Group Travel
Top-Up Plan
University of Western Ontario Faculty Association
# Certificate of Group Insurance

**Plan Name**  
UWOFA Group Travel Top-Up Plan

**Policy Number**  
MGWB0000001

**Policyholder**  
Name: University of Western Ontario Faculty Association (UWOFA)  
Address: 1201 Western Rd, Elborn College, Room 2120, London, ON, N6G 1H1  
Phone number: +1 519-661-3016  
Email address(es): uwofa@uwo.ca, uwofamso@uwo.ca

**Effective Date**  
January 1, 2024

**Expiry Date**  
December 31, 2024

**Insurer**  
MSH International / Certain Lloyd's Underwriters

This certificate, the application, policy document, any document attached to this policy when issued and any amendment to the contract agreed on in writing after this policy is issued constitute the entire contract and no agent has authority to change the contract or waive any of its provisions.
# Schedule of Benefits

This booklet contains further clauses which may limit coverage. Please read all benefit description pages carefully. Please note that all dollar amounts are expressed in Canadian currency.

<table>
<thead>
<tr>
<th>Overall maximum per insured person</th>
<th>$5,000,000 per coverage period</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td>$200,000 per emergency</td>
</tr>
</tbody>
</table>
| **Description of classes**        | **Class A**: All eligible active full-time employees under age 70  
**Class B**: All eligible active part-time employees under age 70 |
| **Work hours required**           | Minimum of 0 hours per week   |
| **Eligibility period**            | **Class A**: As per the UWOFA Collective Agreement  
**Class B**: As per the UWOFA Collective Agreement |
<p>| <strong>Termination age</strong>               | 70                             |
| <strong>Common law spouse cohabitation period</strong> | Continuous cohabitation for the last 12 months |
| <strong>Age limits for dependent children</strong> | Under age 25, or with no age restriction if child is a full-time student at a recognized educational institution |
| <strong>Pre-existing condition stability period</strong> | None |
| <strong>Coverage period</strong>               | 180 days per trip             |</p>
<table>
<thead>
<tr>
<th>Benefit</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital accommodation</td>
<td>Reasonable and customary costs</td>
</tr>
<tr>
<td>Physician charges</td>
<td>Reasonable and customary costs</td>
</tr>
<tr>
<td>Diagnostic services</td>
<td>Reasonable and customary costs</td>
</tr>
<tr>
<td>Paramedical services</td>
<td>$250 per profession</td>
</tr>
<tr>
<td>Prescription drugs</td>
<td>30-day supply per prescription</td>
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<tr>
<td>Ambulance services</td>
<td>Reasonable and customary costs</td>
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<td>Medical appliances</td>
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<tr>
<td>Private duty nurse</td>
<td>Up to $5,000</td>
</tr>
<tr>
<td>Emergency air transportation</td>
<td>Reasonable and customary costs</td>
</tr>
<tr>
<td>Transportation to bedside</td>
<td>Economy round-trip airfare plus up to $150 per day to a maximum of $3,000 for meals and accommodation</td>
</tr>
<tr>
<td>Return of travelling companion</td>
<td>One-way economy airfare</td>
</tr>
<tr>
<td>Treatment of dental accident</td>
<td>Up to $2,000</td>
</tr>
<tr>
<td>Meals and accommodation</td>
<td>Up to $150 per day to a maximum of $3,000 per trip</td>
</tr>
<tr>
<td>Vehicle return</td>
<td>Up to $5,000</td>
</tr>
<tr>
<td>Return of deceased</td>
<td>Up to $5,000</td>
</tr>
<tr>
<td>Incidental expenses</td>
<td>Up to $250</td>
</tr>
</tbody>
</table>

Refer to the Benefits section for more details.
Policy wording

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Emergency assistance

In the event of an emergency or if you experience medical signs or symptoms or require medical treatment, you must contact MSH Assistance immediately at:

+1 (800) 366 0875 toll-free from Canada & the USA

+1 (416) 987 4047 collect where available

mshassistance@mshassistance.com

It is your responsibility to ensure that MSH Assistance has been contacted prior to receiving treatment. Your benefits will be limited to 80% of eligible expenses to a maximum of $25,000 if you fail to do so, other than in extreme circumstances when treatment is required to resolve a life threatening medical crisis.

IMPORTANT NOTICE – Please read carefully

Travel insurance is designed to cover losses arising from sudden and unforeseeable circumstances occurring while you are temporarily travelling outside your province or territory of residence. It is important that you read and understand your plan before you travel. In the event of any discrepancy between the provisions of a booklet or other document you hold and the provisions of the policy, the provisions of the policy shall govern. MSH Assistance provides medical assistance and claims services under the policy.

IN THE EVENT OF AN EMERGENCY, YOU MUST CALL MSH ASSISTANCE IMMEDIATELY:

The emergency telephone numbers are listed on the back of the medical assistance card provided. MSH Assistance must be contacted before you seek medical treatment. If your condition renders you unable to do so, then someone else must contact MSH Assistance immediately for you. Do not assume that someone will contact MSH Assistance on your behalf. It remains your responsibility to ensure that MSH Assistance has been contacted prior to receiving medical treatment or as soon as reasonably possible.

If you incur any expenses without prior approval by MSH Assistance, such expenses will be covered, except where the policy expressly requires the prior approval or authorization of MSH Assistance, on the basis of the reasonable and customary costs that would have been payable for such expenses by the insurer in accordance with the terms and conditions of the policy. Such expenses may be higher than this amount, therefore you will be responsible for paying any difference between the amount you incur and the reasonable and customary costs reimbursed by the insurer.

INDIVIDUAL COVERAGE - ELIGIBILITY, EFFECTIVE DATE AND TERMINATION

PARTICIPANT COVERAGE

To be covered under the policy as a participant, you must meet the following eligibility requirements:

1. be covered under the government health insurance plan of your province or territory of residence;

2. be covered under the basic group extended health care plan of the policyholder;

3. be younger than the termination age specified in the Schedule of Benefits;

4. have your place of employment in Canada;

5. have your permanent residence in Canada; and

6. a. if you are covered as an employee of the policyholder, you must also:
   i. work the minimum number of hours per week specified in the Schedule of Benefits; and
   ii. have satisfied the eligibility period specified in the Schedule of Benefits;

   or

   b. if you are covered as a member of the policyholder who is other than an employer, you must also:
      i. be a member in good standing of the policyholder; and
      ii. be on the monthly list of members entitled to coverage provided to the insurer by the policyholder.

Participant coverage will become effective on the later of:

1. the date the policy becomes effective; or

2. the date the participant’s coverage becomes effective under the basic group extended health care plan of the policyholder.

Participant coverage will terminate immediately upon the first to occur of:

1. the date you cease to meet the above eligibility requirements for participant coverage;

2. the date the premium is due if the policyholder does not remit your premium to the insurer, except where this is the result of clerical error; or

3. the date the policy is terminated.
DEPENDING COVERAGE

To be covered under the policy as a dependent, you must meet the following eligibility requirements:

1. be covered under the government health insurance plan of your province or territory of residence;
2. be covered as a dependent under the basic group extended health care plan of the policyholder; and
3. meet the definition of dependent in the policy.

Dependent coverage, if any, will become effective on the later of:

1. the date the policy becomes effective; or
2. the date the dependent’s coverage becomes effective under the basic group extended health care plan of the policyholder,

but in no event prior to the date the policy becomes effective.

DEPENDENT COVERAGE

To be covered under the policy as a dependent, you must meet the following eligibility requirements:

1. be covered under the government health insurance plan of your province or territory of residence;
2. be covered as a dependent under the basic group extended health care plan of the policyholder; and
3. meet the definition of dependent in the policy.

Dependent coverage, if any, will become effective on the later of:

1. the date the policy becomes effective; or
2. the date the dependent’s coverage becomes effective under the basic group extended health care plan of the policyholder,

but in no event prior to the date the policy becomes effective.

BENEFITS

The policy covers expenses that are:

- incurred outside the province or territory of residence of the insured person;
- in excess of the deductible specified in the Schedule of Benefits;
- medically necessary;
- reasonable and customary costs;
- incurred as a result of an emergency due to sudden and unforeseen sickness and/or injury, occurring during the coverage period;
- in excess of those covered by the government health insurance plan or other insurance under which you may have coverage; and
- subject to the Overall Maximum per insured person specified in the Schedule of Benefits.

This policy has a deductible, amount specified in the Schedule of Benefits, per emergency for eligible expenses. You pay 100% of eligible expenses up to this deductible limit. The percentage of reimbursement will then be 100% of eligible expenses after the deductible has been satisfied. Under no circumstances will the insurer be responsible for any eligible expenses up to the deductible amount specified in the Schedule of Benefits.

In the event of an emergency, the following benefits are payable under the policy. However, certain expenses, as specified below, are covered only if you obtain the prior approval of MSH Assistance.

1. **Hospital Accommodation**

   Room and board costs up to the semi-private room rate charged by the hospital. If medically necessary, expenses for treatment in an intensive or coronary care unit are also covered. If coverage terminates for any reason during your hospital stay, benefits continue until discharge, to a maximum of one year. In no case will expenses for in-patient stays be covered for a period greater than 365 days per insured person.

2. **Physician Charges**

   Charges for treatment by a physician.

3. **Diagnostic Services**

   Laboratory tests and x-rays prescribed by the attending physician and that are part of the emergency treatment. The policy does not cover magnetic resonance imaging (MRI), cardiac catheterization, computerized axial tomography (CAT) scans, sonograms or ultrasound and biopsies unless such services are authorized in advance by MSH Assistance.

4. **Paramedical Services**

   The services (including x-rays) of a licensed chiropractor, physiotherapist, podiatrist or osteopath, to the maximum specified in the Benefit Summary section of the Schedule of Benefits, per insured person, per profession listed above, when approved in advance by MSH Assistance.

5. **Prescriptions**

   Drugs, including injectable drugs, and sera that can only be obtained upon medical prescription, that are prescribed by a physician and that are supplied by a licensed pharmacist when medically necessary for emergency treatment, except when needed to stabilize a chronic condition or a medical condition which you had before your trip. This benefit is limited to a 30-day supply per prescription, unless you are hospitalized.

6. **Ambulance Services**

   When reasonable and medically necessary, licensed ground ambulance service to the nearest medical facility.

7. **Medical Appliances**

   When approved in advance by MSH Assistance, minor appliances such as crutches, casts, splints, canes, slings, trusses, braces, walkers and/or the temporary rental of a wheelchair when prescribed by the attending physician, obtained outside your province or territory of residence and medically necessary.

8. **Private Duty Nurse**

   The professional services of a registered private nurse, when medically necessary and while hospitalized, to the maximum specified in the Benefit Summary section of the Schedule of Benefits, per insured person, when approved in advance by MSH Assistance.
9. Emergency Air Transportation

When approved and arranged in advance by MSH Assistance:

a. air ambulance to the nearest appropriate medical facility or to a Canadian hospital for immediate emergency treatment;

b. transport on a licensed airline with an attendant (where required) to return you to your province or territory of residence for immediate emergency treatment.

10. Transportation to Bedside

When approved in advance by MSH Assistance, a single round-trip economy airfare from Canada plus up to the amounts specified in the Benefit Summary section of Schedule of Benefits for the cost of meals and commercial accommodation for one of the following: spouse, parent, child, sibling or business partner, to:

a. be with you if you are travelling alone and have been hospitalized as the result of an emergency. To be payable, this benefit requires that you eventually be hospitalized as an in-patient for at least three (3) consecutive days outside your province or territory of residence and that the attending physician provide written certification that the situation was serious enough to warrant the visit; or

b. identify the deceased insured person prior to the release of the body, where necessary.

The insurer will only reimburse covered expenses evidenced by original receipts.

11. Return of Travel Companion

If you are returned to your province or territory of residence under the Emergency Air Transportation benefit or the Return of Deceased benefit, the insurer will reimburse the cost of a single one-way economy airfare for a travel companion to return to Canada, when approved in advance by MSH Assistance.

12. Treatment of Dental Accidents

To the maximum specified in the Benefit Summary section of the Schedule of Benefits per insured person for emergency dental treatment to repair natural, vital and sound teeth or permanently attached artificial teeth provided the injury was caused by an external, accidental blow to the mouth or face. You must consult a physician or dentist immediately following the injury. Treatment must begin during the coverage period and be completed prior to returning to your province or territory of residence.

The cost of the casket or urn is not covered. In the case of cremation and/or burial at the place of death of the insured person, this benefit is limited to $2,500.

13. Meals and Accommodation

To the maximum specified in the Benefit Summary section of the Schedule of Benefits per participant, for the cost of commercial accommodation and meals for the participant and/or any of their dependents when their trip is extended beyond the last day of the scheduled trip due to the sickness and/or injury suffered by an insured person. This benefit must be authorized in advance by MSH Assistance. The fact that you are unable to travel must be certified by the attending physician and supported with original receipts from commercial organizations.

14. Vehicle Return

To the maximum specified in the Benefit Summary section of the Schedule of Benefits if neither you, nor someone travelling with you, are able to operate your vehicle, whether owned or rented, during your trip due to sickness and/or injury. Arrangements and payment will be made for the return of the vehicle to your home in your province or territory of residence or the nearest appropriate rental agency. Benefits will only be payable for a single person to return the vehicle when approved and/or arranged in advance by MSH Assistance. This benefit does not cover wages lost by the person driving your vehicle. The insurer will only reimburse covered expenses evidenced by original receipts.

15. Return of Deceased

To the maximum specified in the Benefit Summary section of the Schedule of Benefits towards the cost of preparation and transportation of the deceased insured person to their province or territory of residence in the event of death due to sickness and/or injury.

In the case of cremation and/or burial at the place of death of the insured person, this benefit is limited to $2,500.

The cost of the casket or urn is not covered.

16. Incidental Expenses

To the maximum specified in the Benefit Summary section of the Schedule of Benefits for your out-of-pocket expenses such as telephone charges, television rental and parking while you are hospitalized for an emergency and the expenses are incurred as a direct result of such hospitalization. The insurer will only reimburse covered expenses evidenced by original receipts.

EXCLUSIONS

The policy does not cover losses or expenses related in whole or in part, directly or indirectly, to any of the following:

1. Treatment or services normally covered or reimbursable under a government health insurance plan or under other insurance you might have.

2. Any condition that existed prior to departure unless such pre-existing medical condition has been stable (i.e. no change in symptoms, no hospitalization, no change in condition, no new prescription drugs or prescribed, no change in treatment or medication) immediately prior to departure for the Pre-existing Condition Stability Period specified in the Schedule of Benefits.

3. Any trip booked or commenced contrary to medical advice or after you are diagnosed with a terminal illness.

4. Any medical condition for which, prior to departure, medical evidence suggests a reasonable expectation that treatment or hospitalization could be required while travelling.

5. Treatment, surgery, medication, services or supplies that are not required for the immediate relief of acute pain and suffering or that you elect to have provided outside your province or territory of residence when medical evidence indicates that you could return to your province or territory of residence to receive such treatment. The delay to receive treatment in your province or territory of residence has no bearing on the application of this exclusion.

6. Treatment or surgery during a trip when the trip is undertaken for the purpose of securing or with the intent of receiving medical or hospital services, whether or not such trip is taken on the advice of a physician.
7. Cardiac catheterization, angioplasty, and/or cardiovascular surgery including any associated diagnostic test(s) or charges unless approved by MSH Assistance prior to being performed, except in extreme circumstances where such surgery is performed on an emergency basis immediately upon admission to hospital.

8. Magnetic resonance imaging (MRI), computerized axial tomography (CAT) scans, sonograms or ultrasounds and biopsies unless such services are authorized in advance by MSH Assistance.

9. Hospitalization or services rendered in connection with general health examinations for “check-up” purposes, treatment of an ongoing condition, regular care of a chronic condition, home health care, investigative testing, rehabilitation or ongoing care or non-compliance with any prescribed medical therapy or treatment and medical treatment of an acute sickness and/or injury after the initial emergency has ended (as determined by the Medical Director of MSH Assistance).

10. A disorder, disease, condition or symptom that is emotional, psychological or mental in nature unless hospitalized.

11. Emergency air transportation and/or car rental unless approved and arranged in advance by MSH Assistance.

12. Treatment not performed by or under the supervision of a physician or licensed dentist.

13. Treatment or hospitalization of mother or child as a result of pregnancy, miscarriage, childbirth or complications of any of these conditions occurring in the four (4) weeks before or after the expected delivery date.

14. War, invasion, act of a foreign enemy, declared or undeclared hostilities, civil war, rebellion, revolution or military power.

15. Terrorism or by any activity or decision of a government agency or any other entity to prevent, respond to or terminate terrorism except for ensuing loss or damage which results directly from fire or explosion. Such loss or damage is excluded regardless of any other cause or event that contributes concurrently or in any sequence to the loss or damage.

16. Committing or attempting to commit an illegal act or a criminal act.

17. Suicide (including any attempt thereat) or self-inflicted injury, whether or not you are sane.

18. Service in the armed forces.

19. Participation in any sport as a professional athlete (for which you are remunerated), or in motorized or mechanically-assisted racing or speed contests (defined as an organized activity of a competitive nature in which speed is a determining factor in the outcome of the event).

20. Loss or damage to eyeglasses, sunglasses, contact lenses, or prosthetic teeth, limbs or devices and resulting prescription thereof.

21. The replacement of an existing prescription whether by reason of loss, unless otherwise specified elsewhere in the policy, renewal or inadequate supply or the purchase of drugs and medications (including vitamins) which are commonly available without a prescription or which are not legally registered and approved in Canada or which are not required as a result of an emergency.

22. Upgrading charges and cancellation penalties for airline tickets, unless approved in advance by MSH Assistance.

23. The cost of any airline ticket covered under the policy where your ticket may be exchanged or used for the same purpose.


25. Treatment or services received in the province where you attend school or work on a full-time basis or in your home country, if you are a foreign student studying in Canada or a non-resident working in Canada.

26. Medication, drugs or toxic substance abuse or overdose (whether or not you are sane); alcohol abuse, alcoholism or an accident while being impaired by drugs or alcohol or having an alcohol concentration that exceeds 80 milligrams per 100 milliliters of blood.

GENERAL PROVISIONS AND LIMITATIONS

1. Notice to MSH Assistance

In the event of a sickness and/or injury likely to give rise to an emergency, you must give immediate notice to MSH Assistance. Failure to do so may limit the benefits payable under the policy. If you incur any expenses without prior approval by MSH Assistance, such expenses will be covered, except where the policy expressly requires the prior approval or authorization of MSH Assistance, on the basis of the reasonable and customary costs that would have been payable for such expenses by the insurer in accordance with the terms and conditions of the policy. Such expenses may be higher than this amount, therefore you will be responsible for paying any difference between the amount you incur and the reasonable and customary costs reimbursed by the insurer.

2. Transfer or Medical Repatriation

During an emergency (whether prior to admission or during a covered hospitalization), the insurer reserves the right to:

a. transfer you to one of MSH Assistance’s preferred health care providers, and/or

b. return you to your province or territory of residence

for the medical treatment of your sickness and/or injury where this poses no danger to your life or health. If you choose to decline the transfer or return when declared medically stable by the Medical Director of MSH Assistance, the insurer will be released from any liability for expenses incurred for such sickness and/or injury after the proposed date of transfer or return. MSH Assistance will make every provision for your medical condition when choosing and arranging the mode of your transfer or return and, in the case of a transfer, when choosing the hospital.

3. Limitation of Benefits

Once you are deemed medically stable to return to Canada (with or without medical escort) either in the opinion of the Medical Director of MSH Assistance or by virtue of discharge from a medical facility, your emergency will be deemed to have ended, whereupon any further consultation, treatment, recurrence or complication related to the emergency will no longer be eligible for coverage under the policy.

4. Misrepresentation and Non-Disclosure

Your entire coverage under the policy shall be voidable if the insurer determines, whether before or after loss, that you or the policyholder have concealed, misrepresented or failed to disclose any material...
fact or circumstance concerning the policy or your interest therein, or if you or the policyholder refuse to disclose information or to permit the use of such information, pertaining to any of the insured persons under the policy. Consequently and following a loss, no claim shall be payable by the insurer and you shall be solely responsible for all expenses relating to your claim, including medical repatriation costs.

5. Subrogation

If you suffer a loss covered under the policy, the insurer is granted the right from you to take action to enforce all your rights, powers, privileges, and remedies, to the extent of benefits paid under the policy, against any person, legal person or entity which caused such loss. Additionally, if “no fault” benefits or other collateral sources of payment of medical expenses are available to you, regardless of fault, the insurer is granted the right to make demand for, and recover, those benefits. If the insurer institutes an action it may do so at its own expense, in your name, and you will attend at the place of loss to assist in the action, in addition to providing the insurer all information, cooperation and assistance the insurer may reasonably require. If you institute a demand or action for a covered loss, you shall immediately notify the insurer so that the insurer may safeguard its rights.

You shall take no action after a loss that will impair the rights of the insurer set forth in this paragraph and shall do all such things as are necessary to secure such rights.

6. Arbitration

Notwithstanding any clause in the policy, the parties hereto undertake to submit to an arbitration procedure, to the exclusion of the courts, any present or future dispute relating to a claim. The arbitration proceedings shall be governed by the arbitration law in force in the Canadian province or territory of residence of the participant. The parties agree that any action will be referred to arbitration.

7. Applicable Law

The policy is governed by the law of the Canadian province or territory of residence of the participant. Any legal proceeding by the insured person, their heirs or assigns shall be brought in the courts of the Canadian province or territory of residence of the participant.

8. Other Insurance

This insurance is a second payer plan. For any loss or damage insured by, or for any claim payable under any other liability, group or individual basic or extended health insurance plan, or contracts including any private or provincial or territorial auto insurance plan providing hospital, medical, or therapeutic coverage, or any other insurance in force concurrently herewith, amounts payable hereunder are limited to those covered benefits incurred outside the province of residence that are in excess of the amounts for which an insured person is insured under such other coverage. All coordination with employee related plans follows Canadian Life and Health Insurance Association Inc. guidelines. In no case will the insurer seek to recover against employment related plans if the lifetime maximum for all in-country and out-of-country benefits is $50,000 or less. If the lifetime maximum for all in-country and out-of-country benefits is over $50,000, the insurer will coordinate benefits only above this amount.

9. Co-ordination and Order of Benefits

If a person has coverage under another plan that does not provide for co-ordination of benefits, that plan will be considered primary carrier and will be responsible for making the initial payment. If the other plan does provide for co-ordination of benefits, the order of benefit will be as follows:

Participant and dependent spouse

The plan insuring the participant or the participant’s dependent spouse as an employee/member pays benefits before the plan insuring the participant or the participant’s spouse as a dependent.

Dependent Child

If the dependent child is insured as a dependent under the participant’s and the spouse’s plans, benefits will first be payable under the plan of the parent whose birthday comes first in the calendar year. The balance of eligible expenses can then be submitted to the plan of the other parent.

If both parents have the same birthday (month/day), the claims for children must be submitted to the plan in the alphabetical order of the parents’ first names.

When a person is insured under other group or individual policies or government plans, the benefits payable from all sources cannot exceed one hundred percent of expenses incurred.

10. Rights of Examination

To be entitled to payment of benefits provided under the policy, the participant, on their own behalf and on behalf of their dependents hereby authorizes any physician, health professional, hospital, institution and any other organization to forward to the insurer or its representatives, all information, reports or documents that they may require.

The participant hereby authorizes the insurer to communicate directly with any physician, health professional, hospital, institution or other organization to obtain any information required for the assessment of claims and hereby relieves the persons concerned of all legal responsibility which could arise from the disclosure of such information.

In the event of death, the insurer will require that a death certificate be filed with the claim. Furthermore, the insurer has the right to request an autopsy and review any autopsy report, if not prohibited by law.

11. Limitation of Actions

An action or proceeding against the insurer for the recovery of a claim under the policy shall not be commenced more than one (1) year (two (2) years in the Northwest Territories, three (3) years in the province of Quebec) after the date the insurance money became payable or would have become payable if it had been a valid claim.

12. Availability of Care

Neither the insurer nor MSH Assistance shall be responsible for the availability or quality of any medical treatment (including the results thereof) or transportation at the vacation destination, or your failure to obtain medical treatment during the coverage period.

13. Evidence of Age

The insurer reserves the right to request proof of age of any insured person.

14. Assignment

Benefits under the policy may not be assigned

15. When Money Payable:

All money payable under the policy shall be paid by the insurer within sixty (60) days after it has received due proof of claim.

16. Continuance of Individual Coverage During Absence from Work

If a participant is absent from work due to disability, temporary lay-off, authorized leave of absence, strike or any other work stoppage,
the insurance will be continued as long as the participant remains covered under the policyholder’s basic group extended health care plan.

17. Examination of the policy

The policy, including any endorsements, will be kept at the office of the policyholder. You may consult the policy during the regular business hours of the policyholder.

**AUTOMATIC EXTENSION OF COVERAGE PERIOD**

The coverage period per trip will automatically be extended up to 72 hours, provided the participant has not reached the termination age, if:

a. you are hospitalized due to a medical emergency on the last day of coverage. Your coverage will remain in force for as long as you are hospitalized and the 72-hour extension commences upon release from hospital;

b. a late train, boat, bus, plane, or other vehicle in which you are a passenger causes you to miss your scheduled return to your province or territory of residence (including by reason of inclement weather);

c. the private automobile in which you are travelling is involved in a traffic accident or mechanical breakdown that prevents you from returning to your province or territory of residence on or before your return date;

d. you must delay your scheduled return to your province or territory of residence due to a medical emergency.

All claims incurred after your original scheduled return date must be supported by documented proof of the event resulting in your delayed return.

**INTERNATIONAL ASSISTANCE SERVICE**

In the event of an emergency, you must contact MSH Assistance immediately at:

- **Emergency Call Centre** — No matter where you are, professional assistance personnel are ready to take your call 24 hours a day, 7 days a week.

- **Referrals** — MSH Assistance can refer you to nearby medical providers (hospitals, clinics and physicians).

- **Interpretation Service** — MSH Assistance can connect you to a foreign language interpreter when required for emergency services.

- **Benefit Information** — Explanation of this policy is available to you and to the medical providers who are treating you.

- **Medical Consultants** — MSH Assistance’s team of medical professionals, available 24 hours a day, will monitor the services given in the event of a serious emergency.

- **Urgent Message Relay** — In the event of a medical emergency, MSH Assistance will contact your travel companion to keep them advised of your medical situation and will help you exchange important messages with your family.

**Direct Billing** — Whenever possible, MSH Assistance will instruct the hospital or clinic to bill MSH Assistance directly.

**Claims Information** — MSH Assistance will answer any questions you have about the eligibility of your claim, standard verification procedures and the way that the benefits under this policy are administered.

**MSH Assistance** must be contacted before you seek medical treatment. If your condition renders you unable to do so, then someone else must contact MSH Assistance immediately on your behalf. It is your responsibility to ensure that MSH Assistance has been contacted prior to receiving medical treatment or as soon as reasonably possible.

**DEFINITIONS**

**Accident** means a fortuitous, sudden, unforeseen and unintentional event exclusively attributable to an external cause resulting in bodily injury.

**Actively at Work** means the employee is physically and mentally capable of doing each and every function of their occupation, on the basis of the minimum number of hours worked per week specified in the Schedule of Benefits. If an employee is not actively at work due to vacation, holidays, a non-scheduled working day, maternity or parental leave, then actively at work means the capability to perform the employee’s normal duties at the employee’s normal place of employment on the same basis as the employee who is actively at work.

**Coverage Period** means the number of consecutive days specified in the Schedule of Benefits during which you are covered under the policy when you take a trip and which is calculated as of the commencement date of your trip.

**Deductible** means the amount of eligible medical emergency expenses under this policy that must be incurred and paid by you before benefits are payable by the insurer.

**Dependent** means the spouse and the unmarried child of the participant or spouse, who is under the age limit specified in the Schedule of Benefits, is dependent on the participant for support and is not employed on a full-time basis. A dependent child who is physically
or mentally disabled and totally dependent on the participant for support will continue to be eligible provided they were covered as a dependent under the policy before attaining such age limit.

**Emergency** means the occurrence of a sickness and/or injury during the coverage period that requires immediate medically necessary treatment for the relief of acute pain or suffering, other than experimental or alternative treatment, and such treatment cannot be delayed until your return to Canada.

**Government Health Insurance Plan** means the health care coverage provided by Canadian provincial and territorial governments to their residents.

**Hospital** means an institution which is designated as a hospital by law; which is continuously staffed by one or more physicians available at all times; which continuously provides nursing services by graduate registered nurses; which is primarily engaged in providing diagnostic services and medical and surgical treatment of a sickness and/or injury in the acute phase, or active treatment of a chronic condition; which has facilities for diagnosis, major surgery and in-patient care. The term hospital does not include convalescent, nursing, rest or skilled nursing facilities, whether separate from or part of a regular general hospital, nor a facility operated exclusively for the treatment of persons who are mentally ill, aged, or drug or alcohol abusers.

**Immediate Family Member** means your spouse, child, parent, sibling, stepchild, stepparent, parent-in-law, child-in-law, sibling-in-law, grandchild, or grandparent.

**Injury** means any unexpected and unforeseen harm to the body that is caused by an accident, that you sustained during the coverage period and that requires emergency treatment that is covered by the policy.

**In-patient** means a patient who occupies a hospital bed for more than twenty-four (24) hours for medical treatment and for whom admission was recommended by a physician when medically necessary.

**Insurer** means certain Lloyd's underwriters who provide this insurance.

**Medical Assistance Card** means the card provided to the participant and on which the following information is shown: name of the policyholder, policy number, coverage period per trip and emergency telephone numbers.

**Medically Necessary**, in reference to a given service or supply, means such service or supply:

- a. is appropriate and consistent with the diagnosis according to accepted community standards of medical practice;
- b. is not experimental or investigative in nature;
- c. cannot be omitted without adversely affecting the condition of the insured person or quality of medical care;
- d. cannot be delayed until the insured person returns to their province or territory of residence.

**MSH Assistance** means the company appointed by the insurer to provide medical assistance and claims services under the policy.

**Ongoing Condition** means an acute sickness and/or injury that requires continuing care and/or treatment after the initial emergency has ended as determined by the Medical Director of MSH Assistance.

**Participant** means an employee or a member whom the policyholder identifies as being entitled to coverage under the policy and for whom the policyholder has paid the required premium.

**Percentage of Reimbursement** means the percentage of eligible expenses under this policy which is payable by the insurer.

**Physician** means a medical practitioner whose legal and professional standing within their jurisdiction is equivalent to that of a doctor of medicine (M.D.) licensed in Canada, who is duly licensed in the jurisdiction in which they practice, who prescribes drugs and/or performs surgery and who gives medical care within the scope of their licensed authority. A physician must be a person other than you or your immediate family member.

**Policy** means the group travel emergency medical insurance contract issued to, and on file with, the policyholder, bearing the policy number specified in the Schedule of Benefits.

**Policyholder** means the company or organization specified in the Schedule of Benefits and to which the policy is issued.

**Reasonable and Customary Costs** means costs that are incurred for approved, covered medical services or supplies that do not exceed the standard fee of other providers of similar standing in the same geographical area, for the same treatment of a similar sickness and/or injury.

**Sickness** means a disease or disorder of the body that results in loss while this coverage is in effect. The sickness must be sufficiently serious to prompt a reasonably prudent person to consult a physician for the purpose of medical treatment.

**Spouse** means the person to whom the participant is legally married or with whom they have been residing for the cohabitation period specified in the Schedule of Benefits.

**Terminal Illness** means you have a condition that is cause for the physician to estimate that you have less than six (6) months to live.

**Termination Age** means the age specified in the Schedule of Benefits at which the participant’s coverage terminates. Dependents beyond the termination age may be covered provided that the participant has not yet reached the termination age.

**Terrorism** means an ideologically motivated unlawful act or acts, including but not limited to the use of violence or force or threat of violence or force, committed by or on behalf of any group(s), organization(s) or government(s) for the purpose of influencing any government and/or instilling fear in the public or a section of the public.

**Trip** means a journey that you undertake which commences on the date of your departure from your province or territory of residence and ends when you return to your province or territory of residence.

**Vehicle** means any automobile, station wagon, mini-van, sports utility vehicle (for on-road use), motorcycle, pick-up truck or a mobile home, camper truck or trailer home under 11 meters (36 feet in length), used exclusively for the transportation of passengers other than for hire, in which the insured person is a passenger or driver during the trip.

**You, Your and Insured Person** mean any one of the participant or the participant’s dependents covered under the policy.
**CLAIMS**

**Notice and Proof of Claim**

In the event that **MSH Assistance** is not contacted immediately, the **insured person**, or a beneficiary entitled to make a claim, or the agent of any of them, shall:

a. give written notice of claim by delivery thereof or by sending it by registered mail to **MSH Assistance** not later than thirty (30) days from the date the claim arises under the **policy**;

b. within ninety (90) days from the date a claim arises under the **policy**, furnish **MSH Assistance** such proof of claim as is reasonably possible in the circumstances of the **emergency** giving rise to the claim and the loss occasioned thereby, the right of the claimant to receive payment, their age and the age of the beneficiary, if relevant; and

c. if required by **MSH Assistance**, provide a satisfactory certificate stating the cause for which the claim is made and the duration of the disability, if applicable.

**Failure to Give Notice or Proof**

Failure to give notice of claim or furnish proof of claim within the prescribed period above does not invalidate the claim if the notice or proof is given or furnished as soon as is reasonably possible, and in no event later than one (1) year from the date of injury or the date a claim arises under the **policy** on account of sickness if it is shown that it was not reasonably possible to give notice or furnish proof within the time so prescribed.

**Insurer to Furnish Forms For Proof of Claim**

**MSH Assistance**, on behalf of the **insurer**, shall furnish forms for proof of claim within fifteen (15) days after receiving notice of claim, but where the claimant has not received the forms within that time they may submit his proof of claim in the form of a written statement of the cause or nature of the **emergency** giving rise to the claim.

**Claims Procedures**

You are responsible for providing all the documents outlined below and for any charges levied for these documents. To file a claim, you must:

a. include the **policy** number, the patient's name (married and maiden, if applicable), date of birth, and Canadian provincial or territorial **government health insurance plan** number with its expiry date or version code (if applicable);

b. submit all original itemized bills from the medical provider(s) stating the patient's name, diagnosis, all dates and type of treatment, and the name of the medical facility and/or physician;

c. provide the original prescription drug receipts (not cash receipts) from the pharmacist, physician or hospital showing the name of the prescribing physician, prescription number, name of preparation, date, quantity and total cost;

d. provide proof of the departure date(s) and return date(s);

e. provide written proof of claim within ninety (90) days of the date of receipt of services covered under the **policy**;

f. provide additional information pertinent to your claim, as may be required by **MSH Assistance** after receipt of your claim;

g. sign and return the authorization form, provided by **MSH Assistance**, allowing the **insurer** to recover payment from the Canadian provincial or territorial **government health insurance plan**. The **insurer** will coordinate and pay your claim to the participating medical providers and where permitted, coordinate claims directly with the Canadian provincial or territorial **government health insurance plan** on your behalf; and

h. return the unused portion of your air ticket to **MSH Assistance** if the Emergency Air Transportation benefit is used.

All sums in the plan are in Canadian currency unless otherwise indicated. If you have paid a covered expense in a currency other than Canadian currency, you will be reimbursed in Canadian currency at the prevailing rate of exchange on the date that the claim payment is made. This insurance will not pay interest.

Any information not provided may result in a delay in processing your claim.

All pertinent documents should be sent to:

**MSH Assistance**

150 King Street West, Suite 602 - PO Box 75

Toronto, ON, M5H 1J9

**IDENTIFICATION OF INSURER**

**LLOYD'S**

Effected with certain Lloyd's Underwriters as scheduled herein ("the Insurers"), through Lloyd's Approved Coverholder ("the Coverholder");

**MSH INTERNATIONAL (CANADA) LTD.**, Suite 602, 150 King St West,

Toronto, Ontario, Canada M5H 1J9

Claims administered by:

**MSH Assistance**

150 King Street West, Suite 602, PO Box 75

Toronto, Ontario, Canada M5H 1J9