

- (b) declared or undeclared war or any act thereof;
 - (c) any loss as the sole result of the utilization of Nuclear, Chemical or Biological weapons of mass destruction howsoever these may be distributed or combined; (d) active full-time service in the armed forces of any country;
 - (e) suicide or any attempt thereat or intentionally self-inflicted injury, while sane or insane;
 - (f) the commission or the attempt to commit a criminal act by the Insured Person;
 - (g) any trip via commercial vehicles for the purpose of delivering goods or carrying a load;
 - (h) any trip to destinations that are under a travel warning from the Department of Foreign Affairs;
 - (i) alcohol related illness or disease, or the abuse of medication, drugs, alcohol or other toxic substances, non-compliance with prescribed medical therapy or treatment. Alcohol abuse is defined as having a blood alcohol level in excess of 80 mg of alcohol per 100 ml of blood;
 - (j) mental or emotional disorders, unless hospitalized;
 - (k) participation in professional sports, bodily contact sports, acrobatic or stunt flying, hang gliding, parachuting, skydiving, parasailing, rock climbing, mountain climbing, bungee jumping, scuba diving, or motorized speed contests;
 - (l) expenses incurred as a result of asymptomatic or symptomatic HIV infection, Acquired Immune Deficiency Syndrome (AIDS), AIDS related conditions (ARC) or the presence of HIV, including any associated diagnostic tests or charges;
 - (m) any ailment or condition for which an Insured Person undertakes a journey for the purpose of securing or with the intent of receiving medical attention, prescription drugs or medicine, or hospital services;
 - (n) a pre-existing or related condition whereby the Insured Person received medical treatment or required the use of medication during the three months for Insured Persons under age 60; and six months for Insured Persons age 60 but under age 65, preceding the date the Insured Person left their province of residence.
- This exclusion shall not apply to an Insured Person whose treatment was deemed, by the treating Physician or health care provider, as a routine follow up examination, nor shall it apply to an Insured Person whereby their use of medication is for a controlled and medically Supervised Condition, which was not medically compromised and whereby there was no change in either the medication or in frequency and usage, or dosage within the three months prior to departure for Insured Persons under age 60; and six months prior to departure for Insured Person age 60 and over.
- (o) any elective (non-Emergency) treatment or surgery:
 - (i) not required for the immediate relief of acute pain and suffering;
 - (ii) which medically could be delayed until the Insured Person has returned to his province of Residence;

- (iii) which the Insured Person elects to have rendered or performed outside his province of Residence following Emergency treatment for, or diagnosis of, a medical condition which on medical evidence would not prevent the Insured Person from returning to his province of Residence prior to such treatment or surgery.

LIMITATIONS

In case of confinement in a Hospital or Emergency surgery, the Company must be notified no later than 48 hours from the date of hospitalization or Emergency surgery. Failure to make such notification may limit coverage to a maximum of \$10,000.00 for all expenses incurred.

CO-ORDINATION OF BENEFITS

Amounts payable under the policy shall only be for the excess of such expenses over any amounts available or collectable for treatment or services which are insured services or basic health services under the Provincial Health Plan of the province in which the Insured Person is a resident, whether or not the Insured Person is covered.

If an Insured Person has coverage under another plan of insurance which provides similar benefits, claims will be co-ordinated with other policies, according to the Canadian Life and Health Insurance Association Inc.'s (CLHIA), "Co-ordinating Coverage Guidelines for Out-of-Country/Province Health Care Expenses."

EFFECTIVE DATE OF INSURANCE OF AN INSURED PERSON

Each person who is eligible for insurance under the policy shall become an insured on the later of:

- A. For you (the applicant): (a) the effective date of the policy; (b) the date you become an eligible person; (c) the date the application is received by the Administrator.
- B. For your insured Spouse and/or insured Dependent Child: (a) coincident with the effective date of your insurance.

TERMINATION OF INSURANCE OF AN INSURED PERSON

Coverage will immediately terminate on the earliest of:

- A. For you (the applicant): (a) the policy termination date; (b) the premium due date if the Administrator fails to pay your premium, except as a result of an inadvertent error; (c) attainment of age 65; (d) the date you are ineligible for coverage.
- B. For your insured Spouse and/or insured Dependent Child: (a) the date such person becomes ineligible for coverage; (b) the date your insurance is terminated.

RENEWAL OF INDIVIDUAL INSURANCE

The insurance of an Insured Person may be renewed for a further consecutive annual term upon the payment of the premium in effect at the time of renewal, subject to the renewal of the policy.

WHAT TO DO IN THE EVENT OF A MEDICAL EMERGENCY
If possible, before obtaining any medical services, please call Industrial Alliance Emergency Assistance, to be directed to a facility in your area of travel and ensure that the medical attention you receive is covered. If you do not contact Industrial Alliance Emergency Assistance, you may receive inappropriate or unnecessary medical treatment which may not be included in this coverage. Please ensure you tell the operator that you are covered by Industrial Alliance Insurance and Financial Services Inc. in order that your eligibility may be established.

Industrial Alliance Emergency Assistance Line is open
 24 hours a day, 7 days a week.
 Call **1 800 255-2008** or
 if outside North America, call collect
 to **0 (305) 865-8895**

When you return to your province of residence you will be required to submit a claim directly to Industrial Alliance Insurance and Financial Services Inc. Claim forms may be obtained online at www.solutionsinsurance.com, or by contacting:

Industrial Alliance Claims Department
 2165 West Broadway, PO Box 5900
 Vancouver, BC V6B 5H6
 1-800-549-7227 or
 outside North America collect to 1-604-737-9377

HOW TO FILE A CLAIM

Please make sure that, if you pay any expenses yourself, you obtain original receipts. Submit all expenses first to the Provincial Health Care Plan of your province of residence. Then send a copy of the Statement you receive from your Provincial Health Care provider together with the original receipts of any bills not paid by them and the completed claim form to Industrial Alliance.

Documentary evidence of the duration of your scheduled trip, such as a transportation ticket or an official stamp at a customs office will be required.

Industrial Alliance will co-ordinate the submission of your claims to your extended health care insurer (if any), on your behalf.

Industrial Alliance Insurance and Financial Services Inc., Industrial Alliance Emergency Assistance or their agents shall not be responsible for the availability, quality or results of any medical treatment or the failure of the Insured to obtain medical treatment.

Eastern Regional Office

400 - 515 Consumers Road Toronto, ON M2J 4Z2
 Call 1-800-611-6667 or (416) 498-8319

This summary is for information purposes only. For further details, refer to the Master Policy which is on file with the Administrator. This Master Policy sets forth in detail the terms and conditions of the Plan and all rights and obligations are determined in accordance with the Master Policy issued by Special Markets Solutions, a division of Industrial Alliance Insurance and Financial Services Inc., not this summary.

An  Product

 **INDUSTRIAL ALLIANCE**
 INSURANCE AND FINANCIAL SERVICES INC.



GHIP+ TRAVEL SUPPLEMENT

SUMMARY OF INSURANCE

EMERGENCY OUT-OF-PROVINCE HEALTH

INSURANCE PROGRAM

POLICY #100010300

IDENTIFICATION #

EFFECTIVE DATE

THE PROGRAM

Industrial Alliance Insurance and Financial Services Inc. (herein called "the Company") provides emergency hospital/medical insurance for Injury sustained or Sickness contracted while travelling outside your province of Residence. Coverage commences automatically upon leaving your province of Residence for scheduled trips of 45 days or less in duration. There are no limits to the number of trips taken during the course of the year.

Please note that any person outside of the province of Residence for a scheduled duration in excess of 45 days is not covered under this insurance.

Benefits offered under this insurance cannot be used as an extension, or be extended by any other policy or private hospitalization plan.

MAXIMUM AMOUNT AVAILABLE

The lifetime maximum amount payable due to Injury or Sickness for emergency hospital and medical expenses in excess of amounts paid by your provincial health plan or other insurance plans is \$1,000,000.00.

WHO IS COVERED?

Insurance is provided to applicants, their spouse and dependent children, under age 65, for whom required premium has been paid, and who are Canadian residents covered under a Canadian federal and/or provincial health insurance plan.

DEFINITIONS

"Dependent Child" means any natural child, step-child, or legally adopted child of the Participant, residing in Canada covered under a Canadian federal and/or provincial health and hospitalization insurance plan and who receives support and maintenance from the Participant and is:

- (a) under 21 years of age and unmarried; or
- (b) 21 years of age and over, but less than 26 years of age, unmarried, and is in full-time attendance at a School for Higher Learning in Canada; or
- (c) mentally or physically infirm.

Notwithstanding the above limitations, this definition will also include a child of the Participant's Spouse who is in the care, custody and control of the Participant and living in a parent-child relationship with the Participant.

“Emergency” means an event that makes it necessary to receive immediate treatment from a licensed Physician or be immediately hospitalized.

“Hospital” means an institution operated pursuant to law for the care and treatment of sick and injured persons with organized facilities for diagnosis, major surgery and 24 hour nursing service. This does not include a convalescent or nursing home, or home for the aged, or health spa, or rehabilitation centre, or a facility for the treatment of alcoholism or drug addiction.

“Injury” means bodily injury caused by an accident occurring while the policy is in force as to the Insured Person whose injury is the basis of claim and resulting directly and independently of all other causes in loss covered by the policy, and that is not caused or contributed to, directly or indirectly, by physical or mental illness or disease or treatment for the illness or disease.

“Insured Person” means a Participant, Spouse and Dependent Child.

“Member of the Immediate Family” means a person at least 18 years of age, who is the son, daughter, father, mother, brother, sister, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, sister-in-law (all of the above include natural, adopted or step relationships), Spouse, grandson, granddaughter, grandfather or grandmother of the Insured Person.

“Participant” means an applicant residing in Canada who is insured under the policy, under the age of 65, and is covered under a Canadian federal and/or provincial health and hospitalization insurance plan.

“Physician” means a doctor of medicine (other than the Insured Person or a Member of the Immediate Family) who is licensed to practise medicine by 1) a recognized medical licensing organization in the locale where the treatment is rendered, provided he is a member in good standing of such licensing organization, or 2) a governmental agency having jurisdiction over such licensing in the locale where the treatment is rendered.

“Residence” means the primary dwelling which the Insured Person is an occupant and the premises on which it is situated.

“School for Higher Learning” includes any university, college, CEGEP (College d’Enseignement General et Professionnel) or trade school.

“Sickness” means sickness or disease occurring while the policy is in force as to the Insured Person whose sickness is the basis of claim.

“Spouse” means a person residing in Canada, covered under a Canadian federal an/or provincial health and hospitalization insurance plan, who is under the age of 65 and;

- (a) to whom the Participant is legally married;
- (b) to whom the Participant is married by a marriage that is voidable and has not been declared null and void; or
- (c) with whom the Participant has continuously cohabited and who has been publicly represented as the Participant’s Spouse for a minimum of 12 months immediately before a loss is incurred under the policy.

Only one individual will qualify as a Spouse.

If the Participant is legally married but is also cohabiting with an individual as described under (b) or (c) above, the Participant may

elect in writing which one of the individuals will qualify as a Spouse under the policy. This election must be filed with the Administrator. The Company will not be bound by an election not filed before the event insured against. If an election is not filed, the Spouse will be the individual to whom the Participant is legally married.

“Supervised Condition” means a diagnosed condition that requires consistent medical treatment. The same condition must not have required a change in treatment and/or medication during the three-month period for Insured Persons under age 60; and six-month period for Insured Persons age 60 and over, immediately preceding the departure date.

“Trip Termination Date” means the date which is 45 days following the date of departure.

Whenever a reference to the masculine gender appears, it will also be construed to include the feminine gender.

EXCESS HOSPITAL INSURANCE

If, as the result of Injury or Sickness, an Insured Person is confined during the period the policy is in force in a Hospital as an in-patient, the Company will reimburse the reasonable and necessary Emergency Hospital expenses, up to and including semi-private accommodation, actually incurred during such confinement and payable by the Insured Person.

In the event that an Insured Person is confined to Hospital on or after the Trip Termination Date and thus prevented from returning to his province of Residence, insurance hereunder will continue for the period of such confinement, but in no event for more than 90 days from the date that the first insured expense was incurred hereunder.

In the event that an Insured Person is discharged from Hospital on or after the Trip Termination Date, coverage will be extended for a maximum period of 72 hours immediately following such discharge.

EXCESS MEDICAL INSURANCE

If, as the result of Injury or Sickness, an Insured Person requires treatment for the following services on an Emergency basis:

- (a) out-patient room charges,
- (b) treatment by a Physician or surgeon,
- (c) x-rays and laboratory examinations which are required for diagnostic purposes,
- (d) rental of crutches or appliances,
- (e) cost of splints, trusses, braces,
- (f) treatment by a physiotherapist while hospitalized and up to a maximum of three treatments for the duration of any one trip only when recommended in writing by the attending Physician,

the Company will reimburse the reasonable and necessary expenses actually incurred during the period this insurance is in force for such treatment or services.

PRESCRIPTION DRUG REIMBURSEMENT

If, as the result of Injury or Sickness, an Insured Person requires drugs or medicines on an Emergency basis and such drugs or medicines are prescribed by the attending Physician (oral contraceptives, patent medicines, vitamins, repeat prescriptions, maintenance and chronic care drugs are excluded), the Company will reimburse the expenses actually incurred for such drugs or medicines.

ACCIDENTAL DENTAL EXPENSE REIMBURSEMENT

When, as the result of Injury to whole or sound teeth (capped or crown teeth will be considered whole or sound) and due to a force or blow external to the mouth, the Insured Person requires Emergency treatment or service outside his province of Residence by a legally qualified dentist or dental surgeon, the Company will pay the expenses actually incurred by the Insured Person for such treatment or service. Payments under this part will be made in accordance with the current Fee Guide for General Practitioners published by the Dental Association in the province or territory of the Insured Person’s Residence in Canada or its equivalent, as determined by the Company. In no event will benefits exceed \$2,500.00 with respect to any one accident.

EVACUATION

The Company will pay all expenses, up to a maximum of \$50,000.00, for transportation, medical services and supplies necessarily incurred in connection with the Emergency evacuation of the Insured Person due to Injury sustained or Sickness commencing during the course of a scheduled trip. Such evacuation must be ordered by a Physician who certifies that the severity of the Insured Person’s Injury or Sickness warrants the emergency evacuation of the Insured Person. All arrangements for evacuation must be recommended by the attending Physician, meet the standard regulations of the conveyance transporting the Insured Person and must also be verified and approved by the Company prior to evacuation. The Company will not cover any expenses provided by another party at no cost to the Insured Person or already included in the cost of the scheduled trip.

SPECIAL TRANSPORTATION

If, as the result of Injury or Sickness, an Insured Person requires stretcher accommodation on a regularly scheduled airline for return to his province of Residence during an Emergency evacuation in accordance with the part titled “Evacuation”, the Company will pay the necessary expense incurred, subject to a maximum of \$5,000.00.

ATTENDANT TRANSPORTATION BENEFIT

If, as the result of Injury or Sickness, the attending Physician recommends in writing or the air carrier’s rules and regulations require the presence of a medical attendant during the Emergency evacuation of the Insured Person in accordance with the part titled “Evacuation”, the Company will pay the reasonable and necessary expenses actually incurred for the round trip airfare by such medical attendant. Expenses may also include one day accommodation and board for that day. The medical attendant must be qualified to work as such in the place where the Insured Person received Emergency medical attention, does not ordinarily reside in the Insured Person’s Residence and is not a Member of the Immediate Family. All covered expenses incurred by such attendant are subject to a maximum of \$5,000.00.

GROUND AND AIR AMBULANCE EXPENSE

If, as the result of Injury or Sickness, an Insured Person necessitates transportation to the nearest medical facility qualified to provide the necessary Emergency services, the Company will pay the expense for ground ambulance, subject to a maximum of \$1,000.00 per Injury or Sickness or for air ambulance, subject to a maximum of \$5,000.00 per Injury or Sickness.

REPATRIATION BENEFIT

In the event of the death of an Insured Person as the result of Injury or Sickness, the Company will pay the reasonable and necessary expenses actually incurred for the transportation of the body to the

province of Residence, including the preparation of the body for such transportation, subject to a maximum of \$ 3,000.00.

BOARD, LODGING AND TRAVEL EXPENSES

In the event that an Insured Person is confined to Hospital due to Injury or Sickness for a period of at least five consecutive days and thus prevented from returning to his province of Residence, the Company will pay the reasonable board, lodging and extra travel expenses incurred during the term of said hospitalization by other Insured Persons who remained with the hospitalized Insured Person and are also prevented from returning to his province of Residence.

In the event of the Injury, Sickness or death of an Insured Person, the attendance of a Member of the Immediate Family is certified as medically necessary by the attending Physician, the Company will reimburse the expense incurred by such immediate family member, limited to the return economy airfare, \$100.00 per day accommodation and not exceeding a maximum of 20 consecutive days.

The total maximum amount payable under this part by the Company to or on behalf of any Insured Person will not exceed \$3,000.00 as a result of any one Injury or Sickness.

HOTEL CONVALESCENCE

If, as the result of Injury or Sickness, the attending Physician certifies that the Insured Person, due to his medical condition, is prohibited from resuming any travel following discharge from the Hospital where the Insured Person was confined for a period of at least seven days, the Company will pay the reasonable and necessary expenses for board and accommodation.

The maximum amount payable under this part by the Company to or on behalf of any Insured Person will not exceed \$1,000.00 as a result of any one Injury or Sickness.

RETURN OF VEHICLE

If, as the result of Injury or Sickness, the attending Physician certifies in writing that the Insured Person has become disabled and is unable to continue the trip by means of driving the owned or rented motorized vehicle used as a conveyance during such trip, the Company will pay the reasonable and necessary expenses actually incurred for the return of such vehicle by a commercial agency to the Insured Person’s normal place of Residence or the rental agency, as the case may be.

The maximum amount payable under this part by the Company to or on behalf of any Insured Person will not exceed \$1,000.00 as a result of any one Injury or Sickness.

TRIP INTERRUPTION EXPENSES

The Company will reimburse the Insured Person for non-refundable pre-paid travel costs, when an Insured Person has left the province of Residence and a trip is interrupted due to the Sickness or Injury of an Insured Person. In the event that a trip is interrupted and the Insured Person can eventually rejoin a tour or group, the Company will reimburse the Insured Person for the costs of travel to rejoin this tour or group. The amount payable under this part is subject to an overall maximum of \$1,500.00.

EXCLUSIONS

The policy does not cover loss, fatal or non-fatal, caused by or resulting from:

- (a) pregnancy or complications thereof within eight weeks of the expected termination date of pregnancy;