



IMPORTANT NOTE: PLEASE READ THIS CERTIFICATE OF INSURANCE CAREFULLY.

This Certificate of Insurance contains important information. If You become insured under it, please read it carefully and take it with You on Your trip.

The coverage described in this Certificate of Insurance covers losses arising from sudden and unforeseeable circumstances only.

WARNING: If a medical condition existed or if symptoms existed on or prior to the date of departure, a *Pre-Existing Conditions* exclusion may apply.

There is no coverage under this Certificate of Insurance for claims that arise from a *Pre-Existing Condition* or to which a *Pre-Existing Condition* contributes.

In the event of an accident, injury or sickness, *Your* prior medical history may be reviewed by *Us* when a claim is reported.

Coverage is provided by TD Life Insurance Company (“TD Life”) under Group Policy number TI002 (the “Group Policy”) issued by TD Life to The Toronto-Dominion Bank (the “Policyholder” or “TD Canada Trust”).

IMPORTANT NOTE:

What to do in an emergency

All emergencies must be reported to *Our Administrator* immediately. This includes medical emergencies and, if *You* have purchased the Annual Plan, any covered emergency that may require Trip Cancellation or Trip Interruption. If *You* do not contact *Our Administrator* promptly, benefits may be limited or excluded. **Please see sections 14 and 15 for details.**

Updates regarding changes to medical condition before leaving

If *You* are 55 years of age or older travelling more than 17-days or if *You* are 85 years of age or older, *You* are required to answer medical questions to buy insurance for a *Covered Trip* under this *Certificate*. *You* must keep *Us* up-to-date regarding any changes in *Your* medical condition that occur before leaving on the *Covered Trip*. Otherwise, the insurance will be void. **Please see section 4 for details.**

Pre-Existing Conditions

If *You* have purchased the Annual Plan, a *Pre-Existing Condition* exclusion applies to the Trip Cancellation and Trip Interruption benefits. **Please see Limitations and Exclusions under sections 10 through 13 for details.**

A *Pre-Existing Condition* exclusion also applies to medical benefits for any person who was not required to answer medical questions in order to buy insurance for a *Covered Trip*. However, if *You* were required to answer medical questions as part of *Your Application*, no such exclusion applies. **Please see section 4 for details.**

Section 1. Summary of Benefits

If *You* have purchased the **Annual Plan**:

| Benefits | Maximum Benefit Payable |
|-----------------------------------|---|
| Trip Cancellation Coverage | <i>\$1,000 per Insured Person per Covered Trip</i> or, if applicable, the higher amount that is indicated on <i>Your</i> most recent <i>Application</i> or <i>Letter of Confirmation</i> , not to exceed <i>\$3,000</i> . Overall maximum of <i>\$5,000</i> for all <i>Insured Persons</i> and all <i>Covered Trips</i> per <i>Policy Year</i> or, if applicable, the higher amount that is indicated on <i>Your</i> most recent <i>Application</i> or <i>Letter of Confirmation</i> , not to exceed <i>\$15,000</i> . |
| Trip Interruption Coverage | <i>\$5,000 per Insured Person per Covered Trip</i> . No overall maximum per <i>Policy Year</i> . |
| Medical Emergency Coverage | <i>\$2,000,000 per Insured Person per Covered Trip</i> . No overall maximum per <i>Policy Year</i> . |

If You have purchased **Per Trip coverage**:

| Benefits | Maximum Benefit Payable |
|-----------------------------------|--|
| Medical Emergency Coverage | \$2,000,000 per Insured Person per Covered Trip. |

NOTE: For both the Annual Plan and Per Trip coverage, if a *Medical Emergency* occurs, You must phone *Our Administrator* immediately, or as soon as is reasonably possible, or the maximum benefit payable under the *Medical Emergency* coverage will be reduced to 80% of the *Eligible Medical Emergency Expenses* to a maximum of \$30,000. You can call *Our Administrator* 24 hours a day, seven days a week at **1-800-359-6704** from Canada or the U.S., or from other countries by calling collect at **416-977-5040**.

Section 2: Definitions

In this *Certificate*, the following words and phrases have meanings set for the below and are in italics.

Anniversary Date for the Annual Plan means the date one (1) year from *Your Effective Date* and if You *renew Your Certificate*, subsequent anniversaries of *Your Effective Date*, as applicable.

Application means the printed *Application* form in a brochure that contains this *Certificate*; or the enrollment page that You complete online; or the series of questions that form part of *Your Application* if You call to enroll by telephone and the answers You provide to such medical questions. The *Application* also includes any questions asked and information provided in connection with requests to extend or increase insurance You have already purchased. The *Application* is part of *Your* insurance contract and is used to process *Your* request for insurance.

Certificate means this *Certificate of Insurance*.

Certificate Holder means the TD Canada Trust customer who has applied, and been accepted for either *Single Coverage*, *Couple Coverage* or *Family Coverage*.

Certificate Number means the unique identifier that You receive when You buy this insurance by telephone or online. *Your Certificate Number* can be verified against *Our Administrator's* records, and it confirms what insurance You have purchased.

Couple Coverage means coverage under this *Certificate* for You and one named travelling companion.

Coverage Period means the *Trip Cancellation Coverage Period*, the *Trip Interruption Coverage Period* or the *Medical Emergency Coverage Period*, as applicable.

Covered Cause for Cancellation is defined in section 10.

Covered Cause for Interruption is defined in section 11.

Covered Trip means a trip:

- made by an *Insured Person*;
- outside the *Insured Person's* province or territory of residence;
- which, for the Annual Plan, begins and ends while the Annual Plan is in effect;
- which, for Per Trip coverage, begins on the departure date and ends on the return date shown in the *Application* or, if applicable, such dates as shown on the most recent *Letter of Confirmation* for that trip; and
- up to the first 182 consecutive days of a trip lasting more than 182 days.

NOTE: A *Covered Trip* does not include any trip for the purpose of commuting to or from an *Insured Person's* usual place of employment.

Dependent Child(ren) means *Your* children who are:

- unmarried;
- dependent on You for maintenance and support; and
- who are:
 - under 22 years of age; or
 - under 26 years of age and attending an institution of higher learning, full-time, in Canada.

NOTE: A *Dependent Child* does not include a child who is born while the child's mother is outside of her province of residence during the *Covered Trip*. Such a child will not be insured with respect to that trip.

Dollars and **\$** mean Canadian dollars.

Effective Date means the date on which *Your Certificate* takes effect. For the Annual Plan, this is the effective date specified in *Your Application* or, if applicable, *Your* most recent *Letter of Confirmation*. For Per Trip coverage, it means *Your* scheduled departure date as specified in *Your Application* or, if applicable, *Your* most recent *Letter of Confirmation*.

Eligible Expenses means *Eligible Trip Cancellation Expenses, Eligible Trip Interruption Expenses or Eligible Medical Emergency Expenses*, as applicable.

Eligible Medical Emergency Expense is defined in section 12.

Eligible Trip Cancellation Expense is defined in section 10.

Eligible Trip Interruption Expense is defined in section 11.

Family Coverage means coverage under this *Certificate* for *You* and *Your Spouse* and, if applicable, *Your Dependent Child(ren)*.

GHIP means a Canadian provincial or territorial government health insurance plan.

Group Policy means the *Group Policy* T1002 issued by TD Life Insurance Company to The Toronto-Dominion Bank.

Hospital means:

- an institution that has been accredited and licensed by the appropriate authority as a hospital to treat patients on an in-patient, outpatient and emergency basis; or
- the nearest appropriate medical facility that has been approved in advance by *Our Administrator*.

NOTE: *Hospital* does not include chronic care, convalescent or nursing home facilities.

Hospitalized or Hospitalization means confinement or confined as an in-patient in a *Hospital*.

Immediate Family Member means an *Insured Person's Spouse*, parents, grandparents, children, grandchildren, brothers, brothers-in-law, sisters, sisters-in-law and the *Insured Person's Spouse's* parents, grandparents, brothers, brothers-in-law, sisters, sisters-in-law and children.

Insured Person means a person:

- who is eligible to be insured under this *Certificate*;
- who was named in the *Application*;
- for whom the required premium has been paid; and
- on whom insurance has been issued under the *Certificate*.

Letter of Confirmation means the document *Our Administrator* sends to *You* when *You* enroll over the telephone or online for new or additional emergency travel medical insurance coverage under the *Group Policy*. It includes *Your Certificate Number* and confirms the insurance coverage *You* have purchased.

Medical Emergency means any unforeseen illness or accidental bodily injury occurring during a *Covered Trip* that requires immediate emergency medical treatment by a *Physician*.

Medical Emergency Coverage Period is defined in section 9.

Our Administrator means the company selected by *Us* to provide medical and claims assistance, claims payment and administrative services under this *Group Policy*.

Physician means a physician or surgeon who is registered or licensed to practice medicine in the jurisdiction where he or she provides medical advice or treatment and who is not related by blood or marriage to any *Insured Person* under this *Certificate*.

Policy Year for the Annual Plan means the period beginning on *Your Effective Date* and ending with the *Anniversary Date* twelve months later; and if *You* renew *Your Annual Plan*, subsequent twelve month periods, as applicable.

Pre-Existing Condition means a medical condition:

- for which symptoms appeared in the *Pre-Existing Condition Period*;
- which was investigated, diagnosed or treated during the *Pre-Existing Condition Period*, where treatment includes medication; or
- for which further investigation was recommended or prescribed, or for which a change in treatment was recommended (including a change in medication or its dosage) during the *Pre-Existing Condition Period*.

Pre-Existing Condition Period with respect to a benefit under this *Certificate* is a period of time that ends immediately before the *Coverage Period* for that type of benefit begins. The *Pre-Existing Condition Period* is:

- 180 days for *Insured Persons* who are 74 years of age or younger;
- 365 days for *Insured Persons* who are 75 years of age or older.

NOTE: For this purpose, age is calculated as of the date the *Coverage Period* in question begins.

Single Coverage means coverage on a single person who is either:

- *You*; or
- if specified in the *Application*, *Your Dependent Child(ren)* who is under 18 years of age.

Spouse means:

- the *Insured Person's* legal husband or wife; or
- the person who the *Insured Person* has lived with for at least one year and publicly represented as his or her domestic partner.

Trip Cancellation Coverage Period is defined in section 9.

Trip Interruption Coverage Period is defined in section 9.

Usual, Customary and Reasonable Charges means charges that do not exceed the general level of charges made by other providers of similar standing in the geographical area where charges are incurred for comparable treatment, services or supplies for a similar *Medical Emergency*.

You and **Your** mean the person who purchases this *Certificate*. *You* and *Your* do not include that person's *Spouse* or *Dependent Child(ren)*.

We, Us and **Our** mean TD Life Insurance Company.

Section 3: Eligibility

Eligibility for the Annual Plan and Per Trip coverage

You may apply for the Annual Plan or Per Trip coverage under *Single Coverage* if:

- *You* are:
 - 18 to 84 years of age on the *Effective Date* of *Your* Annual Plan; or
 - at least 18 years of age on the *Effective Date* of *Your* Per Trip coverage; and
- *You* are a resident of Canada;
- *You* are covered under a Canadian provincial or territorial government health insurance plan;
- *You* are a TD Canada Trust Customer;
- *You* are physically present in *Your* home province or territory when *You* purchase the insurance coverage;
- the information *You* provide in connection with *Your Application* is true and complete; and
- *You* purchase the insurance no earlier than 45 days before:
 - the *Effective Date* of *Your* Annual Plan; or
 - if *You* are purchasing Per Trip coverage, the departure date as set out in *Your Application* or most recent *Letter of Confirmation*.

You may apply for the Annual Plan or Per Trip coverage on *Your Spouse* or any named travelling companion under *Couple Coverage* if:

- *You* apply for *Couple Coverage*;
- *You* name *Your Spouse* or travelling companion in *Your Application*; and
- *Your Spouse* or travelling companion also meets the above criteria, except that:
 - he or she is not required to be a TD Canada Trust Customer; and
 - if *Your* travelling companion is *Your Dependent Child(ren)*, then he or she may be under 18 years of age.

You may apply for the Annual Plan or Per Trip coverage on *Your Spouse* including *Your Dependent Child(ren)* under *Family Coverage* if:

- *You* name *Your Spouse* and/or *Dependent Child(ren)* in *Your Application*; and
- they meet the above criteria except that:
 - they are not required to be TD Canada Trust Customers; and
 - *Your Dependent Child(ren)* is travelling with *You* or *Your Spouse*.

NOTE: *Your Dependent Child(ren)* does not have to be 18 years of age to be an *Insured Person*.

You may apply for the Annual Plan or Per Trip coverage on a *Dependent Child* if:

- *You* apply for *Single Coverage*;
- *You* specify in *Your Application* that the *Certificate* is to cover the *Dependent Child(ren)* instead of *You*; and
- *Your Dependent Child(ren)* meets the above criteria except that:
 - he or she is not required to be a TD Canada Trust Customer; and
 - he or she does not have to be 18 years of age to be an *Insured Person*.

Eligibility to increase Trip Cancellation Benefits

If *You* already have the Annual Plan and *You* want to increase the benefits available with respect to *Your* Trip Cancellation insurance, *You* can apply for this coverage if each *Insured Person* meets the applicable criteria described under section 3 – Eligibility for the Annual Plan and Per Trip coverage.

Eligibility for the Annual Plan Trip Extension Coverage

If *You* already have the Annual Plan under the *Group Policy* and *You* are planning a trip that will last more than 17 days, *You* can apply to purchase the Annual Plan Trip Extension Coverage through *Us* as long as each *Insured Person* meets the applicable criteria described under section 3 – Eligibility for the Annual Plan and Per Trip coverage, except that:

- *You* do not have to be in *Your* home province or territory when *You* purchase this additional coverage; and
- *You* can apply for the insurance either before or after *You* depart on *Your* trip as long as:
 - no *Insured Person* has suffered a *Medical Emergency* before *You* apply for this extended insurance; and
 - *You* apply for the insurance before the end of the 17th day of *Your* trip (Note that the date of departure is counted as one full day.); and
 - the total length of the *Covered Trip* does not exceed 182 consecutive days.

NOTE: The minimum premium for extension of the Annual Plan is \$15. This payment will be charged to *Your* credit card.

Eligibility to increase the length of Per Trip coverage

If *You* already have Per Trip coverage under the *Group Policy* and discover that *Your* trip will last longer than originally intended, *You* can apply to extend the period of coverage if each *Insured Person* meets the applicable criteria described in section 3 – Eligibility for the Annual Plan and Per Trip coverage, except that:

- *You* do not have to be in *Your* home province or territory when *You* purchase this extension of coverage; and
- *You* can apply for the insurance either before or after *You* depart on *Your* trip as long as:
 - no *Insured Person* has suffered a *Medical Emergency* before *You* apply for this extension of coverage;
 - *You* apply for this extension before the date on which the original coverage terminates; and
 - the trip does not exceed a total of 182 consecutive days.

Note: The minimum premium for extension of Per Trip coverage is \$15. This payment will be charged to *Your* credit card.

Section 4: Evidence of Insurability

Medical Evidence

In some cases, a person who wants to be insured will need to answer some medical questions so that *We* can determine whether or not to provide the insurance. In these cases, the premium for the coverage or extension of coverage will be based on the answers to the medical questions and will be subject to medical underwriting. Applicants with certain unstable medical conditions may not qualify for coverage or for extension of coverage.

All medical conditions must be fully disclosed. If a person to be insured is required to provide evidence of insurability and:

- **fails to disclose all medical conditions, current medications and periods of *Hospitalization* in response to the medical questions asked; or**
- **fails to fully, completely and accurately respond to the medical questions asked in the telephone interview with *Our Administrator*, then this *Certificate* will be null and void and no benefits will be payable under it.**
- **This *Certificate* and all coverage hereunder will be null and void even if the failure to disclose or misrepresentation relates only to the amount of premium that *You* should have paid and this *Certificate* will be null and void even if any failure to disclose or misrepresentation does not relate to the cause of any claim. This is why *We* investigate the answers provided to the health questions in the *Application*. *We* may do this at any time. *We* will do this at the time of claim.**

When is Medical Evidence Required?

Medical evidence of insurability will be required in the following cases:

- if the person to be insured is over 85 years of age and is applying for Per Trip coverage, or for extension of Per Trip coverage; or
- if the person to be insured is 55 to 84 years of age and:
 - is applying for Per Trip coverage, or an extension of Per Trip coverage, with respect to a trip that will last 18 days or longer; or
 - has the Annual Plan and is applying for Annual Plan Trip Extension Coverage for a trip that will last 18 days or longer.

Obligation to Update Medical Evidence

If an *Insured Person* is required to provide evidence of insurability in connection with this *Certificate*, then he or she is required to contact *Our Administrator*, if the *Insured Person's* medical status changes in any way after the *Insured Person* is enrolled and before his or her date of departure.

If an *Insured Person*:

- is required to provide evidence of insurability; and
- **fails to contact *Our Administrator* and fully disclose any change in his or her medical status between the date of enrollment and date of departure, including:**
 - any medical condition discovered;
 - any symptoms that appeared;

- any condition that was investigated, diagnosed or treated;
 - any further investigation that was recommended or prescribed; or
 - any change in treatment that was recommended, including new medication or any change to medication or dosage;
- in that period, then this *Certificate* will be null and void and no benefits will be payable under it.

Amending or Canceling Coverage based on a Change in Medical Condition

Where medical evidence is required, *Our* decision as to whether to insure a person, and on what basis to insure the person, depends on his or her condition on the date the *Insured Person* leaves on the *Covered Trip*. Therefore, if there is any change in an *Insured Person's* medical condition, as described above, before the *Covered Trip* begins, *We* may:

- cancel the *Insured Person's* insurance for that *Covered Trip*; or
- request a higher premium with respect to that *Insured Person* for that *Covered Trip*. If *You* do not pay the additional premium by the date the *Insured Person* departs, *We* will cancel the *Insured Person's* insurance for that *Covered Trip*.

If *We* cancel insurance under this provision, *We* will return any premiums that were paid for the canceled coverage.

Section 5: How to apply for insurance

By Phone

You can apply for insurance by calling *Our Administrator*, toll-free, at **1-800-293-4941** or at **416-977-2039** and completing an *Application* by telephone.

You can apply for an extension of insurance by calling *Our Administrator* at the 24 Hour Assistance line and completing an *Application* by telephone. The phone number is **1-800-359-6704** from Canada or the U.S., or from other countries, *You* can call collect at **416-977-5040**.

Online

You can also apply for insurance online at **www.tdinsurance.com** if *You* would like to apply for:

- a new Annual Plan; or
- new Per Trip coverage if:
 - all of the people to be insured are under 55 years of age; or
 - all of the people to be insured are under 85 years of age and the trip will be 17 days or less.

In a TD Canada Trust branch

You can also apply for insurance through an Ontario TD Canada Trust branch if:

- *You* are an Ontario resident; and
- *You* would like to apply for one of the following:
 - a new Annual Plan with the lowest amount of Trip Cancellation Insurance coverage (i.e. \$1,000 per *Insured Person* per *Covered Trip*, with an overall maximum of \$5,000 per *Certificate* per *Policy Year* in total for all *Insured Persons* and all *Covered Trips*); or
 - new Per Trip coverage where:
 - all of the people to be insured are under 55 years of age; or
 - all of the people to be insured are under 85 years of age and the trip will be 17 days or less.

Section 6: When Your Certificate takes effect

If the following conditions have been met, *Your Certificate* of Insurance takes effect on the *Effective Date* as set out in *Your Application* or, if applicable, *Your* most recent *Letter of Confirmation*:

- *You* have applied for insurance as described in section 5;
- all of the people to be insured met the eligibility requirements described in section 3;
- if any of the people to be insured were required to provide evidence of insurability, as described in section 4, they have done so and *Our Administrator* has approved them for coverage;
- *You* have paid the required premium;
- if *You* applied in a TD Canada Trust branch, an authorized branch representative has stamped *Your Certificate* of Insurance to indicate that *Your* insurance has been issued; and
- if *You* applied by telephone or online, *You* have received a *Certificate Number* to confirm insurance has been issued, and *Our Administrator* has sent a *Letter of Confirmation*.

Section 7: How Your Annual Plan can be renewed

Your Annual Plan will automatically renew on the *Anniversary Date* if:

- You purchased Your Annual Plan online or by calling Our Administrator;
- We have a valid credit card on file when Your Anniversary Date occurs;
- no Insured Person under the Certificate is 85 years of age or older on the Anniversary Date; and
- the renewal premium is received and accepted for the next Policy Year for the Annual Plan.

Otherwise, if You want to renew Your Annual Plan, You will need to contact Our Administrator before Your Anniversary Date to arrange for payment. You can contact Our Administrator, toll-free, at **1-800-293-4941** or at **416-977-2039** from 8 a.m. to 8 p.m. ET on Monday to Friday or 12 p.m. to 6 p.m. ET on Saturday.

If there have been any changes, We will send You a new Certificate that will describe the terms and conditions of insurance for the new Policy Year for the Annual Plan. Otherwise, Your most recent Certificate will continue to apply.

If You wish to cancel Your insurance, You can do so as described in section 8.

Section 8: When Your Certificate terminates

Annual Plan

Your Annual Plan Certificate will terminate on the earliest of the following dates:

- Your Anniversary Date, unless Your coverage is renewed; and
- the date on which Your request to cancel Your Certificate is effective.

Per Trip Coverage

Your Per Trip coverage Certificate will terminate on the earliest of the following dates:

- the scheduled return date shown in Your Application or, if applicable, the most recent Letter of Confirmation;
- the date the last Insured Person under the Certificate returns to his or her province of residence from the Covered Trip;
- the date the last Insured Person under the Certificate ceases to be eligible for coverage;
- the date the last Insured Person under the Certificate has his or her insurance canceled due to a change in medical condition before departing on the Covered Trip; and
- the date on which Your request to cancel Your Certificate is effective.

Automatic Extension of Certificate in a Medical Emergency

However, if any Insured Person is suffering from a Medical Emergency on a date when Your Certificate would otherwise terminate, for any reason other than cancellation, then the Certificate is automatically extended until 72 hours following the end of the Medical Emergency.

Canceling Your insurance

You can cancel Your insurance by writing to Our Administrator at the Customer Service address in section 17. Once Our Administrator receives Your written request, it will be effective on the date it was post-marked.

You will receive a refund as follows:

- if Your cancellation request for Your Per Trip coverage is postmarked before the departure date set out in Your Application or, if applicable, Your most recent Letter of Confirmation, You will receive a full refund;
- if Your cancellation request for Your Per Trip coverage is postmarked after that date, and no claim has been incurred, You will receive a pro-rated refund, less an administrative fee of \$15;
- if Your cancellation request for Your Annual Plan is postmarked within 10 days of Your Effective Date or, for renewals, the most recent Anniversary Date, and no Insured Person has travelled outside his or her country, province or territory of principal residence after the Effective Date or Anniversary Date, as applicable, then You will receive a refund of Your full premium for the Policy Year for the Annual Plan;
- otherwise, no refund is available.

No benefits will be paid under this Certificate for losses incurred after coverage has terminated.

Section 9: The Coverage Period for each type of benefit

Trip Cancellation Coverage Period (Annual Plan only)

If You have purchased the Annual Plan coverage, the Trip Cancellation Coverage Period begins on the later of:

- Your Annual Plan Effective Date; and
- the date the Covered Trip is booked.

The *Trip Cancellation Coverage Period* ends on the earlier of:

- the date the *Insured Person* departs on the *Covered Trip*; and
- the date this *Certificate* terminates.

Trip Interruption Coverage Period (Annual Plan only)

If *You* have purchased the Annual Plan, the *Trip Interruption Coverage Period* begins on the later of:

- *Your* Annual Plan *Effective Date*;
- the date the *Insured Person* completes a portion of the *Covered Trip* as shown on his or her invoice or ticket.

The *Trip Interruption Coverage Period* ends on the earlier of:

- the date the *Insured Person* is scheduled to return from the *Covered Trip*;
- if the *Covered Trip* exceeds 17 days and *You* have not purchased Annual Plan Trip Extension coverage, at 11:59 p.m. on the 17th day of the *Covered Trip* (Note that the date of departure is counted as one full day.);
- if the *Covered Trip* exceeds 17 days and *You* have purchased Annual Plan Trip Extension coverage, at 11:59 p.m. on the last day of *Your* Annual Plan Trip Extension coverage (Note that the date of departure is counted as one full day; and
- the date this *Certificate* terminates.

Medical Emergency Coverage Period (Annual Plan)

If *You* have purchased the Annual Plan coverage, the *Medical Emergency Coverage Period* begins when the *Insured Person* departs on a *Covered Trip*.

The *Medical Emergency Coverage Period* ends on the earlier of:

- the date the *Insured Person* returns from the *Covered Trip*;
- if the *Covered Trip* exceeds 17 days and *You* have not purchased Annual Plan Trip Extension coverage for the *Covered Trip*, at 11:59 p.m. on the 17th day of the *Covered Trip*. (Note that the date of departure is counted as one full day. The *Insured Person* will be required to provide evidence satisfactory to *Us* of his or her actual date of departure from his or her province or territory of residence. Proof of *Your* date of departure includes, but is not limited to, a flight itinerary, gas receipts or toll-road receipts.);
- if *You* have purchased Annual Plan Trip Extension Coverage, at 11:59 p.m. on the last day of coverage under Annual Plan Trip Extension coverage, as specified in the most recent *Letter of Confirmation*;
- the date this *Certificate* terminates.

However, if an *Insured Person* is suffering from a *Medical Emergency* on the date the *Medical Emergency Coverage Period* would otherwise end (for any reason except cancellation of the *Certificate*), then the *Medical Emergency Coverage Period*:

- for that *Insured Person*; and
- for any other *Insured Person* if:
 - that other *Insured Person* has extended his or her trip beyond his or her scheduled return date as a result of the first *Insured Person's* *Medical Emergency*; and
 - *Our Administrator* has approved a Travelling Companion Benefit for that other *Insured Person*

is automatically extended to 72 hours following the end of the *Medical Emergency*.

Medical Emergency Coverage Period (Per Trip Plan)

If *You* have purchased Per Trip coverage, the *Medical Emergency Coverage Period* begins on the later of:

- the *Insured Person's* scheduled departure date, as specified in the *Application* or, if applicable, the most recent *Letter of Confirmation*;
- when the *Insured Person* actually departs on the *Covered Trip*.

If *You* have purchased Per Trip coverage, then the *Medical Emergency Coverage Period* ends on the earlier of:

- the *Insured Person's* scheduled return date, as specified in the *Application* or, if applicable, the most recent *Letter of Confirmation*;
- the date the *Insured Person* actually returns;
- the date this *Certificate* terminates.

The *Medical Emergency Coverage Period* (Per Trip Plan) will not end if an *Insured Person* temporarily returns to his or her province or territory residence prior to the termination date of *Your* Per Trip Plan *Certificate* as described in section 8, provided that:

- such *Insured Person* has not incurred or submitted a claim under this *Certificate* or suffered a *Medical Emergency* during the *Covered Trip* or during his or her temporary return to his or her province or territory of residence;
- there has been no change in any *Pre-Existing Condition* during the *Covered Trip* or during the temporarily return to the *Insured Person's* province or territory of residence;
- such *Insured Person's* medical condition has not changed during his or her temporary return to his or her province or territory of residence; and, in addition to all of the above,
- such *Insured Person* was fit to resume travel on his or her *Covered Trip*.

Section 10: What Your Insurance covers – Trip Cancellation Insurance (Annual Plan only)

If *You* have purchased the Annual Plan, *We* will pay a Trip Cancellation Benefit with respect to an *Insured Person* if he or she is required to cancel a *Covered Trip* due to a *Covered Cause for Cancellation* listed below that occurs during the *Trip Cancellation Coverage Period* for the *Covered Trip*. No benefit will be payable with respect to cancellation of a *Covered Trip* for any reason other than those listed below.

Trip Cancellation Benefit is subject to the Maximum Benefit Payable described in section 1.

Eligible Trip Cancellation Expenses means one of the following two options:

- reimbursement for:
 - the portion of the *Insured Person's* unused travel arrangements which were:
 - paid in advance;
 - forfeited as a result of a *Covered Cause for Cancellation*; and
 - non-refundable on the date the *Covered Cause for Cancellation* arose; and
 - travel point administration cancellation fees that applied on the date the *Covered Cause for Cancellation* arose, where applicable.
- NOTE:** there will be no reimbursement for the cost of any additional travel insurance;
- or, in the alternative, if the *Insured Person* misses the scheduled departure as a result of a *Covered Cause for Cancellation*, payment of reasonable transportation costs that are:
 - required for the *Insured Person* to travel to the destination of the *Covered Trip* by the most direct route; and
 - approved in advance by *Our Administrator*.

Covered Cause for Cancellation means:

- death of an *Insured Person*
- sudden and unexpected sickness, accidental injury or quarantine of an *Insured Person* if:
 - it did not result from a *Pre-Existing Condition*;
 - it prevents the *Insured Person* from starting the *Covered Trip*;
 - a *Physician* certifies, in writing that:
 - he or she has advised the *Insured Person* to cancel the *Covered Trip*; or
 - the sickness or injury made it impossible for the *Insured Person* to start the *Covered Trip*;
 - and the medical reason for the decision; and
 - *You* provide the *Physician's* certification to *Our Administrator* before the scheduled departure date;
- death of an *Immediate Family Member* of the *Insured Person*;
- sudden and unexpected sickness, accidental injury or quarantine of an *Immediate Family Member* of the *Insured Person*; or
- the sudden and unexpected death or *Hospitalization* of an *Insured Person's* host at the destination.

TRIP CANCELLATION EXCLUSIONS

1. **Pre-Existing Condition**

No benefit will be payable with respect to a medical condition of the *Insured Person* that relates to or results from a *Pre-Existing Condition*.

2. **Reasonably Foreseeable Conditions**

No benefit will be payable with respect to a sickness, accidental injury or quarantine of the *Insured Person* that was reasonably foreseeable when the *Trip Cancellation Coverage Period* began.

3. **Cancellation penalties arising after Covered Cause for Cancellation**

Benefits will be limited to cancellation penalties in effect on the date the *Covered Cause for Cancellation* arises, so it is important to cancel *Your* travel plans promptly.

4. **Frequent flyer plan points**

Under no circumstance will any benefit be payable in connection with the value of frequent flyer plan points that have been lost or wasted. However, TD Points earned with *Your* TD First Class® Travel Visa Infinite* Card are eligible for benefit under this *Certificate*.

Section 11: What Your Insurance covers – Trip Interruption Insurance (Annual Plan only)

If *You* have purchased the Annual Plan, *We* will pay a Trip Interruption Benefit with respect to an *Insured Person* if he or she is prevented from continuing a *Covered Trip* as a result of a *Covered Cause for Interruption* listed below that occurs during the *Trip Interruption Coverage Period* for the *Covered Trip*. No benefit will be payable with respect to interruption of a *Covered Trip* for any reason other than those listed below.

Trip Interruption Benefit is subject to the Maximum Benefit Payable described in section 1.

Eligible Trip Interruption Expenses means:

- if the *Insured Person* must terminate the *Covered Trip* as a result of the *Covered Cause for Interruption*, the lesser of:
 - the cost of a one-way economy airfare to the point of departure, if *Our Administrator* approves this transportation in advance; or
 - the fee charged by the airline to change the *Insured Person's* date of return;
- if the *Insured Person* is delayed in reaching the next destination of his or her *Covered Trip* as a result of a *Covered Cause for Interruption*, payment of reasonable additional transportation costs that are:
 - required for the *Insured Person* to rejoin a tour group by the most direct route; and
 - approved in advance by *Our Administrator*; and
- the portion of any unused land arrangements which were:
 - part of the *Insured Person's Covered Trip*;
 - paid prior to the *Insured Person's* date of departure; and
 - non-refundable on the date the *Covered Cause of Interruption* occurred.

Covered Cause for Interruption means:

- death of an *Insured Person*;
- accidental injury or sickness of an *Insured Person* if:
 - it does not result from a *Pre-Existing Condition*; and
 - in the opinion of *Our Administrator*:
 - it requires immediate medical attention, and either:
 - it prevents the *Insured Person* from continuing with the *Covered Trip*; or
 - the *Insured Person* will be delayed in reaching the next destination of his or her *Covered Trip*;
- death of an *Immediate Family Member* of the *Insured Person*;
- sudden and unexpected sickness or accidental injury of an *Immediate Family Member* which requires an overnight stay in a *Hospital*.

TRIP INTERRUPTION EXCLUSIONS

1. Pre-Existing Conditions

No benefit will be payable with respect to a medical condition of the *Insured Person* that relates to or results from a *Pre-Existing Condition*.

2. Reasonably foreseeable conditions

No benefit will be payable with respect to a sickness or accidental injury of the *Insured Person* that was reasonably foreseeable:

- when the *Insured Person* departed on the *Covered Trip*; or
- if *You* purchased Annual Plan Trip Extension coverage after that departure date, on the date *You* purchased it.

3. Interruption occurring outside the Coverage Period

No benefit will be payable with respect to an interruption that occurs before the *Trip Interruption Coverage Period* begins or after it ends. This means, for example, that no benefit will be paid with respect to an interruption that occurs after 11:59 p.m. on the 17th day of a *Covered Trip*, if *You* have not purchased Annual Plan Trip Extension Coverage for the trip.

NOTE: The day of departure counts as a full day for this purpose.

4. Sums that become non-refundable after the Covered Cause for Interruption occurs

Only the sums that are non-refundable on the day the *Covered Cause for Interruption* occurs shall be eligible for the purposes of this claim, so it's important to call *Our Administrator* immediately to discuss alternate arrangements.

5. Causes not covered

No benefit will be payable with respect to interruption of a *Covered Trip* for any reason other than those listed under *Covered Causes for Interruption*.

6. Frequent flyer plan points

Under no circumstance will any benefit be payable in connection with the value of frequent flyer plan points that have been lost or wasted. However, TD Points earned with *Your* TD First Class Travel® *Visa Infinite** Card are eligible for benefit under this *Certificate*.

7. Unused Return Travel

Under no circumstance will Trip Interruption Benefits include the cost of prepaid unused return travel.

Section 12: What Your Insurance covers – Emergency Medical Insurance

We will pay a *Medical Emergency Benefit* if an *Insured Person* suffers a *Medical Emergency* during the *Medical Emergency Coverage Period* for a *Covered Trip*.

Emergency Medical Benefit means, subject to the Maximum Benefit Payable described in section 1, the *Usual, Customary and Reasonable Charges* for *Eligible Medical Emergency Expenses*, less all amounts payable or reimbursable under a *GHIP* or any group or individual health plans or insurance policies.

Eligible Medical Emergency Expenses means:

- **Hospital accommodation.**
- **Physicians' bills.**
- **Private duty nursing:**
 - up to \$5,000 for:
 - services performed by a registered nurse; including:
 - medically necessary nursing supplies.
- **Diagnostic services:**
 - charges for diagnostic tests, laboratory tests and X-rays which are:
 - prescribed by the treating *Physician*; and
 - approved in advance by *Our Administrator* if the tests involve:
 - magnetic resonance imaging (MRI);
 - computerized axial tomography (CAT) scans;
 - sonograms;
 - ultrasounds; or
 - any invasive diagnostic procedures including angioplasty.
- **Ambulance:**
 - charges for emergency ambulance service to the nearest approved *Hospital*.
- **Air Ambulance:**
 - charges for emergency air ambulance only if *Our Administrator*:
 - determines that the *Insured Person's* physical condition precludes the use of any other means of transportation;
 - makes the determination before the service is provided;
 - pre-approves this service; and
 - arranges this service.
- **Prescriptions:**
 - reimbursement of prescription drugs that are required as part of emergency treatment.
Exclusion: vitamins and patent, proprietary and experimental drugs are excluded;
- **Accidental Dental:**
 - up to \$2,000 for dental treatment that is:
 - required during a *Medical Emergency Coverage Period*; and
 - necessitated by a blow to natural or permanently installed teeth which occurs during a *Medical Emergency Coverage Period*.**Limitation:** treatment for emergency relief of dental pain is covered up to a maximum of \$200.
- **Medical Appliances:**
 - cost of casts, crutches, trusses, braces, slings, splints and/or the rental cost of a wheelchair or walker where:
 - prescribed by a *Physician*; and
 - required as a result of a *Medical Emergency*.
- **Return Airfare:**
 - the extra cost for a one-way economy fare plus, if required to accommodate a stretcher, a second one-way economy fare if:
 - as a result of a *Medical Emergency*, *Our Administrator* determines that an *Insured Person* should return to Canada for medical reasons; and
 - *Our Administrator* approves the transportation in advance.
 - Limitation:** this benefit will be reduced by any amount paid under a Trip Interruption benefit to return the *Insured Person* to his or her point of departure.

- **Transportation to Bedside:**
 - if an *Insured Person* is *Hospitalized* and is expected to remain *Hospitalized* for at least three consecutive days, the cost of one round-trip economy airfare from Canada if it is:
 - for the *Insured Person's Spouse*, parent, child, brother or sister; and
 - approved in advance by *Our Administrator*.
- **Travelling Companion Benefit:**
 - the cost of a single one-way economy airfare if:
 - an *Insured Person* suffers a covered *Medical Emergency*;
 - as a result, a travelling companion stays beyond his or her scheduled return date; and
 - *Our Administrator* approves, in advance, the cost of a one-way economy airfare back to the travelling companion's place of departure.

Limitation: This benefit will be reduced by any amount paid under a Trip Interruption benefit to return the travelling companion to his or her point of departure if the travelling companion is also an *Insured Person* under this *Certificate*.
- **Bedside Companion Benefit:**
 - up to \$150 per day, to a maximum of \$1,500, for food and accommodation for a person if:
 - *Our Administrator* has approved transportation for the person under either a Transportation to Bedside benefit or a Travelling Companion Benefit; and
 - *Our Administrator* has approved the Bedside Companion Benefit in advance.
- **Vehicle Return:**
 - up to \$1,000 toward the cost of returning an *Insured Person's* vehicle to his or her home or, if applicable, the nearest appropriate vehicle rental agency if:
 - the *Insured Person* is unable to return the vehicle due to a covered *Medical Emergency*; and
 - *Our Administrator* arranges for the return of the vehicle.
- **Return of Deceased:**
 - up to \$5,000 toward the cost of preparation and transportation home of a deceased *Insured Person* if death results from a covered *Medical Emergency*; and
 - one round-trip economy airfare if:
 - an Immediate family member is required to identify or obtain release of the deceased; and
 - *Our Administrator* approves this transportation in advance.

Exclusion: the cost of a burial casket or urn is not covered under this benefit.

Medical Emergency Limitations

1. Failure to report

- A *Medical Emergency* must be reported to *Our Administrator* within 48 hours of admission to *Hospital*, or as soon as is reasonably possible.
- If the *Medical Emergency* is not reported as required, the Maximum Benefit Payable with respect to the *Medical Emergency* will be reduced to 80% of the *Eligible Medical Emergency Expenses*, to a limit of \$30,000.

2. General

As noted above, the benefits payable under the *Group Policy* will be the actual cost of the covered expense less:

- the amount reimbursable under *GHIP*; and
- the amount reimbursable through any other insurance or health plan coverage.

MEDICAL EMERGENCY EXCLUSIONS

1. Pre-Existing Condition

If an *Insured Person* was not required to provide medical evidence, as described in section 4, in order to obtain insurance with respect to a *Covered Trip*, then no benefit will be paid for that *Covered Trip* with respect to treatment, services or expenses that relate to or result from a *Pre-Existing Condition*.

2. Reasonably foreseeable conditions

No benefit will be payable with respect to a sickness, accidental injury or *Medical Emergency* that was reasonably foreseeable:

- when the *Insured Person* departed on the *Covered Trip*; or
- if *You* purchased an extension of coverage after that departure date, on the date *You* purchased that additional insurance.

3. **Medical Emergency occurring outside the Coverage Period**

- No benefit will be payable with respect to a *Medical Emergency* that occurs before the *Medical Emergency Coverage Period* begins or after it ends.
- This means, for example, that under the Annual Plan, no benefit will be paid with respect to a *Medical Emergency* that occurs after 11:59 p.m. on the 17th day of a *Covered Trip*, if *You* have not purchased Annual Plan Trip Extension Coverage for the trip.

Note: The day of departure counts as a full day for this purpose.

4. **Failure to transfer to an appropriate facility for treatment**

- *We*, in consultation with the *Insured Person's* treating *Physician*, reserve the right to transfer an *Insured Person* to an appropriate medical facility or to his or her province or territory of residence for further treatment.
- Failure to comply with a transfer request will absolve *Us* of any liability to provide benefits for expenses incurred after the scheduled transfer date.

5. **Recurrence**

A *Medical Emergency* is considered to have ended when medical evidence indicates that the *Insured Person* is able to return to his or her province or territory of residence. No benefits will be paid in connection with the condition that caused a *Medical Emergency* if they are incurred after that time.

6. **Failure to obtain advance approval**

- Where an *Eligible Expense* specifies that it must be approved in advance by *Our Administrator*, if advance approval is not obtained, no benefit will be payable for that expense.
- No benefit will be paid with respect to any surgery or invasive procedure that has not been approved in advance by *Our Administrator*, except in extreme circumstances where a request for prior approval would delay necessary surgery in a life-threatening medical crisis.

7. **Non-emergency services**

No benefit will be payable with respect to non-emergency, experimental or elective services, including any treatment, surgery or medication which medical evidence indicates that the *Insured Person* could have returned to Canada to receive.

Section 13: Limitations and exclusions: What *Your* insurance does not cover

Limitations and exclusions that apply to a particular benefit are found above in the description of those benefits. These include exclusions and limitations with respect to:

- *Pre-Existing Conditions*;
- reasonably foreseeable medical conditions and *Medical Emergencies*;
- failure to report *Medical Emergencies* or to report a covered cause for trip cancellation or trip interruption promptly;
- failure to obtain advance approval from *Our Administrator* for certain expenses, including travel arrangements;
- recurrences of *Medical Emergencies*;
- failure to transfer to an appropriate facility for treatment; and
- non-emergency services.

This *Certificate* is null and void and no benefits will be payable under it for:

1. **Misrepresentation**

- any medical condition for which *You* or an *Insured Person* provided *Our Administrator* or *Us* with false or inaccurate information regarding *Hospitalizations*, treatment or medications;

2. **Failure to provide accurate and complete evidence of insurability**

- if an *Insured Person* was required to provide evidence of insurability as described in section 4 and:
 - a. he or she failed to disclose all medical conditions, as required under section 4; or
 - b. he or she failed to contact *Our Administrator* and disclose a change in his or her medical condition between the date of enrollment and date of departure, as required under section 4

ADDITIONAL EXCLUSIONS APPLICABLE TO ALL BENEFITS

Please see the relevant benefit section for details of specific exclusions that apply to a particular benefit. In addition for all benefits:

No benefit will be payable in connection with treatment, services or expenses related to or resulting from:

a. **Pregnancy**

- pregnancy or childbirth within nine weeks of expected delivery date;
- any complication relating to pregnancy that occurs in the last nine weeks leading up to the expected delivery date, or after the expected delivery date;
- any child born during the *Covered Trip* in question;

b. Intentionally inflicted injuries

- intentionally inflicted injuries, suicide or attempted suicide, while either sane or insane;

c. Failure to take medication

- failure to take medication as prescribed by the *Insured Person's Physician*;

d. Alcohol or drug abuse

- abuse of medication or alcohol or use of illicit drugs;

e. Crime

- participation in a criminal offence;

f. Professional Sports or Racing

- participation in professional sports or any organized racing or speed contests;

g. War or terrorism

- any act of war, whether declared or not, hostile or warlike action in time of peace or war, insurrection, rebellion, revolution, civil war, hijacking or terrorism;

h. Commuting

- any trip that is primarily for the purpose of commuting to or from the *Insured Person's* usual place of employment;

i. Mental Disorders

- any mental, nervous or emotional disorders, including any *Medical Emergency* arising from these disorders;

j. Hazardous Activities

- recreational scuba diving (unless the *Insured Person* holds a basic scuba designation from a certified school or licensing body), mountaineering, bungee-jumping, parachuting, parasailing, cave exploration, hang-gliding, skydiving or any airborne activity in any aircraft other than a passenger aircraft that holds a valid certificate of airworthiness;

k. Travel Advisories

- travel in a country if the Canadian government had issued a travel advisory for that country that was in effect immediately before the *Coverage Period* for the benefit in question began.

Section 14: What to do in a *Medical Emergency*

When a *Medical Emergency* occurs, You must phone *Our Administrator* immediately, or as soon as is reasonably possible. Otherwise, benefits will be limited as described in section 12 under “*Medical Emergency Limitations: 1. Failure to Report*”. Some expenses will only be covered if *Our Administrator* approves them in advance.

Assistance is available twenty-four hours a day, seven days a week by calling, toll-free, **1-800-359-6704** from Canada or the U.S., or from other countries by calling collect **416-977-5040**.

Our Administrator will verify whether coverage is in effect and, if so, will direct the *Insured Person* to the nearest appropriate medical facility. *Our Administrator* will pay, or guarantee payment to, the provider of medical services wherever possible, and manage the *Insured Person's Medical Emergency* from the initial report through its conclusion.

If a direct guarantee of payment is not possible, the *Insured Person* may be asked to pay for services. Upon submission of a claim, the *Insured Person* will be reimbursed for any such *Eligible Expenses* so paid, as described under this *Certificate*.

NOTE: All payments and payment guarantees are subject to the terms and conditions of the *Certificate*, including limitations and exclusions.

Section 15: Annual Plan customers: What to do if You need to cancel or interrupt a trip

Trip Cancellation

It is important to **call *Our Administrator* immediately** at the 24 Hour Emergency Assistance number found in section 17.

The amount payable under Trip Cancellation coverage is limited to *Your* travel supplier's cancellation penalties in effect on the date the *Covered Cause of Cancellation* occurs, so it's important to cancel *Your* plans promptly, within one business day.

After the *Insured Person* has cancelled his or her travel arrangements with the travel supplier, *You* will need to follow the instructions under section 16 – How to make a claim.

Trip Interruption

You must **call Our Administrator immediately** at the 24 Hour Emergency Assistance number found in section 17. Some expenses are only covered if they are approved in advance by *Our Administrator*. All transportation expenses must be pre-approved.

Only the expenses that are non-refundable on the day the *Covered Cause of Interruption* occurs are eligible for reimbursement, so contact *Our Administrator* as soon as possible but no later than within one day to discuss alternate travel arrangements.

Section 16: How to make a claim

Trip Cancellation or Trip Interruption Claim

Once the *Insured Person* has cancelled his or her travel arrangements with the travel supplier, call *Our Administrator* at the Customer Service phone number in section 17 to obtain a claim form.

You will be required to submit a completed claim form and provide documentation to substantiate the claim, including the following:

- original invoice, original tickets (including any unused coupons), original vouchers, and original itinerary;
- proof that cancellation or interruption resulted from a *Covered Cause for Cancellation* or *Covered Cause for Interruption*, as applicable. This may include a medical certificate, *Physician's* written statement or death certificate; and
- a signed "Release of Medical Information" authorization to allow *Us* to obtain any further information required to complete the claim review.

The *Insured Person* will also be required to provide evidence of his or her actual departure date from his or her province or territory of residence.

Medical Emergency Claim

A *Medical Emergency* should always be reported immediately, as described in section 14, or benefits will be limited.

If You did not report the Claim immediately as required –

If, without contacting *Our Administrator* for assistance and claim management, an *Insured Person* incurs *Eligible Medical Emergency Expenses*, then he or she must first submit receipts and other proof to:

- *GHIP*;
- then to any group or individual health plans and/or insurers.

Any *Eligible Medical Emergency Expenses* that are not covered by such *GHIP*, plans or insurance should then be submitted to *Our Administrator* with proof of claim, receipts and payment statements. In this case, claims forms can be obtained from *Our Administrator's* Customer Service representatives at the number set out in section 17.

The *Insured Person* will also be required to provide evidence of his or her actual departure date from his or her province or territory of residence. Proof of *Your* departure date includes but is not limited to a flight itinerary, gas receipts or toll-road receipts.

If You did report the claim –

If *Hospital* or other medical charges have been guaranteed or paid by *Our Administrator* on behalf of an *Insured Person* then *You* and, if applicable, the *Insured Person* must sign an authorization form allowing *Our Administrator* to recover these charges:

- from the *Insured Person's GHIP*;
- from any health plan or other insurance;
- through subrogation rights against any responsible third party.

If *Our Administrator* has paid for *Eligible Expenses* covered under other insurance or another plan, *You* and, if applicable, the *Insured Person* must assist *Our Administrator* in obtaining reimbursement, where necessary.

The *Insured Person* will also be required to provide evidence of his or her actual departure date from his or her province or territory of residence. If requested, an *Insured Person* is also required to confirm the dates of any return travel to his or her province or territory of residence and this includes any interruption in a *Covered Trip*.

NOTE: If an advance payment is made for expenses and it is later discovered that they were not covered under this *Certificate*, then the *Insured Person* must reimburse *Us*.

Section 17: How to contact *Our Administrator*

24-Hour Emergency Assistance Number

To report a *Medical Emergency*, or to make arrangements with respect to Trip Interruption or Trip Cancellation, *You* can call *Our Administrator* 24 hours a day, seven days a week:

From the U.S. or Canada **1-800-359-6704**

From elsewhere, call collect **416-977-5040**

You can also call this number to apply for an extension of Per Trip coverage for a *Covered Trip* or to apply for Annual Plan Trip Extension coverage.

Customer Service Phone number

To purchase insurance, or to increase the amount of benefit available for Trip Cancellation Insurance under *Your* Annual Plan, *You* can call *Our Administrator* 8 a.m. to 8 p.m. ET on Monday to Friday, or 12 p.m. to 6 p.m. ET on Saturday toll-free at **1-800-293-4941** or **416-977-2039**.

In a non-emergency situation, *You* can also call this number to obtain claim forms.

Customer Service Mailing Address

To obtain a claim form or to cancel *Your* insurance, send *Your* request to:

Re: TD Canada Trust Travel Medical Insurance
World Travel Protection Canada Inc.
400 University Avenue, 15th floor
Toronto, Ontario M5G 1S7
Fax: **416-205-4673**

If for any reason *You* wish to communicate directly with TD Life, call **1-888-788-0839** (press option 1, then press option 1 again) or write to *Us* at:

TD Life Insurance Company
Attention Product Manager, Travel Medical Insurance
120 Adelaide Street West, 2nd Floor
Toronto, ON M5H 1T1

Or Email *Us* at: **TD.InsuranceLifeAndHealth@td.com**

Section 18: Premiums and Premium refunds

If any person to be insured is required to provide evidence of insurability as described in section 4, then premiums for this *Certificate* will be based on the medical information provided when *You* call *Our Administrator* to apply, and, for Per Trip coverage, on the duration of *Your Covered Trip*.

Otherwise, premiums will be based on:

- the age of the oldest person to be insured under the *Certificate* as of:
 - the *Effective Date* of *Your Certificate*; or
 - if applicable, the *Anniversary Date* on which *Your Certificate* is renewed;
 - for Per Trip coverage, the duration of *Your Covered Trip*; and
- *Our* then-current premium tables for the requested type of insurance.

NOTE: Premium tables are subject to change without notice.

If *You* request an extension to Per Trip coverage, or if *You* request Annual Plan Trip Extension Coverage, the minimum premium will be \$15.

If *You* cancel *Your* insurance, some or all of *Your* premiums may be refunded, as described under section 8.

Section 19: General Conditions

Unless otherwise expressly provided herein or in the *Group Policy*, the following general provisions apply to the benefits described in this *Certificate*:

Proof of Loss

The appropriate claim forms together with written proof of loss must be furnished as soon as reasonably possible, but in all events within one (1) year from the date of the accident or the date a claim arises under this *Certificate*.

Examination

During the processing of a claim, *We* shall have the right and opportunity, at *Our* own expense, to review all medical records related to the claim and to examine the *Insured Person* medically when and as often as may be reasonably required.

Subrogation

We shall have full rights of subrogation, including the right to proceed at *Our* own expense in the *Insured Person's* name against third parties who may be responsible for a claim arising or for providing indemnity or benefits similar to the benefits under this *Certificate*. *You* and the *Insured Person* shall give *Us* all such assistance as is reasonably required to secure *Our* rights and remedies, including the execution of all documents necessary to enable *Us* to bring suit in *Your* name or the name of the *Insured Person*, as applicable.

Other Insurance

The total benefits payable under all insurance, whether insured by *Us* or otherwise, with respect to a claim, cannot exceed the actual expenses incurred in connection with the claim. If a person who is insured under this *Certificate* is also insured under any other insurance *Certificate* or policy, *We* will coordinate payment of benefits with the insurer of that other insurance.

Legal Action

No actions or proceedings may be brought against *Us* after two (2) years from the date on which the loss occurred. Every action or proceeding against the insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act or other applicable legislation, applicable in *Your* province or territory of residence. All actions or proceedings against *Us* must be brought in the province or territory in which the *Certificate Holder* was resident at the *Effective Date* of this *Certificate* and will be governed by the laws of that province or territory, without reference to its conflicts of law rules.

False Claim

If *You* or an *Insured Person* make a claim knowing it to be false or fraudulent in any respect, neither *You* nor the *Insured Person* will be entitled to the benefits of this coverage, nor to the payment of any claim under the *Group Policy*.

Currency

All amounts shown are in Canadian currency.

Access to Medical Care

TD Life, TD Canada Trust, *Our Administrator* and their affiliates are not responsible for the availability, quality or results of any medical treatment or transport, or for the failure of any *Insured Person* to obtain medical treatment.

Group Policy

All benefits under this *Certificate* are subject in every respect to the *Group Policy* which alone constitutes the agreement under which benefits will be provided. The principal provisions of the *Group Policy* affecting *Insured Persons* are summarized in this *Certificate*. The *Group Policy* is on file at the office of the "Policyholder" and upon request, *You* are entitled to examine and receive a copy of the *Group Policy*.

This is the end of *Your Certificate of Insurance*.

Authorization

You apply to TD Life Insurance Company ("TD Life") for insurance under Group Policy TI002 between TD Life and The Toronto-Dominion Bank ("TD Canada Trust").

You declare that You are a current TD Canada Trust customer and that You have read and understood the terms and conditions pertaining to Travel Medical Insurance offered through TD Canada Trust as set out in the Certificate of Insurance. You declare that You are aware of the limitations and exclusions (including an exclusion related to pre-existing conditions) which are detailed in the Certificate of Insurance.

TD Canada Trust does not act as agent for the insurer, TD Life, which is its wholly owned subsidiary. TD Canada Trust sponsors this product and receives a fee from TD Life.

You agree that, at the time You begin a relationship with us and during the course of our relationship, we may collect, use and disclose Your Information as described in the enclosed Privacy Agreement included for, but not limited to the purpose of identifying You, providing ongoing service, understanding Your financial needs, protecting us both from fraud and error complying with legal and regulatory requirements, and marketing products and services to You by telephone, fax, and automatic dialing-announcing device, at the numbers you have provided us, or by internet and mail, email or other methods.

You agree that TD Life may share information about You (except health information) with its affiliates to establish and service You as a customer, to determine whether any other products or services are suitable for You, to offer them to You or otherwise establish, maintain and promote a business relationship with You. You may choose not to be contacted regarding direct marketing offers by contacting us as described in the privacy section of this brochure.

You authorize and consent to the collection of any records of You and Your health if required by TD Life and its reinsurers. You authorize the exchange of information concerning You and Your health between TD Life, its reinsurers and underwriters. In the event of a claim, the certificate holder, beneficiary, heir, executor or administrator of Your estate is authorized to provide TD Life with all the information and authorizations needed for claims purposes.

You accept that any claims will be subject to the terms and conditions as described in the Certificate of Insurance. You hereby authorize any Hospital or Physician to release copies of all medical records for You and Your family to World Travel Protection Canada Inc. and TD Life Insurance Company. A photostatic copy of this authorization shall be as valid as the original.

PRIVACY AGREEMENT

In this Agreement, the words “you” and “Your” mean any person who has requested from us, or offered to provide a guarantee for, or is insured under any product or service offered by us. The words “we”, “us” and “our” mean

- (1) TD Life Insurance Company (“TD Life”), TD Assurance Agency Inc. and TD Waterhouse Insurance Services Inc. which are part of the TD Bank Financial Group (“TDBFG”);
- (2) any insurance company that insures Your personal accident, sickness, life, travel, creditor or other coverage under a group policy issued to The Toronto-Dominion Bank (“TD Bank”);
- (3) any company that will in future insure a group policy issued to TD Bank that provides coverage that replaces all or part of an insurance policy listed in (2) or any other insurance currently provided by TD Life;
- (4) any company that provides reinsurance to any company listed in (1) through (3); and
- (5) service providers for any company listed in (1) through (4).

TDBFG means TD Bank and its affiliates, which provide deposit, investment, loan, securities, trust, insurance and other products or services. The word “Information” means personal, financial and other details about you that you provide to us and we obtain from others outside our organization, including through the products and services you use.

You acknowledge, authorize and agree as follows:

COLLECTING AND USING YOUR INFORMATION

At the time you begin a relationship with us and during the course of our relationship, we may collect Information including:

- details about you and Your background, including Your name, address, date of birth, occupation and other identification, all of which are required under law
- records that reflect Your business dealings with and through us
- Your financial preferences and activities.

This Information may be collected from you and from sources outside our organization, including from:

- government agencies and registries, law enforcement authorities and public records
- credit reporting agencies
- other financial institutions
- other service providers, agents and other organizations with whom you make arrangements
- references you have provided
- persons authorized to act on Your behalf under a power of attorney or other legal authority.

You authorize those sources to give us the Information.

We will limit the collection and use of Information to what we require in order to serve you as our customer and to administer our business, including to:

- verify Your identity
- evaluate and process Your application, accounts, transactions and reports
- provide you with ongoing service
- analyze Your financial needs and activities to help us serve you better
- help protect you and us against fraud and error
- help manage and assess our risks, operations and relationship with you
- comply with applicable laws and requirements of regulators, including self-regulatory organizations.

DISCLOSING YOUR INFORMATION

We may disclose Information, including as follows:

- with Your consent
- in response to a court order, search warrant or other demand or request, which we believe to be valid
- to meet requests for information from regulators, including self-regulatory organizations of which we are a member or participant, to satisfy legal and regulatory requirements applicable to us
- to suppliers, agents and other organizations that perform services for you or for us or on our behalf
- when we buy or sell all or part of our businesses or when considering such transactions
- to help us collect a debt or enforce an obligation owed to us by you
- where permitted by law.

SHARING WITHIN TD BANK FINANCIAL GROUP

Within TDBFG we may share Information, other than health-related Information, for the following purposes:

- To manage Your total relationship within TDBFG, including servicing your account, as well as our business risks and operations.
- To comply with legal or regulatory requirements.
- To allow other businesses within TDBFG to tell you about products and services. If you prefer, you may choose not to have us share your Information in this way.

ADDITIONAL COLLECTIONS, USES AND DISCLOSURES

Social Insurance Number (SIN) – If requesting products, accounts or services that may generate interest or other investment income, we will ask for your SIN for revenue reporting purposes. This is required by the Income Tax Act (Canada). If we ask for your SIN for other products or services, your choice to provide it is optional. When you provide us with your SIN, we may also use it as an aid to identify you and to keep Your information separate from that of other customers with a similar name, including through the credit granting process. You may choose not to have us use your SIN as an aid to identify you with credit reporting agencies.

Credit Consent – For a credit card, line of credit, loan, mortgage or other credit facility, or a deposit account with overdraft protection, hold and/or withdrawal or transaction limits, we will obtain information and reports about you from credit reporting agencies and other lenders at the time of and during the application process, and on an ongoing basis to review and verify your creditworthiness and/or establish credit and hold limits. You may choose not to have us conduct a credit check in order to assess an application for credit. Once you have such a facility or product with us, we may from time to time disclose your Information to other lenders and credit reporting agencies seeking such Information, which helps establish your credit history and supports the credit granting and processing functions in general. If you have a credit product with us, you may not withdraw your credit consent.

Insurance – If you are applying for, requesting prescreening for, modifying or making a claim under an insurance product that we insure, reinsure, administer or sell, we may, if necessary, collect, use, disclose and retain health-related Information about you. We may collect this information from you or any health care professional, medically-related facility, insurance company or other person who has knowledge of your Information. We may also obtain a personal investigation report. We may use your Information to:

- ensure you are eligible for coverage
- administer your insurance and our relationship with you
- investigate and adjudicate Your claims
- help manage and assess our risks.

We may share Your Information with any health-care professional, medically-related facility, insurance company or other person who has knowledge of Your personal Information, to allow them to properly answer questions when providing us with Information about you. We may share lab results about infectious diseases with appropriate public health authorities. If we collect Your health-related Information for the purposes described above, it will not be shared within TDBFG, except to the extent that other TDBFG companies insure, reinsure, administer or sell relevant coverage and the disclosure is required for the purposes described above. Your health-related Information may be shared with administrators, service providers, reinsurers and prospective insurers and reinsurers of our insurance operations, as well as their administrators and service providers for these purposes.

Marketing Purposes – We may also use Your Information for marketing purposes, including to:

- better understand Your financial needs and activities so that we may tell you about other products and services that may be of interest to you, including those offered by our affiliates and third parties we select
- determine Your eligibility to participate in contests, surveys or promotions, and to conduct and administer contests that you enter
- conduct research and surveys to assess your satisfaction with us as a customer, and to develop products and services to meet Your needs
- contact you by telephone, fax and automatic dialing-announcing device, at the numbers you have provided us, or by internet, mail, email and other methods.

With respect to these marketing purposes, you may choose not to have us:

- contact you occasionally either by telephone, fax, internet, mail, email, or all of these methods, with offers that may be of interest to you
- contact you to participate in customer research and surveys.

Telephone discussions – When speaking with one of our telephone service representatives, we may monitor and/or record Your telephone discussions for our mutual protection, to enhance customer service and to confirm our discussions with you.

MORE INFORMATION

Please read our Privacy Code – “Protecting Your Privacy” for further details about this Agreement and our privacy policies. Visit www.td.com/privacy or contact us for a copy.

You acknowledge that we may amend this Agreement and our Privacy Code from time to time to reflect changes in legislation or other issues that may arise. We will post the revised Agreement and Privacy Code on our website listed above. We may also make them available at TDBFG branches or other premises or send them to you by mail. You acknowledge, authorize and agree to be bound by such amendments.

If you wish to opt-out or withdraw your consent at any time for any of the opt-out choices described in this Agreement, you may do so by contacting us at: **1-888-983-7070 (option 1)**. Please read our Privacy Code for further details about Your opt-out choices.

COMPLAINT HANDLING PROCESS FOR TD LIFE INSURANCE COMPANY

The complaint handling process is our way of ensuring that Your concerns are addressed in a consistent and comfortable way. Our representatives will work hard to resolve Your concerns. Contact a TD Insurance Customer Service Representative:

120 Adelaide Street West, 2nd Floor
Toronto, ON M5H 1T1
Phone: **1-888-788-0839** (press option 1, then press option 1 again)
Email: **TD.InsuranceLifeAndHealth@td.com**

If Your concern remains unresolved, you can contact the TD Insurance Ombudsperson:

120 Adelaide Street West, 3rd Floor
Toronto, ON M5H 1T1
Fax: **416-944-5827**

If still unresolved, you can contact the OmbudService for Life & Health Insurance (OLHI):

401 Bay Street, Suite 1507
P.O. Box 7
Toronto, Ontario
M5H 2Y4
Phone: **1-888-295-8112** or **416-777-9002**
Fax: **416-777-9750**
Email: **www.olhi.ca/question_form.html**