condition, if at any time in the 180 days before *you* depart on *your trip*:
 - a) *you* have taken medication, been prescribed medication, or received treatment for that *medical condition* or related condition; or
 - b) *you* have experienced a deterioration of, or sought treatment for, that *medical condition* or related condition.
- 2 *Your heart condition*, if at any time in the 180 days before *you* depart on *your trip*:
 - a) *you* have taken medication, been prescribed medication, or received treatment for any heart condition; or
 - b) *you* have experienced a deterioration of, or sought treatment for, any heart condition.
- 3 *Your lung condition*, if at any time in the 180 days before *you* depart on *your trip*:
 - a) *you* have taken medication, been prescribed medication, or received treatment for any lung condition; or
 - b) *you* have experienced a deterioration of, or sought treatment for, any lung condition.

II – Other Exclusions

In addition to the exclusions outlined above under “I - Exclusion Related To *Your Pre-Existing Medical Condition*,” this insurance does not cover any loss, claim or expense of any kind caused directly or indirectly from:

- 1 any *medical condition* if any answer provided in *your medical questionnaire* is incorrect, in which case the policy is voidable and the premium paid is refundable at *our* option.
- 2 the continued treatment, recurrence or complication of a *medical condition* or related condition, following *emergency treatment* of that condition during *your trip*, if the medical advisors of Assured Assistance Inc. or RBC Travel Insurance Company determine that *you* were medically able to return to *your home country* and *you* chose not to return.
- 3 the treatment of any cardiac or lung condition, following *emergency treatment* for a related or unrelated cardiac or lung condition during *your trip*, if the medical advisors of Assured Assistance Inc. or RBC Travel Insurance Company determine that *you* were medically able to return to *your home country* and *you* chose not to return.
- 4 *your* intentional self-inflicted injury, suicide or attempt to commit suicide (whether sane or insane).
- 5 *your* commission of a criminal act or *your* direct or indirect attempt to commit a criminal act.
- 6 *your* abuse of medication, drug or alcohol or deliberate non-compliance with prescribed medical therapy or treatment.
- 7 *your* mental or emotional disorders, other than acute psychoses, if *you* are not admitted to a *hospital*.
- 8 any treatment that is not *emergency treatment*.
- 9 *your* participation as a *professional athlete* in a sporting event.
- 10 *your* participation in rock climbing or *mountain climbing*.
- 11 *your* participation in a motorized race or motorized speed contest.
- 12 a *medical condition* or related condition that arises during a *trip* *you* undertake with the prior knowledge that *you* will require or seek treatment or surgery for that *medical condition* or a related condition.
- 13 a *medical condition* for which future investigation or treatment (except routine monitoring) is planned before *your effective date*.
- 14 a *medical condition* for which it was reasonable to expect treatment or hospitalization during *your trip*.
- 15 a) routine pre-natal care, b) a child born during *your trip*, c) pregnancy, childbirth or complications of either, occurring in the 9 weeks before or after the expected date of delivery.
- 16 symptoms which would have caused an ordinarily prudent person to seek treatment or medication in the 90 days before *your effective date*.

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- 17 treatment or surgery for a specific condition, or a related condition, which:
 - a) had caused *your physician* to advise *you* not to travel; or
 - b) *you* contracted in a country during *your trip* when, before *your effective date*, a written formal notice was issued by the Department of Foreign Affairs and International Trade of the Canadian government, advising Canadians not to travel to that country, region or city.
- 18 any portion of the benefits that require prior authorization and arrangement by Assured Assistance Inc. if such benefits were not pre-authorized and arranged by Assured Assistance Inc.
- 19 any *medical condition*, if the medical advisors of Assured Assistance Inc. recommend that *you* return to *your* country of residence following *your emergency treatment*, and *you* chose not to return.
- 20 war (declared or not), act of foreign enemies or rebellion.
- 21 ionising radiation or radioactive contamination from any nuclear fuel or waste which results from the burning of nuclear fuels; or, the radioactive, toxic, explosive or other dangerous properties of nuclear machinery or any part of it.

What conditions apply?

- 1 By paying the premium for this insurance, *you* agree that *we* and Assured Assistance Inc. have:
 - a) *your* consent to verify *your* health card number and other information required to process *your* claim, with the relevant government and other authorities;
 - b) *your* authorization to *physicians*, *hospitals* and other medical providers to provide to *us* and Assured Assistance Inc. any and all information they have regarding *you*, while under observation or treatment, including *your* medical history, diagnoses and test results; and
 - c) *your* agreement to the disclosure of the information available under a) and b) above to other sources, as may be required for the processing of *your* claim for benefits obtainable from other sources.
- 2 This insurance is subject to the “*Terrorism Coverage*”, “*General Conditions*” and “*How Do You Submit a Claim?*” sections outlined in this policy booklet on pages 14, 31 & 33.

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Cancellation & Interruption Insurance

Cancellation & Interruption Insurance applies to *you*, if *you* purchased any of the following:

- Deluxe Package
- Travel Within Canada Package
- Standard Package
- Non-Medical Package
- Cancellation & Interruption

When does the risk occur?

- Trip Cancellation - when the risk occurs **BEFORE** *your travel period*.
- Trip Interruption - when the risk occurs **DURING** *your travel period*.
- Trip Delay - when the risk occurs during *your travel period*, and results in *your* being delayed, beyond *your* scheduled *return date*, from returning to *your departure point*.

To determine the benefit(s) available to *you*:

- a) identify the risk *you* have incurred under “What are *you* covered for?” in the following chart;
- b) determine when the risk occurs under “What are *you* eligible for?” in the following chart;
- c) find the letter corresponding to the benefit in the right-hand column of the chart; and
- d) match *your* benefit under “What are the benefits?” on page 21.

[CLICK HERE
TO VIEW CHART](#)

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What are the benefits?

Prepaid travel arrangements - Reimbursement to *you* of the expenses *you* actually incur as a result of one of the insured risks up to the sum insured for:

A the non-refundable portion of *your* prepaid travel arrangements.

B the extra cost of the next occupancy charge, if *you* choose to travel as originally planned.

C the non-refundable unused portion of *your* prepaid travel arrangements, excluding the cost of prepaid unused transportation back to *your* departure point.

Transportation - Reimbursement to *you* of the expenses *you* actually incur as a result of one of the insured risks up to the sum insured for the extra cost of:

D *your* economy class transportation via the most cost effective route to rejoin a tour or group.

E *your* economy class transportation via the most cost effective route to *your* departure point.

F *your* one-way economy air fare via the most cost effective route to *your* next destination (in- and outbound).

Connection benefit - Reimbursement to *you* up to the sum insured for the lesser of the following, toward the expenses *you* actually incur as a result of risk insured #36 (schedule change):

G • the change fee charged by the airline carrier(s) involved, when such an option is available to *you*; or

- up to \$1,000 for the extra cost of *your* one-way economy air fare via the most cost effective route to *your* next destination (in- and outbound).

Cruise cancellation benefit - Reimbursement to *you* up to the sum insured for the lesser of the following, toward the expenses *you* actually incur as a result of risk insured #35 (cruise cancellation):

H • the change fee charged by the airline carrier(s) involved, when such an option is available to *you*; or

- up to \$800 for *your* non-refundable prepaid air fare that is not part of *your* cruise package.

I • the change fee charged by the airline carrier(s) involved, when such an option is available to *you*; or

- up to \$800 for the extra cost of *your* one-way economy air fare on a commercial flight via the most cost effective route to return *you* to *your* departure point.

Subsistence allowance - Reimbursement to *you* of the expenses *you* actually incur as a result of one of the insured risks:

J *your* commercial accommodations and meals, essential telephone calls and taxi fares, up to a daily maximum of:

- \$300, to a maximum total of \$600, under Deluxe, Travel Within Canada or Non-Medical Package; or
- \$150, to a maximum total of \$300, under Standard Package or Cancellation & Interruption coverage.

K *your* commercial accommodations and meals, essential telephone calls and taxi fares, up to a maximum of \$100, under Deluxe, Travel Within Canada, Standard or Non-Medical Package.

L *your* commercial accommodations and meals, essential telephone calls and taxi fares, up to a daily maximum of:

- \$300, to a maximum total of \$600, under Deluxe, Travel Within Canada or Non-Medical Package; or
- \$150, to a maximum total of \$300, under Standard Package.

M *your* commercial accommodations and meals, essential telephone calls and taxi fares, up to a daily maximum of:

- \$300, to a maximum total of \$3,000, under Deluxe, Travel Within Canada or Non-Medical Package; or
- \$150, to a maximum total of \$1,500, under Standard Package or Cancellation & Interruption coverage.

Repatriation of *your* remains - Reimbursement of *your* expenses actually incurred as a result of one of the insured risks:

N the transportation of *your* remains in the common carrier's standard transportation container to *your* departure point, and up to \$3,000 for the preparation of *your* remains and for the cost of the common carrier's standard transportation container.

O the transportation of *your* remains to *your* departure point and up to \$2,000 for the cremation of *your* remains at the location where *your* death occurred.

P up to \$3,000 for the preparation of *your* remains and the cost of a standard burial container and up to \$2,000 for the burial of *your* remains at the location where *your* death occurred.

HolidaySure Plan[®] - Upon *your* request, compensation to *you* in the form of a coupon of up to \$750 in value when *you* incur risk 2 or 15, and

- *you* have purchased Deluxe, Travel Within Canada or Non-Medical Package;
- *you* miss at least 75% of *your* travel period, as a result of the interruption of *your* travel plans;
- *you* use the coupon towards travel in the 180 days immediately following the date of *your* early return from *your* interrupted insured travel period; and

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- *you* use the coupon to purchase replacement travel through the travel agency that originally booked *your* interrupted insured travel plans, provided that it is not insolvent.

Failure to meet these conditions, will make the HolidaySure Plan® benefit coverage null and void.

What is not covered?

If the non-refundable portion of *your* pre-paid travel arrangements does not exceed \$10,000, Exclusions 1 and 2 below apply.

If the non-refundable portion of *your* pre-paid travel arrangements exceeds \$10,000, *you* must complete the *medical questionnaire*, and Exclusions 1 to 4 below apply.

- 1 This insurance does not pay for any expenses incurred directly or indirectly as a result of:
 - i) *Your* or *your spouse's* medical condition or related condition, if at any time in the 90 days before *your effective date*, *your* or *your spouse's* medical condition or related condition has not been *stable*.
 - ii) *Your* or *your spouse's* heart condition, if at any time in the 90 days before *your effective date*:
 - a) any heart condition has not been *stable*; or
 - b) *you* or *your spouse* have taken nitroglycerin more than once per week specifically for the relief of angina pain.
 - iii) *Your* or *your spouse's* lung condition, if at any time in the 90 days before *your effective date*:
 - a) any lung condition has not been *stable*; or
 - b) *you* or *your spouse* have been treated with home oxygen or taken oral steroids (prednisone or prednisolone) for any lung condition.
- 2 This insurance does not cover any loss, claim or expense of any kind caused directly or indirectly from:
 - a) cancellation or interruption when *you* are aware, on the *effective date*, of any reason that might reasonably prevent *you* from travelling as booked.
 - b) a *trip* undertaken to visit or attend an ailing person, when the *medical condition* or death of that person is the cause of the claim.
 - c) pre-paid travel arrangements for which a Cancellation & Interruption insurance premium was not paid:
 - at the time of initial travel deposit; or
 - if *you* purchased a cruise vacation, before any cancellation penalties are in effect, for those travel arrangements.
 - d) *your* intentional self-inflicted injury, *your* suicide or *your* attempt to commit suicide (whether sane or insane).
 - e) *your* commission of a criminal act or *your* direct or indirect attempt to commit a criminal act.
 - f) *your* mental or emotional disorders (excluding acute psychoses) unless admitted to *hospital* at the time of the cause of cancellation.
 - g) *your* abuse of medication, drug or alcohol, or deliberate non-compliance with prescribed medical therapy or treatment.
 - h) routine pre-natal care, a child born during the *trip*, pregnancy or childbirth.
 - i) complications of pregnancy or childbirth, occurring in the 9 weeks before or after the expected date of delivery.
 - j) a *medical condition* that arises during a *trip* undertaken with the prior knowledge that treatment or surgery will be sought or required for that *medical condition* or a related condition.
 - k) war (declared or not), act of foreign enemies or rebellion.
 - l) the non-issuance of a travel visa due to late visa application.
 - m) the schedule change of a medical test or surgery that was originally scheduled before *your trip*.
 - n) *your medical condition* if any answer provided in the *medical questionnaire*, when applicable, is incorrect, in which case the policy is voidable and the premium paid is refundable at *our* option.
 - o) *your* participation in rock climbing or *mountain climbing*.
 - p) ionising radiation or radioactive contamination from any nuclear fuel or waste which results from the burning of nuclear fuels; or, the radioactive, toxic, explosive or other dangerous properties of nuclear machinery or any part of it.

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- 3 If the answer to any portion of the *medical questionnaire* is YES, this insurance does not cover expenses or benefits arising from or related to:
- a) a *medical condition*, if at any time in the 180 days before the *effective date*:
 - you have taken or been prescribed medication, or received treatment for that *medical condition*; or
 - you have experienced a deterioration of that *medical condition*, or sought treatment for that *medical condition*.
 - b) a cardiac condition, if at any time in the 180 days before the *effective date*:
 - you have taken or been prescribed medication, or received treatment for, any cardiac condition; or
 - you have experienced a deterioration of, or sought treatment for, any cardiac condition.
 - c) a lung condition, if at any time in the 180 days before the *effective date*:
 - you have taken or been prescribed medication, or received treatment for any lung condition; or
 - you have experienced a deterioration of, or sought treatment for, any lung condition.
- 4 This insurance does not pay for any expenses incurred directly or indirectly as a result of:
- i) *Your immediate family member* or *your travelling companion's medical condition* or related condition, if at any time in the 90 days before *your effective date*, *your immediate family member* or *your travelling companion's medical condition* or related condition has not been *stable*.
 - ii) *Your immediate family member* or *your travelling companion's heart condition*, if at any time in the 90 days before *your effective date*:
 - a) any heart condition has not been *stable*; or
 - b) *your immediate family member* or *your travelling companion* have taken nitroglycerin more than once per week specifically for the relief of angina pain.
 - iii) *Your immediate family member* or *your travelling companion's lung condition*, if at any time in the 90 days before *your effective date*:
 - a) any lung condition has not been *stable*; or
 - b) *your immediate family member* or *your travelling companion* have been treated with home oxygen or taken oral steroids (prednisone or prednisolone) for any lung condition.

What conditions apply?

- 1 When a cause of cancellation occurs before the date of departure from *your departure point*, you must:
 - a) cancel *your trip* with the Travel Agent or the carrier immediately, but no later than the business day following the cause of cancellation; and
 - b) advise us at the same time.

Our maximum liability is the amounts or portions indicated in your trip contract that are non-refundable at the time of the cause of cancellation or on the next business day.
- 2 If you are covered under both Cancellation & Interruption and one of *our emergency medical coverages*, and before *your date of departure* you are prescribed any change in medication or treatment that would make *your medical condition* not *stable* and therefore ineligible for coverage under *our emergency medical coverages*, you may apply for *our special consideration of your particular medical circumstance* through *your Travel Agent*.
To apply, you must provide us with:
 - copies of the clinical notes from *your treating physician*, for the period starting when you booked *your trip* to the date of *your request for consideration*;
 - authorization to *physicians* and *hospitals* signed by you (this document is part of the Claim & Authorization form contained in this document);
 - complete itinerary for *your trip*, including prepaid amounts, insured amounts, and cancellation penalties.

Once this information is received, we will, at *our discretion*, within one business day:

 - accept *your claim* under *our Cancellation & Interruption insurance*; or
 - waive the exclusion that would make you ineligible for benefits under *our emergency medical insurance*, for the *medical condition* or related condition for which the change in medication or treatment that would make *your medical condition* not *stable* was prescribed to you.

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- 3 It is a condition of any transportation and subsistence allowance benefit under this policy that travel must be undertaken on the earliest of:
- a) the date when *your* travel is medically possible; and
 - b) within 10 days following *your* originally scheduled *return date* if *your* delay is not the result of hospitalization; or
 - c) within 30 days following *your* originally scheduled *return date* if *your* delay is the result of hospitalization, when the benefit is payable because of a *medical condition* covered under one of the insured risks.
- 4 This insurance is subject to the “*Terrorism Coverage*”, “*General Conditions*” and “*How Do You Submit a Claim?*” sections outlined in this policy booklet on pages 14, 31 & 33.

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Flight and Travel Accident Insurance

Flight Accident Insurance applies to *you*, if *you* purchased any of the following:

- Deluxe Package
- Travel Within Canada Package
- Standard Package
- Non-Medical Package
- Flight Accident

Travel Accident Insurance applies to *you*, if *you* purchased any of the following:

- Deluxe Package
- Travel Within Canada Package
- Standard Package
- Non-Medical Package

What risks are insured?

Your accidental bodily injuries, resulting in your dismemberment, loss of sight, death or complete and irrecoverable loss of speech or hearing within 365 days from the date of the accident that occurs during your travel period.

What are the benefits?

We will pay the greater of these benefits for all losses resulting from an accident:

- 1 100% of the principal sum for death, double *dismemberment* or *loss of sight* of both eyes; or
- 2 100% of the principal sum for complete and irrecoverable loss of speech or hearing; or
- 3 50% of the principal sum for single *dismemberment* or *loss of sight* of one eye.

What is not covered?

If *you* are covered under Flight Accident, Exclusions 1 to 9 below apply to *you*.

If *you* are covered under Travel Accident, Exclusions 1 to 13 below apply to *you*.

This insurance does not cover any loss, claim or expense of any kind caused directly or indirectly from:

- 1 war (declared or not), act of foreign enemies or rebellion.
- 2 *your* intentional self-inflicted injury, suicide or attempt to commit suicide (whether sane or insane).
- 3 the commission of a criminal act or direct or indirect attempt to commit a criminal act by *you* or *your* beneficiary.
- 4 participation in any military manoeuvre or training exercise.
- 5 disease, even if the cause of its activation or reactivation is an accident.
- 6 piloting, learning to pilot or acting as a member of a crew of an aircraft.
- 7 *contamination* due to any *act of terrorism*.
- 8 ionising radiation or radioactive contamination from any nuclear fuel or waste which results from the burning of nuclear fuels; or, the radioactive, toxic, explosive or other dangerous properties of nuclear machinery or any part of it.
- 9 *terrorism*.
- 10 *your* abuse of medication, drug or alcohol or deliberate non-compliance with prescribed medical therapy or treatment.
- 11 participation as a *professional* athlete in a sporting event.
- 12 participation in hang-gliding, rock climbing, *mountain climbing*, parachuting, skydiving or bungee jumping.
- 13 participation in any kind of motorized race or motorized speed contest.

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What conditions apply?

If you are covered under Travel Accident, Conditions 1 to 4 below apply to you.

If you are covered under Flight Accident, Conditions 2 to 8 below apply to you.

- 1 If after 1 year following the accident covered under this insurance, *your* body has not been found, it will be presumed that *you* died as a result of such injuries occurring at the time of such accident.
- 2 This insurance is subject to the “Terrorism Coverage”, “General Conditions” and “How Do You Submit a Claim?” sections outlined in this policy booklet on pages 14, 31 & 33.
- 3 For *our* Package coverages, the principal sums are shown in the corresponding insurance charts contained in this booklet on pages 5.
- 4 The total benefits payable for one or more accidents will not exceed the applicable principal sum as outlined on pages 5.
- 5 If after 1 year following the forced landing or disappearance of the *passenger plane* on which *you* are riding, *your* body has not been found, it will be presumed that *you* died as a result of the *accidental bodily injuries* that occurred at the time of such forced landing or accident or, in the case of disappearance of such *passenger plane*, that *you* died at the time and place the *passenger plane* was last seen or heard from and as the result of an accident to such *passenger plane*.
- 6 The *accidental bodily injury* must be sustained while *you* are:
 - a passenger on the *trip* shown in the *insurance application* or during a substitute *trip* if the ticket is exchanged;
 - riding as a passenger in a land or water conveyance at the expense of the airline as a substitute for a *passenger plane* on which *you* are covered by this insurance;
 - riding as a passenger in a limousine or bus service provided by the airline or airport authority;
 - at an airport for the purpose of departure or arrival of the flight covered by this insurance;
 - riding as a passenger in a scheduled helicopter shuttle service to and from airports to make a connection with the flight covered by this insurance; or
 - exposed to the elements due to a forced landing or disappearance of a *passenger plane* on which *you* are riding.
- 7 This insurance starts on *your effective date*. It ends either upon completion of the airline *trip* or upon expiration of the transportation ticket or upon surrender of the transportation ticket for refund or credit.
- 8 *Your trip* must take place on a *passenger plane*, between the *departure point* and the destination shown in the *insurance application* and the return to the *departure point* if a round *trip* ticket is obtained before leaving the *departure point*. At the time *you* sustain the *accidental bodily injuries*, *you* must be travelling on a ticket or pass covering the whole airline *trip* issued to *you* for transportation on a *passenger plane*. If the ticket is issued to *you* aboard such *passenger plane* after leaving the *departure point* but before reaching the first scheduled stop, it will be deemed to have been issued before leaving the *departure point*.

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Baggage & Personal Effects Insurance

(Underwritten in Quebec by RBC General Insurance Company)

Baggage & Personal Effects Insurance applies to *you*, if *you* purchased any of the following:

- Deluxe Package
- Non-Medical Package
- Travel Within Canada Package
- Baggage & Personal Effects
- Standard Package

What risks are insured?

This policy covers direct physical loss of, or damage to, the baggage and personal effects *you* own and use during *your trip*.

What are the benefits?

- 1 Reimbursement of *your* losses up to the sum insured shown in the *insurance application*, subject to a maximum of \$300 for any one item or set of items.
- 2 Reimbursement of up to \$50 towards the replacement of one or more of the following documents: passport, driver's licence, birth certificate or travel visa, in the event any one of these is lost or stolen.
- 3 Reimbursement as outlined under a) and b) below for necessary toiletries and clothing when *your* checked baggage is delayed by the carrier for 12 hours or more while en route and before returning to *your departure point* and *you* are covered under a Package:
 - a) \$400 for Deluxe, Travel Within Canada or Non-Medical Package; and
 - b) \$200 for Standard Package.

What is not covered?

This insurance does not cover:

- 1 animals, perishables, bicycles except while checked as baggage with a common carrier, household effects and furnishings, artificial teeth and limbs, hearing aids, eye glasses, sunglasses, contact lenses, money, tickets, securities and documents, *professional* or occupational items, antiques and collector items, breakage of brittle or fragile articles, property illegally acquired, kept, stored or transported.
- 2 any claim arising from loss:
 - a) caused by wear and tear, deterioration, defect or mechanical breakdown;
 - b) caused by *your* imprudent act or omission;
 - c) of articles specifically insured on a valued basis by another insurer while this insurance is in effect;
 - d) directly in consequence of war (declared or not), act of foreign enemies or rebellion;
 - e) caused by theft from an unattended *vehicle* unless the *vehicle* (including the *vehicle's* trunk) was securely locked and there were visible marks indicating that the theft occurred as a result of forcible entry.
- 3 any loss, claim or expense of any kind caused directly or indirectly from ionising radiation or radioactive contamination from any nuclear fuel or waste which results from the burning of nuclear fuels; or, the radioactive, toxic, explosive or other dangerous properties of nuclear machinery or any part of it.

What conditions apply?

- 1 For Package coverages, the principal sums are shown in the corresponding insurance chart contained in this booklet on pages 5.
- 2 In the event of theft, burglary, robbery, malicious mischief, disappearance or loss of an item covered under this insurance, *you* must:
 - a) immediately notify and obtain corroborating documentary evidence from the police or, if the police are not available, the hotel manager, tour guide or transportation authorities;
 - b) promptly take all reasonable precautions to protect, save and/or recover the property; and
 - c) notify *us* immediately upon *your* return to *your departure point*. Failure to comply with this condition will invalidate any claim under this insurance.
- 3 If the insured property is under check of a common carrier and delivery is delayed, this insurance will continue until such property is delivered by the common carrier.

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- 4 a) *We are not liable beyond the actual cash value of the property at the time of loss.*
b) *We have the option to repair or replace any damaged or lost property with other of similar kind, quality and value and to require submission of the property for appraisal of damage.*
- 5 *The maximum sum insured per person or per family does not exceed \$2,000 in total for all coverages in this and other Baggage & Personal Effects insurance issued by us.*
- 6 *If an article which is part of a set is lost or damaged, the measure of loss or damage to such article is a reasonable and fair proportion of the total value of the set, but not the total loss of or damage to the set.*
- 7 *This insurance is subject to the "Terrorism Coverage", "General Conditions" and "How Do You Submit a Claim?" sections outlined in this policy booklet on pages 14, 31 & 33.*

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Rental Car Physical Damage Insurance

(Underwritten by RBC General Insurance Company)

Rental Car Physical Damage Insurance applies to you, if you purchased our stand-alone Rental Car Physical Damage Insurance.

What must you do when there is loss or damage to the rental car?

- a) You must immediately contact Assured Assistance Inc. and the commercial rental agency to report full details of any loss or damage which occurs during the rental period.
- b) In the event of an accident, malicious act, burglary, robbery or theft you must immediately report to the police or other authorities having jurisdiction, full details as required by law.

Failure to report the loss as outlined will invalidate any claim under this insurance.

What risks are insured?

Loss for which you may be liable, resulting from physical loss or damage anywhere in the world to a rental car solely while the rental car is under:

- a) your care, custody and control; or
- b) the care, custody or control of a person permitted to operate the rental car under the rental agreement, for 60 consecutive days or less.

What is the coverage amount?

Up to \$50,000 for the total of all benefits.

What are the benefits?

- 1 The liability imposed upon you by law or assumed by you under the car rental agreement, if there is physical damage to the rental car.
- 2 When benefit 1 applies, we will, on behalf of the insurer:
 - a) investigate, negotiate or settle any claim, on your behalf and as we deem appropriate;
 - b) defend in your name and on your behalf and at our cost, on behalf of the insurer, any civil action that may be brought against you on account of such loss or damage;
 - c) pay all costs assessed against you in any civil action we defend, on behalf of the insurer, and any interest accruing after judgment upon that part of the judgment which is within the limit of the insurer's liability; and
 - d) pay towing costs, general average, salvage, fire department charges, customs duties and reasonable costs for loss of use of the rental car for which you are responsible.

What is not covered?

This insurance does not cover:

- 1 liability other than for loss of or damage to the rental car.
- 2 expenses assumed, waived or paid by the commercial rental agency or its insurers or payable under any other insurance.
- 3 contents of the rental car.
- 4 loss or damage arising from, caused by or contributed to by driving or operation of the rental car by you or any other person:
 - a) while under the influence of intoxicating substances; or
 - b) in a speed test or contest; or
 - c) while carrying passengers for compensation or hire, while being used for commercial delivery or transporting contraband or illegal trade; or
 - d) in violation of the terms of the car rental agreement.
- 5 loss or damage arising from, caused by, or contributed to by:
 - a) mechanical fracture or breakdown of any part of the rental car; or
 - b) rusting, corrosion, wear and tear, gradual deterioration, inherent defect, or freezing, but the insurer will be liable for resulting loss or damage which is insured hereunder; or
 - c) conversion or any dishonest act of yourself or any other party of interest, your employees or agents, or any person to whom the property may be entrusted (bailees for hire excepted); or

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- d) *your* failure to preserve or protect the property, or *your* neglect or abuse of the property; or
 - e) consequence of war (declared or not), act of foreign enemies or rebellion.
- 6 any loss, claim or expense of any kind caused directly or indirectly from ionising radiation or radioactive contamination from any nuclear fuel or waste which results from the burning of nuclear fuels; or, the radioactive, toxic, explosive or other dangerous properties of nuclear machinery or any part of it.

What conditions apply?

- 1 This insurance is valid only if *you* book *your* car rental with the Travel Agent with whom *you* have booked *your* trip.
- 2 If required by the *commercial rental agency*, *you* must:
 - a) examine the *rental car* and record, in writing, all existing damages before acceptance of the *rental car*; and
 - b) keep a copy of this written record of pre-existing damages for submission to *us* in the event of a claim.
- 3 *You* must not undertake any repairs other than those that are immediately necessary for the protection of the *rental car* from further loss or damage, nor remove any physical evidence of the loss or damage without *our* consent.
- 4 This insurance is subject to the "*Terrorism Coverage*", "*General Conditions*" and "*How Do You Submit a Claim?*" sections outlined in this policy booklet on pages 14, 31 & 33.

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General Conditions

- 1 If *you* fail to meet the eligibility conditions as outlined under “Who is eligible for coverage?” *your* insurance is void and *our* liability is limited to a refund of the premium paid.
- 2 When making a claim under this insurance, *you* must provide the applicable documents *we* require. Failure to provide the applicable documentation will invalidate *your* claim.
- 3 If *you* are eligible, from any other insurer, for benefits similar to the benefits provided under this insurance, the total benefits paid to *you* by all insurers cannot exceed the actual expense that *you* have incurred. *We* will coordinate the payment of benefits with all insurers from whom *you* are eligible for benefits similar to those provided under this insurance, to a maximum of the largest amount specified by each insurer.
- 4 In the case of out-of-country/province health care coverage:
 - a) if *you* are retired and *your* former employer provides to *you* under an extended health insurance plan, a lifetime maximum coverage of:
 - \$50,000 or less, *we* will not coordinate payment with such coverage;
 - more than \$50,000, *we* will coordinate payment with such coverage only in excess of \$50,000;in accordance with the coordinating coverage guidelines issued by the Canadian Life and Health Insurance Association.
 - b) if *you* are actively employed and *your* current employer provides to *you* under a group health insurance plan, a lifetime maximum coverage of:
 - \$50,000 or less, *we* will not coordinate payment with such coverage;
 - more than \$50,000, *we* will coordinate payment with such coverage only in excess of \$50,000.
- 5 If *you* are insured under more than one of *our* policies, the total amount paid to *you* cannot exceed the actual expense which *you* have incurred and the maximum *you* are entitled to is the largest amount specified for the benefit in any one policy.
- 6 All benefits payable to *you* under any of *our* policies are in excess of the benefits for the same or similar benefits payable to *you* by any other insurer.
- 7 *You* must repay to *us* any amount paid or authorized by *us* on *your* behalf if and when *we* determine that the amount is not payable under the terms of *your* policy.
- 8 If *you* incur expenses covered under this insurance due to the fault of a third party, *we* may take action against the party at fault. *You* agree to cooperate fully with *us* and to allow *us*, at *our* own expense, to bring a law suit in *your* name against the third party.
- 9 *We* will pay the expenses, other than for loss of life, covered under this insurance to *you* or to the provider of the service(s). Any sum payable for loss of life will be payable to *your* estate unless otherwise specified in *your* insurance application.
- 10 If the aggregate of all accident insurance policies under which *we* cover *you* is in excess of \$200,000, *our* total liability will be limited to \$200,000 and any excess insurance will be void and the premiums paid will be refunded.
- 11 Payment, reimbursement and amounts shown throughout this contract are in Canadian dollars. If currency conversion is necessary, *we* will use the exchange rate on the date the last service was rendered to *you*. This insurance will not pay for any interest.
- 12 During the processing of a claim under this insurance, *we* may require *you* to undergo a medical examination by one or more *physicians* selected by *us* and at *our* expense.
- 13 *You* and *we* agree that all disputes, controversies or claims arising under this policy or otherwise in connection with this policy, whether of law or fact and of any nature whatsoever including, but not limited to, all disputes or controversies related to determinations made under the policy shall be decided by arbitration before a single arbitrator in the Canadian province or territory in which this policy was issued under the rules embodied in the arbitration legislation of the Canadian province or territory in which this policy was issued or, in the absence of such legislation, in the Commercial Arbitration Act, R.S.C. 1998, C.17 (second supp.), as amended. In any event, any action or arbitration proceeding against *us* for the recovery of a claim under this policy shall not be commenced more than 1 year after the occurrence which gives rise to the claim. If, however, this limitation is invalid according to the laws of the province or territory where this policy was issued, *you* must commence *your* action or arbitration proceeding within the shortest time limit permitted by the laws of that province or territory. In addition, the venue of any action or arbitration proceeding shall only be in the province or territory where the policy was issued. *You*, *your* heirs and assigns consent to the transfer of any action or arbitration proceeding to the province or territory where the policy was issued and at a venue chosen by *us* and/or Assured Assistance Inc.

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- 14 This contract is void in the case of fraud or attempted fraud by *you*, or if *you* conceal or misrepresent any material fact or circumstance concerning this insurance.
- 15 Throughout this document, any reference to age refers to *your* age on the date of *insurance application*.
- 16 *We* and *our* agents, Assured Assistance Inc. and their agents are not responsible for the availability, quality or results of any medical treatment or of any transportation or of *your* failure to obtain medical treatment.
- 17 This document, including the *insurance application* and, when applicable, the *medical questionnaire*, is the entire contract between *you* and *us*. Despite any other provision of this contract, this contract is subject to any applicable federal and provincial statutes concerning contracts of accident and sickness insurance.

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How do you submit a claim?

- 1 When you call Assured Assistance Inc. at the time of an *emergency*, you are given all the information required to file a claim. Otherwise, please refer to the instructions below.
- 2 We do not cover fees charged for completing a medical certificate.
- 3 You must file your claim with us within:
 - 30 days of the loss or damage in the case of a claim under *Rental Car Physical Damage*; or
 - 90 days of your return to your *departure point* in the case of a claim under any of our other coverages.
- 4 If you are insured under our Multi-Trip Annual Plan, in the event of a claim, you must provide documentary evidence of your *effective date*.
- 5 Please tear out the Claim & Authorization form from the back of this booklet.
If you need a Claim & Authorization form, please contact our Claims Department at:
 - a) If you do not reside in Quebec:
P.O. Box 97, Station A, Mississauga, Ontario, L5A 2Y9
905-816-2572 or 1-800-263-8944
 - b) If you reside in Quebec:
P.O. Box 11472, Station Centre Ville,
Montreal, Quebec, H3C 5N2
514-748-2244 or 1-800-263-8944

Emergency Medical Insurance

- 1 Please complete the following sections:
For all British Columbia residents
 - A, C, D and E **and** you must also call our Claims Department at 1-800-263-8944 to obtain a specific Government Health Form provided by the British Columbia Medical Service Plan.
 - **For all Quebec residents**
A, C, D, F and the Application for Reimbursement.
 - **For non-Quebec residents**
A, C, D and E.
- 2 We require the fully completed Claim & Authorization form, and where applicable:
 - our *medical questionnaire* (if you are covered under TravelCare® -HealthSelect®, Gold, Silver or Bronze Coverage).
 - original of all bills, invoices and receipts.
 - proof of payment by your *government health insurance plan* and payment from any other insurer or benefit plan.
 - the completed and signed Power of Attorney and Régie de l'assurance maladie du Québec forms, if you reside in the province of Quebec.
 - a complete diagnosis from the *physician(s)* and/or *hospital(s)* who provided the treatment, including, where applicable, written verification from the *physician* who treated you during your *trip* that the expenses were medically necessary.
In addition, for accidental dental expenses, we require proof of the accident.

Cancellation & Interruption Insurance

Please complete Sections A, B, C, D and the Medical Certificate of the Claim & Authorization form.

We require the fully completed Claim & Authorization form, and where applicable:

- our *medical questionnaire* (if the full value of the non-refundable portion of your prepaid travel arrangements exceeds \$10,000).
- the attached Medical Certificate, fully completed by the legally qualified *physician* in active personal attendance and in the locality where the *medical condition* occurred stating the reason why travel was impossible.
- written evidence of the risk insured which was the cause of cancellation.
- complete original unused transportation tickets and vouchers.
- all receipts for the prepaid land arrangements and/or subsistence allowance expenses.
- original passenger receipts for new tickets.
- reports from the police or local authorities documenting the cause of the missed connection.
- detailed invoices and/or receipts from the service provider(s).

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Flight and Travel Accident Insurance

We require the fully completed Claim & Authorization form (please contact *your* local office for the appropriate form at 1-800-263-8944), and where applicable:

- police reports, medical records, death certificate, autopsy or coroner's report.

Baggage & Personal Effects Insurance

We require the fully completed Claim & Authorization form (please contact *your* local office for the appropriate form at 1-800-263-8944), and where applicable:

- proofs of loss (copy of reports made to the authorities) or damage, proof of ownership and receipts for the items claimed, in the event of loss or damage.
- proof of delay and receipts for purchases of necessary toiletries and clothing, in the event of a delay.

Rental Car Physical Damage Insurance

We require the fully completed Claim & Authorization form (please contact *your* local office for the appropriate form at 1-800-263-8944), and:

- the invoice and/or receipt showing payment of the car rental,
- a copy of the car rental agreement,
- brief description of the loss, and where applicable:
 - police report if the loss is over \$500, or the *commercial rental agency* loss report.
 - copy of the repair bill or estimate of repair cost.
 - copy of *your* written record of pre-existing damages, as completed before *your* acceptance of the *rental car*.

FAILURE TO COMPLETE THE REQUIRED CLAIM & AUTHORIZATION FORM IN FULL WILL DELAY THE ASSESSMENT OF YOUR CLAIM.

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Your Privacy Matters To Us

At RBC Travel Insurance Company, we're committed to protecting your privacy. We respect your privacy and want you to understand how we safeguard your personal information.

How we collect your information

We collect and keep information about you, which is needed to provide the products and services you request. We collect information from you, either directly or through our representatives. We may also need to collect information about you from sources such as hospitals, doctors and other health care providers, the government (including government health insurance plans) and governmental agencies, other insurance companies, travel agents and suppliers, law enforcement representatives, private investigators, your family and friends, and any references you provide.

How we use your information

We use your information to provide the products and services you request, which includes using it to evaluate insurance risk, manage and coordinate claims, reprice medical expenses, and negotiate payment of expenses to third parties. We may also share your information with others who work for RBC Travel Insurance Company or other RBC Financial Group™ companies, or with third parties, when it is necessary for the services we provide to you. Third parties may include other insurance companies, health organizations and the government (including government health insurance plans) and governmental agencies.

We may use your information internally, to prepare statistical reports that help us understand the needs of our customers and that help us understand and manage our business.

Other ways we may use your information

When you request our products and services from your travel agent, there are other ways we may use your information. For example, we may use or share some of your information to help your travel agent better manage his or her relationship with you and to help him or her offer you the best solutions for your travel needs. However, we will never use or share your health information for these purposes.

If, at any time, you decide that you do not want us to use your information as described here, under "Other ways we may use your information," please let us know by calling us at 1-800-263-8944.

Your right to access your information

You have a right to access the personal information that we have about you in your file. If we have information that is not correct, you can have it corrected.

To access your information or to ask us to correct information, you can contact us at:

RBC Travel Insurance Company
P.O. Box 97, Station A,
Mississauga, Ontario, L5A 2Y9

Phone: 1-800-263-8944
Fax: 1-888-298-6262

If you would like more information about client privacy

RBC Financial Group™ publishes a brochure on client privacy. If you would like a copy of the brochure, you can contact us and we would be pleased to send one to you.

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What are you covered for?

What are you eligible for?

	Trip Cancellation ¹	Trip Interruption	Trip Delay
MEDICAL CONDITION	BENEFIT(S)		
1 Your emergency medical condition.	A	C, D and J*, or C, E and J*, or C, F and J*	E and M*
2 The admission to a hospital following an emergency of a member of your immediate family (who is not at your destination), your business partner, key employee or caregiver.	A	C, E, J* and HolidaySure Plan®	not applicable
3 The emergency medical condition of a member of your immediate family (who is not at your destination), your business partner, key employee or caregiver.	A	C, E and J*	not applicable
4 The admission to a hospital of your host at destination, following an emergency medical condition.	A	C, E and J*	not applicable
5 The emergency medical condition of your travelling companion.	A or B	C, D and J*, or C, E and J*, or C, F and J*	E and M*
6 The emergency medical condition of your travelling companion's immediate family member, business partner, key employee or caregiver.	A or B	C, E and J*	not applicable
7 The emergency medical condition of your immediate family member who is at your destination.	A	C, E and J*	E and M*
PREGNANCY AND ADOPTION			
8 Complications of a pregnancy arising in the first 31 weeks of pregnancy involving you, or a member of your immediate family.	A	C, E and J*	E and M*
9 Complications of a pregnancy arising in the first 31 weeks of pregnancy involving your travelling companion, or a member of immediate family of your travelling companion or travelling companion's spouse.	A or B	C, E and J*	E and M*
10 Your or your spouse's pregnancy being diagnosed after your travel arrangements are booked, if your departure from your departure point is scheduled to take place in the 9 weeks before or after the expected date of delivery.	A	not applicable	not applicable
11 Your travelling companion's or your travelling companion's spouse's pregnancy being diagnosed after your travel arrangements are booked, if your departure from your departure point is scheduled to take place in the 9 weeks before or after the expected date of delivery.	A or B	not applicable	not applicable
12 The legal adoption of a child by you, when the actual date of that adoption is scheduled to take place during your travel period.	A	C, E and J*	not applicable
13 The legal adoption of a child by your travelling companion, when the actual date of that adoption is scheduled to take place during your travel period.	A or B	C, E and J*	not applicable
DEATH			
14 Your death.	A	C and N, or C and O, or C and P	N, or O, or P
15 The death of your immediate family member or friend (who is not at your destination), your business partner, key employee or caregiver.	A	C, E, J* and HolidaySure Plan®	not applicable
16 The death of your travelling companion.	A or B	C, E and J*	E and M*
17 The death of your travelling companion's immediate family member, business partner, key employee or caregiver.	A or B	C, E and J*	not applicable
18 The death of your host at destination, following an emergency medical condition.	A	C, E and J*	not applicable
19 The death of your immediate family member or friend, who is at your destination.	A	C, E and J*	E and M*
GOVERNMENT ADVISORIES AND VISAS			
20 A written formal notice issued by the Department of Foreign Affairs and International Trade of the Canadian government after the purchase of your insurance, advising Canadians not to travel to a country, region or city originally ticketed for a period that includes your travel period.	A	C, E and J*, or C, F and J*	not applicable
21 The non-issuance of your travel visa (not an immigration or employment visa) for reasons beyond your control.	A	not applicable	not applicable
22 The non-issuance of your travelling companion's travel visa (not an immigration or employment visa) for reasons beyond your travelling companion's control.	A or B	not applicable	not applicable

What are <i>you</i> covered for?	What are <i>you</i> eligible for?		
	Trip Cancellation†	Trip Interruption	Trip Delay
EMPLOYMENT AND OCCUPATION	BENEFIT(S)		
23 A transfer by the employer with whom <i>you</i> or <i>your spouse</i> is employed on <i>your effective date</i> , which requires the relocation of <i>your</i> principal residence.	A	C, E and J*	not applicable
24 A transfer by the employer with whom <i>your travelling companion</i> is employed on <i>your effective date</i> , which requires the relocation of his/her principal residence.	A or B	C, E and J*	not applicable
25 The involuntary loss of <i>your</i> or <i>your spouse's</i> permanent employment (not contract employment) due to lay-off or dismissal without just cause.	A	C, E and J*	not applicable
26 The involuntary loss of <i>your travelling companion's</i> permanent employment (not contract employment) due to lay-off or dismissal without just cause.	A or B	C, E and J*	not applicable
27 Cancellation of <i>your</i> or <i>your travelling companion's business meeting</i> beyond <i>your</i> or <i>your employer's</i> control or <i>your travelling companion's</i> or <i>your travelling companion's employer's</i> control.	A	C, E and J*	not applicable
28 <i>Your</i> being summoned to service in the case of reservists, active military, police and fire personnel.	A	C, E and J*	not applicable
29 <i>Your travelling companion</i> being summoned to service in the case of reservists, active military, police and fire personnel.	A or B	C, E and J*	not applicable
DELAYS AND SCHEDULE CHANGE			
30 Delay of <i>your</i> scheduled carrier, due to weather conditions, for a period of at least 30% of the <i>travel period</i> , when <i>you</i> choose not to continue with <i>your</i> travel arrangements.	A	C, E and J*	not applicable
31 Delay of <i>your travelling companion's</i> scheduled carrier, due to weather conditions, for a period of at least 30% of the <i>travel period</i> , when <i>you</i> choose not to continue with <i>your</i> travel arrangements.	A	C, E and J*	not applicable
32 Delay of <i>your travelling companion's</i> scheduled carrier, due to weather conditions, for a period of at least 30% of the <i>travel period</i> , when <i>you</i> choose to continue with <i>your</i> travel arrangements.	B	B	not applicable
33 Delay of a private automobile resulting from the mechanical failure of that automobile, weather conditions, a traffic accident, or an emergency police-directed road closure, causing <i>you</i> to miss a connection or resulting in the interruption of <i>your</i> travel arrangements, provided the automobile was scheduled to arrive at the point of departure at least 2 hours before the scheduled time of departure.	not applicable	C, F and J*	E and J*
34 Delay of <i>your</i> connecting carrier (<i>passenger plane</i> , ferry, cruise ship, bus, limousine, taxi or train), resulting from the mechanical failure of that carrier, a traffic accident, an emergency police-directed road closure or weather conditions, causing <i>you</i> to miss a connection or resulting in the interruption of <i>your</i> travel arrangements.	not applicable	C, F and J*	E and J*
35 The cancellation of <i>your</i> cruise: <ul style="list-style-type: none"> • prior to <i>your</i> departure from <i>your departure point</i>, or • after <i>your</i> departure from <i>your departure point</i>, but prior to the departure of the cruise ship due to the mechanical failure, grounding or quarantine of the cruise ship, or the repositioning of the cruise ship due to weather conditions, when <i>you</i> are covered under Deluxe, Travel Within Canada, Standard, or Non-Medical Package.	H	I	not applicable
36 The <i>schedule change</i> of the airline carrier that is providing transportation for a portion of <i>your</i> travels, causing <i>you</i> to miss a connection, when <i>you</i> are covered under Deluxe, Travel Within Canada, Standard or Non-Medical Package.	G and K	G and L	G and L
OTHER RISKS			
37 An event completely independent of any intentional or negligent act that renders <i>your</i> principal residence uninhabitable or place of business inoperative.	A	C, E and J*	not applicable
38 An event completely independent of any intentional or negligent act that renders <i>your travelling companion's</i> principal residence uninhabitable or his/her place of business inoperative.	A or B	C, E and J*	not applicable
39 <i>Your</i> quarantine or hijacking.	A	C, E and J*	E and J*
40 The quarantine or hijacking of <i>your travelling companion</i> .	A or B	C, E and J*	E and J*
41 <i>Your</i> being a) called for jury duty; b) subpoenaed as a witness; or c) required to appear as a defendant in a civil suit, during <i>your travel period</i> .	A	C, E and J*	not applicable
42 <i>Your travelling companion</i> being a) called for jury duty; b) subpoenaed as a witness; or c) required to appear as a defendant in a civil suit, during <i>your travel period</i> .	A or B	C, E and J*	not applicable

† The shaded section does not apply to *you* if the sum insured prior to departure under *your* Package is \$0.

* a) When Benefits J and M are payable to *you*, the maximum payable in total may not exceed the amount specified for Benefit M.

b) Benefit J is available only in conjunction with Benefits D, E or F when no cost-effective and/or direct alternate transportation is available.